Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

+ *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
+ *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
+ *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
+ *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

Über Google Buchsuche

Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter `http://books.google.com` durchsuchen.

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google books

https://books.google.com

Medical Press & Circular

Being the Incorporation of the Journals hitherto known as "The Medical Press"
and "The Medical Circular."

A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1872.

BIBLIOTHECA

OFFICES—LONDON: 20 KING WILLIAM STREET, STRAND.
DUBLIN: MOLESWORTH HALL, MOLESWORTH STREET.
EDINBURGH: SOUTH BRIDGE.
1872.

N 15081 d

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. I.—On Transplantation and Transmutation in Health and Disease .. 1
Lectures on the Treatment of Chronic Skin Diseases, delivered at St. Vincent's Hospital. By E. D. Mapother, M.D., Professor R.C.S., late Examiner in Surgery, Queen's University. Lecture I. 8
Clinical Memoranda. Reported by John W. Martin, M.D., MCh., Assistant-Surgeon to the Mayfield Factory Dispensary, and late Assistant-Surgeon to the North Tipperary Light Infantry Militia 7
Uterine Neuralgia and its Chief Complications: Their Pathology and Treatment. By John Chapman, M.D., M.R.C.P., M.R.C.S., Physician to the Farringdon Dispensary 8
On the Treatment of Sciatica by the Voltaic Current of Electricity. By Wm. Stephenson, M.D., F.R.C.S.Ed., Lecturer on Diseases of Children, and Physician Royal Hospital for Sick Children, Edinburgh 9

HOSPITAL REPORTS.

King's College Hospital—
Hernia—Wood's operation—Clinical Remarks and Statistics — Varicocele, treated by Wood's Mouse-trap Spring—Clinical Remarks—Abscess under Temporal Fascia—Remarks 9

TRANSACTIONS OF SOCIETIES.

PAGE
Epidemiological Society—
The Outbreak of "Spring" Cholera at St. Petersburg, the History and Progress of the Epidemic through European Russia in 1871 10
Pathological Society of Ireland—
Mitral Constriction—Death—Autopsy .. 10
Fracture of the Spine 11

LEADING ARTICLES.

Volume LXVI 11
1871 11

SCOTLAND.

Edinburgh—
Death of Charles Sidey, Esq., surgeon .. 12
Aberdeen 12

NOTES ON CURRENT TOPICS.

The Etiological Influence of the Use of Tobacco in Producing Diseases of the Nerve Centres 12
The Brown Institution for the Study of Animal Pathology 12
The Royal Physicians 12
Deaths in the Profession during 1871 13
Catheter removed from a Female Bladder 18
The London Hospital 18
More about Chloral 18
The Contagious Diseases Act 14
Hæmostatic Properties of Alnus Incana ... 14
A Home for Middle-class Fever Patients 14
A Sensible Witness on Insanity 14

PAGE
A Malingerer in Bed Twenty-five Years .. 15
Duration of Life of Physicians.—A Hint to Life Offices 15
The Fatality of Single Blessedness 15
Label for Bitters 15
Bromide of Iron 15
Hypodermic Injection of Nicotine in Tetanus 15
The Prevention of Venereal and its Political Difficulties. (Special Report, prepared expressly for the Medical Press) 15

FOREIGN MEDICAL LITERATURE.

The Ancients on Sleep 17

LITERATURE.

A Systematic Handbook of Volumetric Analysis. By Francis Sutton, F.C.S. .. 17

CORRESPONDENCE.

Francis M. Luther, M.D., on The Prince's Illness—Typhoid Influenza 18
James Haughton on Alcohol 18
James Berry Kenny, L.K.Q.C.P.I., L.R.C.S.I., on Carbolic Acid in Small-pox a Preventive—Influence of Revaccination 18
Alexander Lane, M.D., R.N., on What Typhus Fever Really Is 19
Observer on The Controversy of the Contagious Diseases Acts 20
Obituary, Medical News, &c., &c.! 21

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

I.—On Transplantation and Transmutation in Health and Disease.

As in some of the lower animals it may be shown that different segments possess independent vitality, so in the higher may it be demonstrated that every part has a life of its own, and that this life is capable of being maintained for a time independent of the rest of the system with which it is naturally associated. A portion of blood, for instance, may be taken from an animal, and after remaining separate for a short time, may be again infused, so as to remain part of the living organism.

Teeth, it is well known, have been transplanted in a similar way, as have also other parts of animal bodies. Such experiments clearly show that although incapable of continued separate and independent existence, each part may live when separated from the rest for a given time. Union implies reciprocal action. A dead part cannot unite with a living part. A tooth, therefore, which in its new relations shall adhere and grow, must have maintained its life when separated from its original bed, or a testicle removed from one animal and placed in the peritoneal cavity of another must in like manner, before it could have formed new adhesions and relations, have maintained for a short time its own independent life.

This subject has been abundantly illustrated of late by the transplantation of portions of skin. The number of instances in which this has been done of late have sufficiently proved that a portion of skin removed from the body has a life of its own, by means of which it unites with the part to which it is transferred. The life of the transplanted part is ultimately not less vigorous than that of the surrounding structures. In one case where two pieces of skin had been transferred to the surface of an old ulcer, the patient left the hospital before the ulcer was quite healed, and leading an irregular life, the ulcer again spread and became as large as it was originally. The transplanted portions of skin, however, retained their vitality when all the surrounding newly-formed skin had perished. In another case a portion of skin from a leg recently amputated was engrafted on a stump, where there was not sufficient skin to cover the extremities. Here a small portion only of the transplanted skin remained alive and adhered. In a third case where a large specific ulcer had existed for months, it healed to a certain extent under specific treatment, and then remained stationary. Some epithelium was now scraped off another part and allowed to fall and remain on the ulcer. Within a week a bridge of new skin had formed across the ulcer where the epithelium had been allowed to remain, while the rest of the ulcer was in the same condition as before.

The results of experiments like these are a great gain to surgery, and in order to derive the full benefit of them it is well that every precaution should be taken that no accidents should occur in their performance.

Now it must be borne in mind that where two living tissues unite, not their healthy, but also their unhealthy actions, have a reciprocal influence on each other. If a healthy action may be communicated, so may also a disease. This may be illustrated by the following cases:—

A young lady had a tooth transplanted, and it fastened extremely well. It continued firm for about a *month*, when the gum began to ulcerate, leaving the tooth and socket bare. The ulcer continued, and blotches appeared upon the skin, and ulcers also in the throat. The disease was treated as venereal, and the symptoms disappeared, but they recurred several times after very severe courses of mercury. She at last got well.

A gentleman had a tooth transplanted, and it remained without giving the least disturbance for about a *month*. The edge of the gum then began to ulcerate, and the ulceration went on until the tooth dropped out. Some time afterwards, spots appeared almost everywhere on the skin. He was put under a course of mercury and all disease disappeared. Some time after, the same appearance returned, with the addition of swelling in the bones of the metacarpus. He was now put under another course of mercury more severe than the former, and in the usual time all the symptoms again disappeared. Several months after, the same eruptions came out again, but not in so great a degree as before, and without any other attendant symptoms. He a third time took mercury, but it was only ten grains of corrosive sublimate in the whole, and he got quite well. The time between his first taking mercury and his being cured was a space of three years.

In the *Medical Transactions of the College of Physicians of London*, published in the year 1785, Dr. William Watson, at that time the vice-president of the Royal Society, gives an account of the case of a young unmarried lady, about twenty-one years of age, who had a tooth transplanted into the socket of one of the incisors of the upper jaw. The new tooth fastened exceedingly well. It remained firm for a month, when her mouth became very painful. The gum became ulcerated, and part of the alveolar process was left bare. Before another month, the ulceration occupied the whole space under the upper lip, between the teeth and nose. It extended likewise to the cheeks and throat. Blotches then appeared on her face, neck, and various parts of the body; several of these became ulcerated painful sores. After trying a variety of tonic medicines without benefit, two grains of calomel were ordered once or twice a day. She took about fourteen pills when she was obliged to discontinue the use of the calomel, on account of the griping and purging. During the time that she was taking the pills the ulceration of her mouth and cheeks did not spread, but was less painful, and of a milder appearance. The blotches on her face and body grew paler, and such of them as had ulcerated healed apace, and no new ones appeared. The mercurial inunction was now tried, but in ten or twelve days the griping and purging returned, and the ointment was discontinued.

The good effects of the mercury were, however, Dr. Watson observes, very apparent. The blotches all disappeared; the ulcerations in her face and body completely healed, and those of the mouth nearly so. A portion of the alveolar process subsequently exfoliated, and ultimately the patient died.

Thus, as mutual interchange of elements is essential to the continuance of existence, so may such interchange result in the communication of disease.

If a part ceases either to receive, for any length of time, supplies from other parts, or to give off from the body or back into the system those elements which are redundant, it dies. The means by which this mutual interchange is effected, in all the higher animals, is the circulation of the blood; the circulation then may be regarded as diffusing life through animal bodies, and the flowing blood may be looked upon as the life sustaining stream of the various organs of which those bodies are composed.

But as the blood-vessels are the means of conveying a life-diffusing energy to any part of the body, so may they be the means of carrying deadly influences; the stream which naturally is intended to support life, may itself contain the elements of death, the fatal influence may spread from the central and more vital organs to distant parts; or it may be communicated from any remote part to the centre, and thence again to the whole system. If the uniform and regular circulation of the blood through a part be requisite for its proper nourishment, it follows that any course which will obstruct that flow may interfere with its vitality; or if the return of the blood from a part be prevented, a similar result may follow. Considerable differences will occur in the local symptoms between cases arising from impeded arterial circulation and those in which the obstruction is in the veins, but a still greater difference will present itself in different cases according to the time occupied by the morbid process, which terminates in the death of the part.

Some surgeons of eminence have attributed much importance to the want of nervous influence in the production of mortification, we shall inquire how far this may be considered as one of the real causes of local death. The causes which induce separation, stagnation, and ultimately death of portions of the blood while in the living vessels, may, as far as these affections present themselves to the surgeon, be divided into three classes—namely, 1st, those which depend upon morbid deposit in the coats of the vessels, and subsequent discharge of that deposit into the current of the blood; 2nd, those which originate in a division of all the coats of a vessel, either from injury or ulceration, and the admission of diseased secretion from surrounding parts; 3rd, those which originate in some morbid action in the blood itself.

In the first of these divisions will be included diseases affecting principally the arteries, and in which the *materies morbi* is carried from the centre of the circulation towards the circumference; in the second will be considered principally diseases of the veins, in which the morbid products are, on the contrary, carried in the first instant from the more distant parts of the body towards the more central and vital organs; the third division is alike common to arteries and veins, and to the structure of organs which intervene between the terminal branches of each.

Majendie (*a*) from the experiments which he performed was induced to believe that fluids introduced into the arteries of animals, returned quickly through the corresponding veins, and that this occurred even more rapidly in the living than in the dead body. The experiments of Mr. Gaspard, however, show that while some fluids pass readily from the arterial to the venous system, that others do so with difficulty, and only after the lapse of a certain time; and it is probable that there may be others again which cannot do so at all, without previously undergoing certain changes. Some clear fluids, such as solution of tartar emetic, of opium, and of nux vomica, when introduced into an artery, pass readily in the course of the circulation, and produce their full effect upon the constitution. In such cases where the passage of the morbid matter is not opposed, little or no irritation is manifested in the capillaries through which they first pass. The first of the above-mentioned poisons produces vomiting and purging, the second, stupor, and the third, tetanic rigidity when injected into an artery, exactly in the same manner as if introduced into the stomach, or injected into a vein; but no great pain or loss of power is experienced in the limb upon which the experiment has been made. On the other hand, Mr. Gaspard found that when introduced into an artery the infusion of tobacco neither produced vomiting or purging, the solution of acetate of lead did not act upon the intestines, and putrid fluids did not produce those copious alvine evacuations which commonly follow the introduction of the same fluids into a serous cavity, or into the veins.

Fifteen grains of crystallised acetate of lead, dissolved without decomposition in rain-water, were injected (a third part at a time) into the crural artery of a large dog; each injection caused very great pain, the limb after the operation became completely paralytic, relaxed and cold; the pulse and respiration were frequent, and there was a good deal of thirst in the evening; the limb had swollen, but did not in the least recover its heat, its sensibility, nor its motion; the pain continued unabated. The animal died twelve hours after the experiment.

Post-mortem appearances.—All the organs in the interior of the body were healthy, but the limb was much swollen, emphysematous, and infiltrated with reddish serum; the muscles had become of a pulpy consistence, and of a reddish black colour; the lighter structures had assumed a violet colour, and the whole limb had the appearance of having been affected with gangrenous inflammation.

Four grains of tartar emetic dissolved in an ounce of water, were injected into the crural artery of a large dog, some pain was apparently experienced during this operation, and the animal walked a little lame upon the affected leg; from the time of the operation all food was refused, and violent retching and vomiting came on at the expiration of a quarter of an hour, much discomfort and restless-

---

(*a*) "Prices Elementaire de Physiologie," LII., p. 83

ness were now apparent; the pulse was small and feverish, but the limb, when handled, in no wise appeared preternaturally sensible (affording, in this respect, a strong contrast with the limb in the experiment last mentioned). An hour and a quarter after the operation, a kind of diarrhœa came on accompanied by a repetition of the vomiting, these symptoms recurred occasionally, until about three hours after the injection of the fluid, when the animal died.

Post-mortem appearances.—The limb upon which the experiment had been performed presented nothing unusual, the peritoneum was slightly injected, and contained some reddish serum; the stomach also was slightly injected, but only at its pyloric extremity; the mucous membrane of the duodenum throughout was livid of the colour of the lees of red wine, this appearance was continued into the jejunum, but the other portions of the alimentary canal were apparently healthy; the liver was congested and mottled upon its convex surface, in some situations its structure was so altered in consistence, as to break down upon very slight pressure; the gall bladder was healthy and full of bile, which was neither thick nor dark coloured; the lungs were studded here and there with a considerable number of petechial spots or small black patches.

In these experiments the injection of acetate of lead produced the signs of local inflammation in those parts to which the artery was distributed. The muscles which it supplied had become of the reddish black colour, and the whole limb had the appearance of having been affected with gangrenous inflammation. On the other hand, the introduction of tartar emetic in the same way produced slight local symptoms, but was followed by diarrhœa and fatal vomiting. Experiments like these clearly indicate that some extraneous substances when introduced into the blood expend their action by producing a local, although, perhaps, most severe disease; while others, which circulate more freely with the blood, will leave no trace of irritation in the first system of vessels through which they have passed, but will expend their influence upon some part to which their action is peculiarly determined, or will produce a constitutional affection.

◆

LECTURES ON THE TREATMENT OF CHRONIC SKIN DISEASES,

DELIVERED AT

ST. VINCENT'S HOSPITAL,

By E. D. Mapother, M.D., Professor R.C.S.;

Late Examiner in Surgery, Queen's University.

Lecture I.

You have seen so many cases of skin diseases during the past three months, sufficient to illustrate the most common forms of these affections, that I think it well to devote this and the following two lectures to their consideration from a point of view entirely clinical. In the arrangement of cases in this hospital, just as in the future practices of ninety-nine per cent. of you, there is little distinction between medicine and surgery; but if there is to be a separation, I claim skin diseases for the surgeon. They attack the external surface of the body; many of them depend on the venereal poison; some of them arise in the course of the treatment of surgical affections; and several require the surgeon's peculiar art for their cure, nævus, boils and some forms of lupus.

We will be able to study most of the diseases by cases in the wards, or amongst the out-patients, but if not, the beautiful portraits published by the Sydenham Society, or the smaller but no less accurate plates of Dr. Neligan, will aid us. As I was a pupil of that most able physician for four years, during six months of which I resided in Jervis-street Hospital, and selected many and saw all of the cases from which the drawings and photographs were made, I can vouch for their faithfulness.

I have always found that skin diseases were dreaded by students, and that if they were examined upon them in the various licensing bodies (which is too seldom the case), great ignorance was displayed. Students who have trained their ears to make out the most refined distinctions between the sounds of the heart or lungs, have neglected the education of those much more reliable organs, the eyes, even for the telling of acne from itch.

When we can apply all our senses to skin affections, our knowledge should be more exact, and our treatment less empirical than in the case of any other class of lesions. This ignorance, so much to be deplored, is due to their being considered a specialty. There is no more reason for having a lecturer on skin diseases in a college or hospital, than there is for a professor of the genito-urinary system, or professor of diseases of the chest, as is common in American schools. Professor Bennett, Mr. Hutchinson, and Dr. Neligan, are three good examples of men eminent in other branches of our science, who have added most largely to our knowledge of skin diseases.

Nor could I ever see the advantage of having these cases treated in a "Dispensary," or even "Hospital for Skin Diseases," or on only one day weekly in general hospitals. Why not let them be treated every day by the physicians, and, as I think should be, the surgeons of all our hospitals. The patients will at least be as well off, and the students will profit much more.

The classifications (or rather hair-splitting subdivisions) which specialists adopt have scared off scores of students, and I therefore propose to place in three groups certain diseases which are of common occurrence, of easy diagnosis, and of pretty certain, although not very rapid cure.

1st. Parasitic eruptions.

2nd. Moist eruptions.

3rd. Dry eruptions, and those which are due to systemic causes.

The first, which shall solely engage us to-day, are all contagious if the parasite finds a fit soil, and either caused by an animal or a vegetable enemy of the human body, the dermatozoa and dermatophyta, if you value and can remember classically derived terms. The oldest of these enemies, or at least that longest and most universally known, is the pediculus, or louse.

The species of that pest which prefers the hairy scalp is so common amongst the poor, or amongst the ill-cared children of the rich, that its intrusion has ceased to be regarded as a disease; it, however, usually points out that the blood of the patient is poor or unhealthy, and its irritation and abstraction of blood tend to lower strength still more.

Both the head louse, the body louse, and the pubis louse differ as you will see under these microscopes, but they are all apterous, or wingless insects.

The firm adherence of the ova of the head louse to the hairs is remarkable. These that you view under this microscope were not detached by scraping with the thumb-nail.

Although they thus differ they are not confined to the anatomical regions after which they are named. For instance, I lately treated a gentleman for a gonorrhœa, who at the same time was infested with pediculi pubis extending to his legs, chest, and arms, as he was covered to an unusual extent with hair. The pediculus pubis clutches most firmly to the hairs near their roots, and the symptoms caused by it are seldom quickly relieved. From the structure of its claws it finds it difficult to climb straight hairs, such as those of the head.

The pediculus corporis, or as it is more accurately called, pediculus vetis, for it holds closely by the clothes, is now believed to be the cause of that dreadful disease, prurigo, especially of the variety named senilis. This is after all a most satisfactory consideration, for we have potent means for stamping out so mean an enemy as that which causes this malady. Dr. Neligan and other writers ten years ago taught that the disease was often incurable. Such I have found it in out-patient practice, but we hope here for a speedy cure.

In our out-patients you often see scratches of all shapes, long if their nails be sharp, and rounder if they be strong and blunt, and these are wounds which patients suffering from prurigo involuntarily inflict on themselves. The temper of a patient will often determine the amount and character of the scratches. But you rarely or never see a pediculus on the skin. They lurk, by day at least, in the clothes. The skin assumes a peculiar pale or grey hue.

It has been said, since the days of the Emperor Arnulf, who has been stated to have thus lost his life, that they form subcutaneous burrows, but no scientific author verifies the popular belief. A nobleman of the highest rank in this city was believed to have been relieved by our great surgeon of the day having cut out such a tumour, but I find no account of the case in our medical literature.

Prurigo is often classed as a papular eruption, but it is without doubt due to pediculi, and with intense itching, no rash of any kind may be found. Hebra, however, states that a form of prurigo is quite unconnected with any parasites, and will endure during the patient's whole life, notwithstanding the most active and most varied treatment. His view of the etiology of prurigo may be gleaned from his words as follows:—"The drop of blastema exuded in a wrong place or in wrong quantity which composes the contents of a pruriginous papule will work as a constant irritant upon the nerves of the papilla, and thus produce a continual itching." Pruritis is said to be due to irritation of the erecting muscles of the hairs, and that, therefore, it will not occur in parts without hairs; but there are no more frequent sites than the mucous surfaces of the labia, prepuce, and rectum.

The scrotum, the pudenda, and the anal region are common seats of great itchiness or pruritus, due respectively to venereal excitement, pregnancy, and ascarides in the rectum. So they clearly are not mere skin diseases. The internal use of bromide of potassium or of bromide of iron, a preparation which I have recently used successfully in some cases of so-called spermatorrhœa, will allay the first. Bran stupes will check the second form, which, however, subsides in the later months of pregnancy. For ascarides I have found no remedy so useful as an enema of two ounces of carbolated oil (a drachm to the ounce) used every day at about the middle of the period between two defæcations.

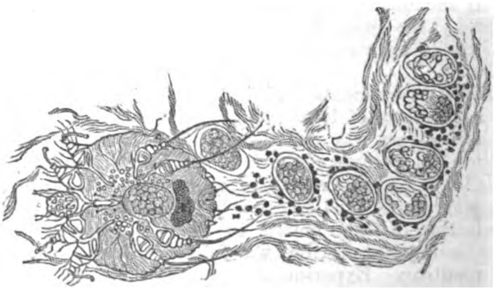
Sleeplessness is the only symptom for which internal treatment is needed, and twenty or thirty grains of hydrate of chloral in an ounce of water, with two drachms of syrup, is the fit draught to obviate this condition. In some cases, however, the sleep will be uneasy, and while they dream that they are brushing clothes, sweeping floors, &c., they will be really tearing their skin. Old people with prurigo often show an excited or despairing look, and mania has followed from the long-continued sleeplessness. Arsenic and a host of other remedies have been used, but without any result. So that the principle is to treat any functional derangement which may be present. Mercurial ointment will kill the lice, but getting into the scratches it often salivates. Carbolic acid ointment, with a small proportion of the former, is the safest parasiticide. It was in this hospital that my predecessor, Dr. Bellingham, first advised creasote ointment, twenty drops to the ounce of lard, for the cure of prurigo. A wash of two grains of bichloride of mercury to the half-pint of water is more cleanly.

The next most common animal parasitic disease is scabies—the itch. At present about five or six per cent. of the skin cases we see here are this malady. Dr. Fox states that in London it constitutes over fifteen per cent.; but according to Dr. McCall Anderson's statistics, out of 10,000 cases of skin diseases in Glasgow Dispensary, 2,527 were itch, and precisely the same number were eczema. The rash so peculiar to Scotland would seem to be a papular one, due to an irritation of the digestive mucous membrane by the husk of their oaten food.

Ten years ago itch was much more frequent in Dublin than now—a circumstance far more due to better diet spoiling the soil for the mite crop, than the cleanliness which I fear has not advanced amongst our poorer classes.

So constantly is this itch-mite (the acarus scabiei under this microscope) to be found in a burrow near the vesicle or pustule characteristic of the disease, that it is certainly its cause, as was stated by Aristotle, and with greater clearness by a lady who was formerly on the throne of France. Hebra says:—"The first indisputable reference to the acarus scabiei is in a work entitled 'Physika,' written in the twelfth century by St. Hildegard, the Lady Superior of the convent on the Ruperts-Berg, near Bingen."

After the mite has pierced the cuticle, it lays eggs in a burrow or cuniculus, and they take about a fortnight to hatch. Therefore, the disease generally arises ten days after infection. The burrow is here figured after Milbengang. The female survives about three months. When the eruption has been roughly treated or scratched, or in children where the cuticle is so thin, it is often hard to find the mite, but yet the doubts of French writers up to ten years ago about the causation of itch by this animal are absurd.



Hebra and most of the German naturalists regard the acari of the mange in dogs, cats, pigs, and other animals as identical with that of man; and Dr. Graves, in 1827, proved that children often contract itch from a mangy dog. The woman at present in St. Anne's ward asserts that she contracted the rash on her abdomen and thighs from dogs and pigs, which she cured of the mange. She is deceived, however, as the parasites which infest her (however she got them) are pediculi pubis. She was cured by carbolic ointment with one-eighth of mercurial ointment in a day, her clothes having been meanwhile disinfected at the hot-air chamber of the Corporation.

Wilson describes the sensation as "a kind of tickling, itching, and the rubbing and scratching employed to relieve it are said to be pleasurable. King James I. has the credit of having declared that none but kings and princes should have the itch, for the sensation of scratching was so delightful." From incautiously handling and hunting for the mite on a child's arms affected with itch in 1852, I contracted the disease on my hands. It did not spread, a fact which I might advance in proof of cleanliness, for among the dirty it spreads quickly. Few have had more to do with places in which zymotic diseases arose, but I have the satisfaction of stating that, with this exception, I never received or communicated contagion.

The itchiness is excessive, and is not always at the place where the acari abound. The regions where most scratches will be found are the abdomen and upper part of the thighs, although the legs, hands, and neck have more acari, and the eruptions they excite. If the rash appears on a palsied part, or in the person of a lunatic whose hands are confined, it runs a purely vesicular course, and none of the usual scratches can be found.

If a needle be thrust in, the female mite will cling to it, and it then will be found to be about 1-100th of an inch. The male is smaller and most difficult to find.

Itch has been placed under vesicular, papular, and pustular diseases, but these states are merely the result of an undoubted cause, together with varying proneness to pyogenesis, and all these kinds of eruptions usually co-exist. You have seen it on the hands, especially at the angles of the fingers, on the arms and legs, but very often near the inner ankle, never on the face. This immunity may be explained by the difficulty which the mite may experience in fixing there, as no clothes cover it. They most abound in warm places, where the clothes press; but it must be confessed this statement does not apply to the hands of the poor, which are ungloved and cold, by day at least. As warmth enlivens them, they spread to others sleeping under warm bed clothes. In children, and in ill-fed, delicate people, the acari and the disease multiply most, and the same may be said of all zymotic diseases.

The use of sulphur for the cure of itch is immemorial, and the ointment is the usual preparation given at dispensaries. When a few drops of oil of camomile are added to sulphur ointment it is best for all cases, "from the palace to the pig stye," says Wilson.

The most rapid mode of cure is described as follows by M. Hardy, of the Hôpital St. Louis, Paris, who regards it as infallible:—"On the admission of the patient the entire surface of the body is rubbed for half an hour with soft soap, he is then placed in a bath for an hour, the body well rubbed while in it, and at the end of that time general frictions are continued for half an hour with Helmerich's ointment (sulphur, ʒij, carbonate of potash, ʒj, lard ℥j.)."

I have found carbolic acid ointment most effectual, and that similar substance creosote has been long famous. Both of them destroy the ova as well as the acari. Petroleum is, I feel sure, a good parasiticide. In many military hospitals they use a wash made by boiling one part of quicklime, two of sulphur, and ten of water, until a full mixture is attained. After a bath this is well rubbed in, and when washed off the patient is cured, and he goes into new clothes, or the old ones disinfected. The mites have never had their breathing organs demonstrated, and some believe that the contact of air kills them. If so, bursting the vesicles ought to be enough for them.

What is really wanted for the cure of parasitic skin diseases in this city is a grand bath and disinfection establishment in connection with any hospital. It would be also available for treating the various cases in which the hot-air, or so-called Turkish Bath, is useful. An influential journal, the *Irish Times*, advocated the erection of a free Turkish Bath, and subscriptions were freely promised. I think it likely that the Sisters of Charity, ever anxious to promote the interests of the sick poor, will endeavour to erect such an establishment on these very grounds. If they do, or if such an establishment is to be erected and maintained by public subscription, I will willingly bear a considerable part of the expenses. If they were open only twice weekly, one day for females and another for males, the cost of fuel would not be great.

The following is a description of the baths at the University College Hospital, London, which owe their origin to the energy of my friend, Dr. Tilbury Fox:—

> They are cemented throughout, as paint would be discoloured by the chemical vapours employed. The itch bath holds two or three patients at once. Soap is first applied freely, then sulphur and potash ointment is left on for twenty minutes, and lastly comes a thorough washing. Adjoining this room is the disinfecting chamber, and from it all the vapours from the articles pass through the fire. Itch mites, lice, and their ova lodge in clothes, and are here quickly killed, while the parasites are being destroyed on the skin.
>
> In the Turkish Bath fire tiles are used, as iron robs the air of oxygen quickly, and fresh air is most freely admitted. There are also hot water and steam baths, with comfortable dressing-rooms (*a*). The cost for this building has been only £1,500.

Now in such a place prurigo, which is often regarded as incurable, and which every dispensary attendant will allow haunts him for years, may be cured in a couple of hours. So may itch, and herpes of the scalp, and ringworm of the body, may be cured in a very short time.

As these affections form a vast proportion of the skin diseases of the poor, such an establishment would be an unequalled boon. It might be made available for out-patients as at the St. Louis Hospital, Paris, for the cure is so rapid that they need not have beds, and the admission of parasitic cases disgusts other patients, and renders them liable to them.

Messrs. Frazer, Commercial road, London, have patented a good apparatus for disinfection by heat, which is moderate in price, some £150, I believe.

The vegetable diseases of the skin, or dermatophytæ, are named in the Nosology of the London College of Physicians, Tineæ. Now the word originally means an moth, and is therefore inapplicable to these affections, but I am so much averse to the multiplication and change of names of skin diseases, I shall adopt it as descriptive of all those attributable to vegetable growths. The following are sufficiently common to merit your attention:—1. Tinea favosa. 2. Tinea circinata. 3. Tinea menti; and 4. Tinea versicolor.

No one who attentively reads the arguments of Dr. Bennett, the great Edinburgh physiologist, can doubt that cryptogams are the positive cause of these affections.

These epiphytic growths are most easily reared on the soil which the young body offers, a circumstance common as well to epidemic and epizootic diseases. Fish reared in aquariums are very prone to a somewhat similar fungus, the *achlea prolifera*, which attacks the skin and gills, and thus died the eyeless fish of the Mammoth Cave of Kentucky in our Zoological Gardens four or five months after I had taken them from their wonderful birth-place.

From the water of our baths or the fluids we drink, especially those fermented, it is possible we may imbibe fungi. If our Government supported original scientific research as fully as is done in German States, many diseases of which the origin is now obscure would be soon understood.

Many microscopists regard the fungi which are found in the above and many other tineæ as one and the same, only varying according to soil on which they grow. The fungus of favus is most strikingly like the oidium lactis, the plant growing on sugar of milk. If the plant of favus on the scalp and ringworm on the body be the same, the greater vascularity and abundance of sebaceous glands of the former place accounts for the more free discharge of a semi-purulent matter. Dr. Purser has shown that a case of ringworm, tinea circinata, was contracted from favus on a cat. They spread from the opening of the hair follicle downwards to the root and papilla, and this affords evidence of their being derived from without, and not any epithelial growth. The false hair used in chignons must be well cleansed, for scalp parasitic ailments have not sensibly increased since their introduction into fashion.

Their parasitic nature is most satisfactorily shown by the fact that removal or destruction of the microscopic object secures the complete cure of the disease.

Persons living in damp places or cellars where bread becomes quickly mouldy are believed to be peculiarly liable to these vegetable diseases. Habitual bathing is an all-efficient preventive for this and many other ills.

Tinea favosa, or true scall-head, as it is often called, occurred 156 times in 10,000 at the Glasgow Dispensary, and four times in 1,000 of Dr. Anderson's private cases. On the Continent the brothers Mahon treated 40,000 cases in twenty years. It is now rare in Dublin. About the year 1850 I saw many cases, about twenty, amongst the poor, especially those from remote rural

---

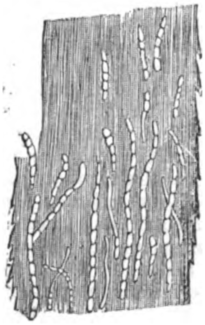
(*a*) A full description and plan were published in this Journal, Aug. 1871.

districts, and the terribly low diet of the five previous years, may have produced very fit soil for its growth. It is nearly always found in children from four to twelve years of age.

The sulphur-yellow concave crusts, about two lines in diameter on the head, or thrice that on the body, fully characterise the disease. In the beginning such cups are scattered, but they soon coalesce, and out of each a hair springs, for the parasite always has root in the hair follicle. The pressure of the cups produce depressions in the cutis of a slightly concave form. Itchiness is present, and as the children scratch the head it may be thus spread to other parts of the body. Baldness results after a while in the part of the scalp first infested, and it is very difficult of cure.

Pediculi soon invade the head, and the crusts give out a vile smell like that from mice. These animals often develope the achorion, and man may have been originally infected from them.

The fungus which, with scarcely a doubt, causes this malady was discovered by Schonlein, and by him was named Achorion. Under this microscope you will see an admirable specimen, showing the oval cellular spores, single or jointed, and the filaments of which this crytogamic plant consists. The spores are about the size of our blood cells, and thus over twice the size of the next plant we have to mention. This figure, from Neumann's great work translated by Dr. Pullar, shows an infested hair. That the inoculation of the plant into a healthy skin will produce the disease, has been proven most conclusively by Gruby, Professor Bennett, of Edinburgh, and Dr. Walter Smith. Every person cannot be infected, and it would seem to thrive only on the ill-fed, who are subject to other zymotic diseases. For every contagion there must be a specially prepared soil. As regards treatment, the great principle constitutionally is to change diet, and as the underfed are usually the victims, plenty of milk, eggs, and meat, with pure air, bathing, and exercise, to give appetite for them, aid wonderfully the local means of killing the fungus. This is accomplished by clipping the hair and keeping the whole surface soaked with one to two drachms of sulphurous acid to the ounce of water, first suggested by Graham, the great chemist; or bichloride of mercury, two grains to the ounce. I would believe more in a solution of one drachm of carbolic acid in an ounce of alcohol, diluted with half a pint of water, but I have had no opportunity of trying it, for the disease has been very rare. In severer cases the hairs must be chucked out with a broad-pointed forceps or tweezers, and after this epilation (I must teach you technical words), the sulphurous acid solution of the "Pharmacopœia" should be painted into the follicle with a small pointed brush. The French dermatologists cure it, they say, at a single sitting.



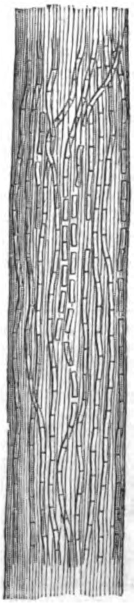
Dr. Neligan, who treated nearly all the cases I have seen, gave for many weeks the following pills:—℞ arsen. iodid. gr. ij., mannæ, gr. xij.; mucilag. q. s. ut fiant pil. xxiv. "One thrice daily."

Such medicines should, of course, not be ordered unless you can see your patient two or three times weekly.

If considerable baldness remains after a month or two, the cantharides pomade (one to two drachms of the tincture to the ounce of lard, properly scented) will promote the growth of hair again.

The disease of man's shaven chin and cheeks, named sycosis, from the likeness to the interior of a fig, is believed by many to be a form of tinea favosa, by others a kind of acne. Having very rarely seen the affection, I will not venture to make any remarks about it, the more so as the memory of a case I saw with Dr. Neligan, where a gentleman, notwithstanding the advice of all the authorities in Europe, had laboured under it for twenty years, impresses me with the intractable nature of the affection.

Ringworm of the scalp and of the body (tinea tonsurans and circinata) is the next vegetal disease we shall to-day study. The plant which excites it is named the *tricho-phyton tonsurans*, and inoculation with it readily produces the scalp eruption. I showed you an excellent specimen magnified by a ¼-inch object glass. This figure, from Neumann shows a hair attacked by tricophyton. Children, young, but of all constitutions, suffer from it. As Dr. Frazer has well worked out, calves are often attacked by the tricophyton and it is from them often spread to children.



On the scalp it stunts the hairs and renders them so dry and brittle that they break off near the scalp for the most part in round patches as implied by the name.

If there be doubt as to the nature of the case the microscope very readily dispels it. Prof. Wilson regards ringworm as only catching in a school when the children "are packed together too closely, to the deprivation of proper ventilation; there must be error of diet, air, and exercise." In this I cannot concur, for I have lately attended in a high-class school, managed most carefully, and found that twenty cases of ringworm had spread from a single one, that of a new boarder.

One form of eczema, that called marginatum, is said by many German microscopists to be due to the tricophyton, and Neumann states that by careful culture it will develop into the well known and widely diffused fungus pencillium glaucum. From its clinical character I would regard it as ringworm, which heat and moisture had rendered more prolific. As the horse is often affected with tricophyton its extension to grooms is not to be wondered at.

The great principle of treatment is to remove the affected hairs along which the fungus grows below the surface of the skin, and to cut short those around.

The hairs and cuticle are to be softened by washing with soft soap which may be left on for a few hours.

Now, carbolic acid kills the fungus effectually. It should be first applied diluted with three or four parts of alcohol round the circles with a camel hair brush.

Iodine dissolved in carbolic acid (such as that prepared by Evans, of Dawson street) is a useful application. The attendant should take care that he does not contract the disease on the hands.

No internal remedy is required unless there be any diseased condition beyond the cutaneous one, and then it will be indicated according to general therapeutical principles.

That very common disease tinea of the body or as it is more frequently called, herpes circinatus is attended by the same parasite as that last mentioned, and the two are often seen combined.

Its spreading circles leaving the centre healthy makes the diagnosis of the disease easy. I have very rarely seen the newest ring show the vesicles even under a strong magnifying glass. If ringworm shows a striking variety of tint in the patch it is called herpes iris a very rare disease, according to Dr. Neligan, but nearly twice as frequent as herpes circinatus, according to Dr. Damon in the "Boston City Hospital Reports." Such discrepancies arise from want of accurate definitions of the disease.

The exposed parts of the body, face, neck, and forearms, are the most common sites.

The treatment should be wholly local, and the best parasiticide is carbolic acid or sulphurous acid.

A solution of cyanide of potassium will also kill the fungus if fairly and constantly applied.

Tinea versicolor is often regarded as a form of pityriasis from which we shall afterwards see it differs essentially.

It occurs in large patches of a greenish brown often on the chest and other heated parts of consumptive patients, most frequently those who wear flannel and allow the perspiration to dry. The most extensive case I ever saw was in the person of a lady who, although healthy, overclothed herself and over heated her bedroom to a degree which might have caused her to be adjudged a monomaniac on the point. There is a good deal of itching, which, however, the very first bath removes; on the under surface of the cuticular scales which come off freely there are spores and threads of the microsporon furfur about 1-7,000th of an inch in diameter. Dr. Anderson has proved its contagious nature, but it spreads much less than other dermatophytes. It was very common during the Irish famine, when the potatoes were suffering from a foreign disease.

It is said to have been mistaken for the stains left by venereal eruptions or for those patches where the melanin of the skin being absent the term leucoderma is applied, a kind of partial albinism.

The cure is easy; when the patches are washed well with common soap to remove the oily and sweaty matters, a wash of 1 oz. of hyposulphite of soda to 12 oz. of water is very effectual.

Mr. Rivington accidentally discovered that a solution of cyanide of potassium five grains to the ounce such as photographers use will quickly kill the fungus.

I may here mention that other forms of pityriasis are merely increased scaliness of the skin. Frequent baths and hard rubbings after will quickly remove the condition, and shampooing of the scalp will check the formation of dandriff there

CLINICAL MEMORANDA.

(Reported by John W. Martin, M.D., MCh.

Assistant-Surgeon to the Mayfield Factory Dispensary, and late Assistant-Surgeon to the North Tipperary Light Infantry Militia.

In publishing the following three cases, in addition to the series which have already appeared in the pages of the Medical Press and Circular, as illustrations of the marked benefit frequently to be derived from the hypodermic method of administering morphia, I do so, not from any special importance attached to the cases themselves, but merely, as further examples of the utility and reliableness of this treatment. To the busy practitioner, a useful hint may often be derived from such records, provided they are the result of careful and truthful observation.

I am well aware that the subcutaneous administration of medicines has firmly established itself in the favourable consideration of the members of our profession, but I am impressed with the idea, that much remains to be done, in the way of recording clinical experiences of its utility, and the conditions in which its favourable action may be expected. I would throw out as a suggestion to any competent to undertake the duty, that a most useful little work might be produced by a careful compilation, and digest of clinical records on the subject, and a concise tabulation of the conditions which would indicate a resort to it. The first case that I have to offer, is that of,

Patrick Foley, groom, æt. thirty-five.—For a long time he has been unaccustomed to walking any long distance. On the 17th of September, he had to walk over twenty miles to transact some business. On the 18th, the day following, he felt such severe pains in and from the small of the back and hips, down the legs and feet, that he was unable to return to work, and remained at home in bed all day. Again made a fruitless attempt to return to work on the 19th, the date of my visiting him. I found him restless and feverish, having got no sleep or rest during the preceding night, pulse quick; tongue furred and dirty; and feeling wearied out and fatigued. I injected according to my usual plan as before described, $\frac{1}{4}$ grain of morphia. In *five minutes* after the completion of the operation, the pain subsided almost entirely. He felt the usual warm glow run down and up his arm, and thence through his whole body, but no unpleasant sensation.

September 20th, 1861.—Passed a good night, with the exception of slight uneasiness about the anterior surface of the tibia; he was free from all pain or fatigue, and was able to resume work.

Case II.—John Ryan, labourer, æt. thirty-one.—(Notes taken September 21st, 1871.) This patient first came under my notice on September 14th, 1871, previous to which for the past six years, with but few intervals of ease, he has been a martyr to severe sciatica, along the course of the left sciatic nerve. He had been under the care of various medical men, in and out of hospital, and had undergone a regular course of all the most approved methods of treating this intractable disease, both by counter-irritation in all its forms, anodyne liniments and tonic constitutional treatment. After a three weeks' stay in hospital, about six months previous to my seeing him, he obtained a slight temporary relief to the pain, which for the past twelve months, was growing more severe and constant. Just previous, however, to my seeing him, the pain was becoming unbearable, rendering it impossible for him to proceed with his usual avocations. Every other means having failed to procure relief, I at once determined to give him the full benefit of the hypodermic treatment, and fortunately with complete success. I first injected a quarter of a grain of morphia over the upper portion of the nerve, the operation being followed by immediate ease to the parts. The good effects of this injection lasted two days, during which time he was able to move about freely, in marked contrast to the agony that motion produced previous to his visiting me. At the end of that time, a slight pain making itself felt in the upper part of the popliteal space, my father repeated the injections, using this time, however, three-fourths of a grain. On Nov. 23rd, 1871, he called to report his complete recovery to us, stating that since the last administration of the morphia, he never had the slightest return of the pain, and that he had been able to undertake the heaviest duties of a farm labourer. He looked the picture of robust health, and expressed the liveliest gratitude for the benefit received.

CASE III.—John Morris, æt. fifty-five, labourer.—(Notes taken September 21st, 1871.) This man's case is so much a repetition of the last, that it will be unnecessary for me to enter into it at length. Suffering from a sharp attack of sciatica, for which ordinary remedies failed to obtain relief, I injected him over the course of the sciatic nerve to the extent of a quarter of a grain, relief being immediate. Next day he felt so well, that he attempted to resume work, but the day being raw and wet, the pain returned, and forced him to desist. I again threw in a quarter of a grain, and ordered him to lie by for a few days, with the result of his permanent cure.

◆

UTERINE NEURALGIA AND ITS CHIEF COMPLICATIONS:

THEIR PATHOLOGY AND TREATMENT.

By JOHN CHAPMAN, M.D., M.R.C.P., M.R.C.S.,

Physician to the Farringdon Dispensary.

Uterine Neuralgia (Hysteralgia, Irritable Uterus).—Painful affections of the womb, unassociated with what is called "organic" disease, are very common, and have attracted a large share of professional attention. Since Dr. Gooch's famous discovery and description of the "irritable uterus," this troublesome and often, hitherto, intractable malady has obtained general recognition as one of the most notable among the many diseases to which women are liable. As rightly observed by Dr. Ashwell,—"A narrative of the symptoms of painful menstruation, in its neuralgic form, would, with slight alterations, suffice for irritable uterus," as first described by Dr. Gooch. In fact, those sufferers from difficult and painful menstruation, who also suffer from uterine pain in a more or less subdued form during the menstrual intervals, are victims of "irritable uterus." It is most frequently observable in women above twenty-five years of age, and occurs probably quite as often in married as in unmarried women. Pregnancy rarely happens during its continuance, and it is especially prevalent during the closing years of the menstrual epoch.

The pain may be correctly described as lumbo-uterine; for while it generally spreads across the lower part of the back, and around the pelvis, and not unfrequently extends along the thighs even to the knees, its chief and permanent seats are the lower third of the spinal cord, and the part of the abdomen immediately above the pubis. In almost every case the pain is extremely intense, and in many cases is a perfect agony, during the menstrual periods. In the intervals, the pain, though generally subdued and tolerable, is capable of being excited to a surprising extent by slight causes, such, for example, as walking, riding, going up stairs, the jolting of a carriage, or mental emotion; and, in very severe cases, merely sitting up, or standing for a short time, will induce a sudden access of pain. I have frequently known it to be brought on by the act of defæcation, and even by that of micturition.

Besides these symptoms which are most commonly met with, several others are frequently associated with uterine neuralgia. Among them, and especially characteristic, is a group of phenomena closely resembling those of inflammation in what is commonly called its chronic form: there is marked tenderness evinced by pressure over the hypogastric region; examination *per vaginam* is often almost impracticable, and pressure on the mouth of the womb will probably prove so intensely painful as to cause the patient to shriek; more or less throbbing, a certain sense of fulness and of heat beyond the normal degree is experienced, and, if the speculum be used, the cervix uteri is seen to be somewhat tumid or puffy, and redder than natural. There is also, hyperæsthesia and tendency to spasm, of the vagina, in a considerable portion of cases; coition, if at all bearable, is attended with great pain. Leucorrhœa is a remarkably constant concomitant, the quantity and quality of the discharge being, however, very variable; the catamenia are generally deficient in quantity—they usually recur irregularly, are most frequently retarded, and, when present, are apt to be intermittent. In very severe cases, a false membrane sometimes forming, when passed entire, a fairly accurate cast of the interior of the womb, is discharged. Sometimes this membrane is passed in fragments, and much time elapses, and intense suffering is experienced, before it is wholly got rid of; and, in some cases, evidence seems to show that, within a very short period, two or more membranous exudations occur in succession. Bearing-down pains and a sense of weight in the pelvis are very commonly complained of; the womb generally sinks down, more or less, into the vagina, and in a considerable portion of cases *prolapsus uteri* is a pronounced symptom. Extremely troublesome frequency of micturition is very common, the urine being generally copious and pale, but sometimes decidedly high coloured, and occasionally having a strong characteristic odour. There is often considerable derangement of the digestive function: the appetite is apt to be capricious, and nausea, or even vomiting, not unfrequently occurs. The bowels are generally constipated, and flatulence, often to a very distressing extent, is a prominent symptom. The anus is apt to be spasmodically constricted. The peripheral circulation is often astonishingly irregular, a condition manifesting itself by alternate shiverings and flushings, by headache, feverishness at night, and, of course, unrefreshing sleep. If the disorder has existed a considerable time, the physician may confidently predict the existence of great tenderness of the spine, especially along its lumbar and lower dorsal segments—tenderness which will be quickly manifested if slight pressure be made upon it, and which is often accompanied by tenderness along the whole spine, but especially between the scapulæ, and by general hyperæsthesia of the spinal region.

In the foregoing description I have attempted to represent as accurately as I can, within the brief space prescribed to myself, a typical case of "irritable uterus," but such cases are less frequently met with than those forms of uterine neuralgia in which the phenomena of inflammation, or resembling those of inflammation, are not observable. In these more ordinary cases, a more or less abiding sense of painful bearing-down during the intervals of the catamenia is the principal evil complained of, the other symptoms being similar in natureto that of those just described, but manifesting themselves in less pronounced forms. Moreover, of course, some of them only are present in one case, some in another; and though the menses are, as a rule, irregular and deficient, some cases occur in which they are almost continuous, but slight, and some also present themselves in which menorrhagia, accompanied by marked pallor and anæmia, proves a serious complication. Sometimes the menstrual discharge is inducible at almost any period by various and very slight causes. Dr. Lee says,—"If the disease continues long, and the powers of the system are much impaired, it is entirely interrupted."(a) I have met with no case of uterine neuralgia in which menstruation was wholly absent, but I have met with cases in which there was no leucorrhœa. Constipation of the bowels so generally present, may be replaced by chronic diarrhœa, and not unfrequently the two disorders alternate with each other. Occasionally, uterine neuralgia may come on by transference from some other part. Dr. Tyler Smith has mentioned a case published by Dr. Handfield Jones,(b) "in which frontal neuralgia and ague continue until puberty, and were then replaced by 'irritable uterus.'" Of course, the malady very often occurs as a result of reflex action.

(To be continued.)

(a) "Clinical Reports of Ovarian and Uterine Diseases, with Commentaries." By Robert Lee, M.D., F.R.S. London. 1853. P. 122.

(b) "Clinical Observations on Functional Disorders." P. 457.

ON THE TREATMENT OF SCIATICA
BY THE
VOLTAIC CURRENT OF ELECTRICITY.

By Wm. Stephenson, M.D., F.R.C.S.Ed.,
Lecturer on Diseases of Children, and Physician Royal Hospital for Sick Children, Edinburgh.

The following two cases of sciatica treated by the voltaic current ot electricity, illustrate well the action of the agent in the treatment of néuralgic pain—a subject which is attracting considerable attention.

By the Voltaic current is meant one derived directly from a battery, and distinguished as the primary and continuous current; in contradistinction to that in general use, the Faradic, induced, or secondary, obtained from an induction coil or magneto-electric machine. The latter is a momentary current more or less rapidly repeated. The distinction must be constantly kept in view, for they differ much in their physiological and therapeutic action, and as I shall presently show the Voltaic has much greater effect in relieving and curing pain than the Faradic:—

Case I.—David L——, æt. thirty-four, a carter, states that twelve months ago he had a fracture of the tibia for which he was treated in the Infirmary. Ever since he has had a pain in the outer part of the leg and foot. Eight months ago it extended to the hip over the sciatic nerve, and he has since been quite lame. The pain is easy while sitting but severe whenever he attempts to walk; he cannot stand erect; while in bed, if he moves his leg, he feels unable again to get it into an easy position, and has to get up often during the night on account of the pain. He has always enjoyed good health and has never had rheumatism. He has been attending the Royal Infirmary, where he has been purged, has taken quinine largely, needles were introduced, blisters applied, and twice he has been cauterised with Corrigan's button, but all without benefit.

Dec. 7th, 1870.—A current from ten increased to twenty cells (Daniell's) was applied for five minutes, by means of moist sponge conductors, the positive pole being placed over the sacrum and ischiatic notch, the negative at various points along the course of the nerve. He stated that he felt greatly relieved, but the pain was not entirely away.

Dec. 8th.—He walked home with greater ease than before; could stand straighter up; he has had a better night's rest than since the pain began. Fifteen cells were again applied as before.

Dec. 9th.—Walked home quite free from pain; slept well; found a slight pain in the leg in the morning when he rose, but passed off when he began to move about. Fifteen cells as before.

Dec. 10th.—Had a good night's rest; was able to take a walk to-day; can stand perfectly erect. Twenty cells direct and inverse current for fifteen minutes.

The application was continued regularly and the improvement maintained. There was still, however, a residue of pain which remained obstinate, and was always induced when he walked much, or if the treatment was interrupted. The affection was worse in frosty weather. The effect of the induced current was tried for a time by means of a magneto-electric machine. It at once relieved the pain, like the other, but the effect always passed off much sooner. The subcutaneous injection of morphia was next combined with the voltaic treatment. This produced a more decided effect, but the pain continued to return after a day's walking. Iodide of potass, quinine and arsenic were given, and for three months, with one or two interruptions, the electric treatment was persevered in. The patient indeed was always glad to return on account of the comfort he experienced. The strength and direction of the current and mode and duration of application were modified as much as possible, without any change. It then occurred to me to try the electro-puncture, an insulated needle being introduced into the hip near the nerve, and a moist sponge applied over the painful spots in the leg. The effect was decided, a steady and continuous improvement being felt after each application, and after the sixth all residue of the pain was removed.

Case II.—David O., æt. fifty, a letter-carrier, has suffered from sciatica for four months, never had rheumatism, but once had lumbago. The pain extends over the whole length of the nerve, and affects also the superficial sacral nerves, it is always worse at night, and greatly interferes with sleep. He has been blistered seven times, four times had acupuncture applied, and taken several medicines. From the acupuncture he derived some benefit but the pain always returned.

The electricity was applied, and benefiting from the experience of the former case the electro-puncture was used at once. The relief after the third application was decided, but the returns of the pain after walking were at first severe and frequent—but never lasting long. Whatever pain he had was always at once removed by the application. In a fortnight he could walk about freely, but it was not until after five weeks use that the last residue was removed and he was able to resume his employment.

In using the electro-puncture a much feebler current is required than when the resistance of the skin has to be overcome. I had several opportunities also of observing in the latter case that when too strong a current was used, or the needle applied too close to the nerve, there was sure to be an exacerbation of the pain during the night. Five cells produced the best results; ten seemed to overstimulate and fifteen excited the pain at the time.

I have treated five other cases with the current. Two were recent cases, and had not been otherwise treated; both were well in a fortnight. One was the mild but persistent "residue" of a former attack and was removed in a week. The other two were much relieved but left for the country after a few applications only.

In all an immediate relief was experienced, and this is the great criterion whether the case is likely to be cured or not. If no relief is felt after three or four applications there is little probability of any benefit. The progress to perfect cure may be slow—the above, from the experience of others, are exceptionally so—but the severity of the affection is broken at once and comparative comfort is gained. The first case was protracted. but all the more instructive, giving an opportunity of testing the relative merits of the two currents, and illustrating how much the want of success may depend not upon the remedy but the mode of its application.

◆

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Hernia—Wood's operation—Clinical Remarks and Statistics—Varicocele, treated by Wood's Mouse-trap Spring—Clinical Remarks—Abscess under Temporal Fascia—Remarks.

(Under the care of Professor Wood, F.R.S.)

The case of hernia was in a little boy, who having been placed under chloroform, the Professor proceeded to perform the operation he had introduced to the profession, and which was now so well-known throughout Europe as Wood's operation. After its completion—Professor Wood—on account of a number of strangers being present, obligingly gave a short but very clear account of the several steps of the operation. Without, however, following the learned lecturer in his interesting description, we think the subjoined remarks worthy of record, inasmuch as we believe they are not at present to be found in any system or manual of surgery. When introducing the wire, the Professor observed that in his early cases, he had frequently been baffled, on account of the incision made through the various tissues not corresponding after the needle armed with the wire had been introduced. He now, however, met with no difficulty, as he pushed the needle through with a sort of jerk, so that the wire almost preceded the needle, and consequently there was not time for the apertures through tissues, to be placed at irregular levels. As regarded the success of the operation, Professor Wood stated that he had operated on 200 cases or thereabouts—about 70 to 75 per cent. had been successful—the majority of the cases had been performed in the theatre of King's College Hospital, in the presence of surgeons from all parts of the world. There had only been two deaths—these were in hospital patients—one from pyæmia—a hospital disese—the other from peritonitis, but this was secondary, as the *post-mortem* showed no signs of peritonitis whatever in the parts that had been operated upon. In private practice, he had had no deaths. The unsuccessful cases were as a rule in young children, in whom the hernia was large. Two and sometimes three operations were necessary in such cases. He believed this was due from the fact of the parts being much more relaxed, together with the low vitality of the sac and its circulation.

The case of varicocele was performed by the Professor, by subcutaneously tying the vein and then fixing the ends of the wire to the spring of the miniature spring écraseur, an instrument devised by himself. The advantages of this instrument were the steady equable pressure of the spring, which gradually dragged the suture away, seconding therefore the ulcerative process. The great objection to all previous inventions was the necessity of a second screwing, and this was the objection to the instrument Professor Wood had previously introduced, as also to that of Ricord. The operation it must be remembered, was *une operation de complaisance*, consequently it was the bounden duty of every surgeon to avoid giving as little pain as possible. The instrument was very simple, it was made on the principle of the mouse-trap spring. It should be remembered, that not only did the "*second or screwing operation*" give excruciating pain to the patient, but that also there was the danger of inflammation and suppuration. In a case previously operated upon by him, to which the attention of the class was now drawn, they would see how little disturbance there was from the normal condition of the parts, and that the scrotum felt cool and comfortable by the use of this instrument.

In conclusion, Professor Wood maintained that in such operations, *the desideratum* was to keep such tension on the wire around the vein as to draw it gradually off. Secondly, that in coming off it should not twist the vein. Thirdly, this if accomplished would avoid he believed anything like suppuration.

The attention of the class was then drawn to a case of abscess under the temporal fascia, in which the matter was making its way through several small apertures in a semicircle corresponding to the marginal attachments of the temporal fascia. Cases of this kind, the Professor observed were sometimes difficult to diagnose, as for instance, when the matter following the insertion of the temporal muscle opens on the inside of the mouth. Again, the disease when it spreads as far down as the tympanum—the matter—as had been pointed out by the late Mr. Toynbee, following the course of the superior petiosal sinus, found its way by the lateral sinus into, and there set up inflammation of the brain.

Transactions of Societies.

EPIDEMIOLOGICAL SOCIETY.

WEDNESDAY, 13TH DECEMBER, 1871.

ROBERT LAWSON, ESQ., F.R.C.S., President in the Chair.

MR. W. D. MITCHELL read a paper on "the Outbreak of 'Spring' Cholera at St. Petersburg, the History and Progress of the Epidemic through European Russia in 1871." The chief points of interest with regard to this epidemic were brought before the society, illustrated by charts, showing at a glance the march of the cholera and the degree of intensity with which it prevailed in the several governments of European Russia. The whole of the official returns, so far as yet published, were also shown, arranged and tabulated according to the various governments, giving averages of mortality per 1,000 of deaths to cases (or attacks), and of per centage of cases to population. The census returns quoted were those of 1870, just published at St. Petersburg, together with the meteorological and other tables. The comparative method should be always used by way of crucial test in all epidemiological study; one should never rely solely upon either the pathological, physico-chemical, statistical or meteorological aspects of the question.

The co-incident phenomena or favouring conditions observed at the local "spring" outbreak at St. Petersburg with tables of disease, statistics arranged in daily and in weekly periods, showing its "epidemic vital force," were then reviewed in detail.

The *Summer Heat Diarrhœa* should always be eliminated, being entirely distinct from epidemic Asiatic cholera. The relation and connection between an epidemic of enteric fever already existing over a defined area, with that of an invading wave of cholera, with their correlation and influence, on each other, as met with in other zymotic diseases; and the prevalence in 1871 and previous years of epizootic and epipyhytic diseases in Russia were then succinctly treated.

The other points brought forward were:—

The rapidity and almost day-coincidence in point of time with which the cholera appeared at different place in so wide an area as European Russia. On this head remarkable facts were brought out clearly by chronological and geographical charts of epidemic cholera, not only in Russia, but also in India, Persia, Zanzibar, &c.

Its apparent localisation, as at Kieff since 1868; thus waiting for the next and succeeding years before vitalising into its epidemic and spreading—form frequent proofs of this.

The condensation, over-crowding, and the insanitary condition of inhabitants, either in town or country, always found to be a constant factor and to exert a vast and overwhelming influence on the existence, spread, and death rate of cholera.

Cholera has not this year lived or become vitalised in any of our ports. Important questions for the epidemiologist to consider are: Will it behave in like manner in 1872? Or will there be "spring-cholera" in 1872 in Northern Europe? Is there a "a wave of typhoid" in advance of it? Will this direct, influence, or modify in any degree the progress of cholera westward?

◆

PATHOLOGICAL SOCIETY OF IRELAND.

SATURDAY, DECEMBER 16TH.

MITRAL CONSTRICTION—DEATH—AUTOPSY.

DR. HAYDEN exhibited the thoracic viscera of a boy, æt. eighteen years, who died in the Mater Misericordiæ Hospital on the preceding day. Four years ago, the boy, then fourteen, was first admitted under Dr. Hayden, suffering from angina and collapse. Constriction of the mitral orifice was then diagnosed from the existence of the pathognomonic presystolic murmur at the apex of the heart. One year previously, the boy had been thrown from a pony and trodden on by the animal, after which he spat some blood and suffered from dyspnœa. Eight months subsequently he began to suffer from angina, which recurred at uncertain intervals, and in one of these attacks of unwonted severity, he sank down in the street and was conveyed to the Mater Misericordiæ Hospital. Beyond the cardiac lesion nothing of interest was detectable. The boy improved under treatment, and was able to leave hospital at the end of a month and resume his duties as a light porter. Within the succeeding four years, he was re-admitted under Dr. Hayden twelve different times, suffering from intercurrent attacks of hæmoptysis, bronchitis, or angina and thus an ample opportunity was afforded of following the progress of the case in all its details. The boy had been repeatedly exhibited to, and examined by, the class and by medical visitors to the hospital, as affording a typical example of the murmur distinctive of mitral stenosis. On several occasions, especially during the existence of temporary congestion of the lungs, the second sound of the heart was reduplicated, but only within a small space intermediate between, and equi-distant from the orifices of the aorta and pulmonary artery, whilst over either orifice, and externally to it, the sound was single, thus showing that reduplication of the second sound is due to a synchronism in the closure of the two sets of sigmoid valves. A bellowing murmur of systolic rhythm, loudest at lower sternum, and transmitted upwards in the line of the aorta for about two inches was likewise *occasionally* present, and for the last few months an apex-systolic murmur was superadded, but during the last fortnight of life, inaudible for brief periods. The pulse was regular throughout, save during an attack of angina, when it intermitted and became excessively feeble, it ranged between 60 and 108 in the minute. The point of apex-pulsation was gradually displaced outwards, and at the time of death was more than half-an-inch to the left of the nipple-line. The patient was about to leave hospital to resume his duties, when he contracted small-pox ; the eruption was discrete, and the fever mild, the boy having been successfully vaccinated in childhood. On the sixth day of the eruption, he complained of great oppression and dyspnœa, the lungs were partially congested, and the heart pulsated tumultuously, the extremities became cold and congested, and he died suddenly on the morning of the 15th (11th day of eruption), after getting into bed off the night-chair. *Autopsy*—The lungs were found voluminous and slightly attached to the chest superiorly. There was evidence of great pericarditis confined to the right auricle, but no liquid effusion, heart expanded and bifia at apex, the greater part of which was formed by the right ventricle, and weighed 18¼ ounces. Both right chambers were dilated and thickened, and filled with decolourisation, left auricle greatly enlarged and hypertrophied, whilst the left ventricle was slightly thickened, but otherwise normal. The valves and orifices were all in a healthy condition, with exception of the mitral, which was slit-shaped, large enough to admit the tip of the index finger, and bounded by the agglutinated segments of the valve which were smooth and thickened. Irrespectively of the diagnostic value of presystolic murmur which this case illustrates, it is otherwise of interest, as showing the true cause of reduplicated second sound, and as affording an example of death by cardiac thrombosis of slow and gradual development. How far the variolous poison was contributory to this process, if at all, is matter for speculation.

FRACTURE OF THE SPINE.

THROUGH the kindness of Mr. Colles, I have the privilege of laying before the Society an example of fracture of the spine, which presents some features of *interest;* we have here the cervical vertebra of a man about forty years of age, who fell from a height of about sixteen or seventeen feet. He appears to have struck the ground directly on the vertex, that being the only part on which any mark of contusion could be observed. He was taken up in a state of collapse, and it may be remarked that the collapse was more characterised by failure of circulation than of innervation, as he very quickly recovered consciousness, and in a few moments after the fall he gave a very connected and detailed account of how it occurred. He was seen by Mr. Abram Colles, resident surgeon of Steeven's Hospital, who had him at once removed to that institution. He presented the following conditions :—From a line a little above the level of the nipple, there was complete loss of muscular action, both reflex and voluntary ; irritation of the sole of the foot caused a slight flickering movement of the great toe ; but this appeared to be due rather to direct excitation, than to any reflex movement ; there was loss of sensation and marked priapism ; the skin was clammy ; pulse below 40 ; the respiration was carried on by the diaphragm alone. He was perfectly rational, and had power of swallowing ; his head was bent back as in opisthotonos. He passed a restless night, and vomited some dark matter. On the following day, the pulse had risen to seventy ; there was retention of urine, and he presented remarkable hyperæsthesia at the line of junction, between the healthy and the paralyzed portion of the body. He survived the injury forty-eight hours, and died of asthenia.

On making a *post-mortem* examination, a mark of contusion was found on the vertex. On dissecting down to the cervical spine, and passing the finger to the atlas, it was felt to be completely comminuted ; the whole cervical spine was carefully removed by Mr. Colles. One fracture traversed the anterior arch. A second, the posterior arch, which was severed into three pieces ; the transverse process of the right side was broken off. It is a remarkable fact that the odontoid process was not broken. There was also laceration of the intervertebral substance between the fifth and sixth cervical vertebra, the sixth was displaced backwards, with fracture of its laminæ causing distinct compression of the cord. The symptoms were all referrible to this displacement. The extensive injury to the atlas not being indicated by any special conditions; it is further remarkable that this bone should be so crushed between the opposing forces, and that there should be so little shock communicated to the brain, as if it were completely expended by *contre coup.*

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

‚ Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1872.

VOLUME LXVI.

WE commence this week the issue of copies as specimens to the profession. The large amount of practical matter contained in our past sixty-five volumes—the thoroughly independent tone of the MEDICAL PRESS—the fact that it is year by year growing in favour, and the knowledge that it is the only weekly Medical Journal that permits absolutely free expressions of opinion, by those members of the profession who differ on certain questions from the literary staff, inspire us with confidence for the future.

We this week commence a series of communications by W. H. Lee, of St. George's Hospital, and another by Dr. Mapother, of Dublin.

We have in type a clinical lecture on "Chorea," by Dr. Handfield Jones, the first of some papers on "Cataract," by Mr. George Critchett, a paper on "Syphilitic Disease of the Throat, Mouth, and Nose," by Dr. Prosser James, and "Remarks on the Treatment of Asthma," by Dr. Thorowgood. We may also announce papers on "Dysmenorrhœa," by Dr. Head, of the London Hospital, and many other contributions of great practical value. Prof. Erasmus Wilson's lectures at the Royal College of Surgeons, will appear *in extenso* in the MEDICAL PRESS.

1871.

THE expiring year reminds us of the death-roll of our profession ; great and enduring names have, during the past twelve months, been recorded in our "Obituary," and a much larger number of our brethren have died who had worthily filled their places in that sphere in which it had pleased God to place them. They have all left many who miss them, and we may all reflect a moment with advantage on the uncertainty of life. We honour all, but cannot reprint the long list, nor do we know their worth. We may therefore justly follow the custom of many years, and mention only a few whose names will be familiar to the majority of our readers, and who have passed from among us since this time last year :—

Sir John Fife, Dr. Mayo, Mr. Solly, Dr. Symonds, Dr. T. Evanson, Count Wollowicz, Dr. Keith, Mr. Langston Parker, Dr. Salter, Dr. Tanner, and many others known to us are no more. Abroad also the losses are as heavy. Niemeyer was, through translations known in this country, almost as well as in Germany, the mention of which reminds us of the many who fell victims to that horrible war. On both sides our brethren perished in endeavouring to mitigate by their skill, some of the horrors that civilised nations inflict on each other.

◆

SCOTLAND.

EDINBURGH.

We regret to record the death of Charles Sidey, Esq., surgeon, which took place on Thursday last. Mr. Sidey, who was universally respected, was in possession of an extensive practice, and was distinguished for his practical knowledge of the diseases of women and children. He had attained the age of seventy-five years.

ABERDEEN.

Drs. Inglis and Rodger have been elected Medical Officers to the Aberdeen Dispensary.

◆

Notes on Current Topics.

The Etiological Influence of the Use of Tobacco in Producing Diseases of the Nerve Centres.

According to a statistical note inserted in the *Bulletin de L'Association Francaise, contre l'abus du tabac,* of fifty-nine affections of the nervous system observed by M. Famisier from 1860 to 1869, forty-one of the cases occurred in smokers. The following table will indicate respectively the abuse, the simple use of the article, and the effects of abstinence in smoking :—

	Abuse.	Simple Use.	Abstinence.	Total.
Hemiplegia . . .	9	2	4	15
Softening of the brain .	—	1	3	4
Paraplegia . . .	5	3	10	18
Locomotor ataxia . .	14	5	1	20
Trembling . . .	1	—	0	1
Paralysis agitans . .	1	—	—	1

M. Famisier does not conclude that in all the fifty-nine cases the disease has been produced by smoking, but he believes that only to this cause may be attributed the great number of cases of hemiplegia and locomotor ataxia observed.

By watching some patients M. Famisier observed the aggravation of the symptoms whenever the individual indulged in the habit of smoking, as well as an amelioration or diminution in the gravity of the symptoms under abstinence from smoking. His conviction on this point is absolutely firm, and of long standing, and the *Bull. Gen. Therap.* says, "We completely agree with his statements."

The Brown Institution for the Study of Animal Pathology.

So long since as 1852 the late Mr. T. Brown, of Roseyhill park, Dublin, in his will bequeathed to the University of London and their successors a certain amount of stock in the Three per Cent. Consolidated Bank Annuities, and likewise the residue of his personal property, for the purpose of "founding, establishing, and upholding an institution for investigating, studying, and without charge beyond immediate expenses, endeavouring to cure maladies, distempers, and injuries any quadrupeds or birds useful to man may be found subject to." In the event of the University of London not being able or competent to utilise the fund—which has now accumulated to the sum of £22,000 in Consols, within the space of nineteen years—the same was to go to the University of Dublin for the foundation of Professorships in certain languages. After considerable opposition and quibbling, legal and otherwise between the two Universities, the former has succeeded in establishing within only a few days of the time specified by the testator, "The Brown Animal Sanatory Institution." The buildings, which are situated at Wandsworth, consist of three blocks, covering about an acre and a-half of ground. The first block is for the reception of animals under observation and treatment. The second is the chemical laboratory for scientific experiments and research. The third contains the rooms of the resident officers. Dr. Sanderson, who is the superintendent professor, is to deliver five free public lectures during each year. The promotion of the science of comparative pathology by the examination of dead animals, will be the chief aim of the institution; and the cattle plague, the foot and mouth disease, and other maladies to which quadrupeds are particularly liable, will receive that amount of attention which it is hoped will throw valuable light upon these obscure diseases.

The Royal Physicians.

The illness of the Prince of Wales has brought into prominence a point upon which we have often insisted, viz., The value of the services rendered by medical men not only to individuals but also to the State. The most exalted personage is at times indebted to the "Art of Healing," and then our services are often appreciated, but the whole community is constantly receiving from the mass of the Profession similar services to those lately rendered to the Royal Family. Moreover, preventive medicine is perhaps even more valuable, and we all, without exception of profit or reward, silently carry on a work for which humanity must long remain indebted to us. Seldom are the benefits we confer thought about, still more seldom are they acknowledged. It is then with pleasure that we observe that the sad occasion of the Prince's illness has been made the text by many of our contemporaries upon which to utter a simple homily expressive of gratitude to our Profession. We know it is but seldom that in the rush of other matters the neglect shown to medical men by the Government and the people finds expression. Society is careless of its greatest benefactors. Patients too often think that the fee sufficiently rewards the doctor, and sometimes the fee is but grudgingly given, and not unfrequently it is forgotten, or withheld. We appreciate therefore the good feeling that has been exhibited by the general press, and which *The Globe* has very felicitously expressed in an article concluding as follows:—

> "Such thoughts should remind us, generally, of the debt of gratitude that we owe to the members of the noble profession of medicine. That scene of sorrow and anxiety at Sandringham will not fail to be enacted, sooner or later, in our own homes. For some valued life we shall all of us—and, indeed, to most of us it is already but too familiar—have to hang with thrilling anxiety upon the physician's verdict of life or death. Surely, the Healing Art is worthy of all honour, and the men who devote themseves to it deserving of our highest consideration and respect. Look at the opportunities for doing good that daily occur to the Medical man, and in most of these men's lives to do good and kind acts comes as naturally as the air they breathe. Look also at their hard-working lives. No rest at night, no quiet home pleasures, no friendly meetings, can they be assured of even for one half hour. To other professions come repose and relief as time wears on, but to the valued opinion of a skilled physician there is a ceaseless appeal which ends only with his life. Then, again, how discreet, how self-restrained must he be in society, when subjects are discussed about which he perhaps knows the truth, revealed to him in his intimate intercourse with our families and homes. Who ever hears of a betrayal of confidence under these circumstances? And yet we know what a great temptation to most of us it is to appear wiser than our neighbours. All honour to the men who devote themselves so cheerfully to their trying duties. Let our praise and our rewards be given to them without stint, and with a readiness equal to their devotion to our service."

Deaths in the Profession during 1871.

In looking over the "Obituary" as it has appeared from time to time during the past year, we are struck with the number of men of great eminence who are now lost to the profession, of which they had done so much to ennoble. Many, however, had passed the allotted three score years, and among whom we may mention, the following veterans whose ages vary from 75 to 96—namely, Sir John Fife, F.R.C.S. Eng., aged 78; Thomas Mayo, M.D., F.R.S., late President of the Royal College of Physicians, London, 81; Thomas Waterfield, M.D., Cantab., F.R.C.P. London, 81; James Henderson, M.D. Edinburgh, inspector-general of army hospitals, 84; Samuel Barton, J.P., F.R.C.S. England, 82; Robert Dann, M.D. Glasgow, senior member of the Royal College of Physicians, London, and deputy inspector-general, 87; James Watson, M.D, Glasgow, late President of the Faculty of Physicians and Surgeons, Glasgow, 84; Alexander Anderson, F.R.C.S. England, 78; Thomas Mostyn, M.D. Edinburgh, deputy inspector-general and honorary surgeon to the Queen, 82; Henry Anderton, F.R.C.S., England, 81; Christopher Hunter, M.D., St. Andrews, 91; George Curshaw, M.D. Paris, F.R.C.P. London, government inspector of the provincial anatomical schools, 77; Richard Filkin, M.D. Glasgow, army staff, 96; Cornelius Butler, F.R.C.S. England, 82; John Dempster, M.D. Edinburgh, inspector-general of army hospitals, 78; John H. Fuge, R.N. senior fellow of the Royal College of Surgeons of England, 91; Robert Dundas, M.D., 78; Philip C. Delagarde, F.R.C.S. Eng., 75; Sir Jas. Murray, M.D. Dub., inspector of anatomy for Ireland, 84; John M. Pigott, M.D. Edinburgh, 86; William Austin, M.D. Glasgow, inspector-general of army hospitals, 83; and Patrick Miller, M.D., F.R.S. Edinburgh, consulting physician to the Devon and Exeter Hospital, 90.

Catheter removed from a Female Bladder.

Dr. W. T. Briggs (*Nashville Journal of Medicine and Surgery*), reports a case of escape of catheter into the female bladder during its use for the relief of retention of urine. It was removed by the dilatation of the urethra with a sponge-tent, and the employment of dressing forceps.

Dr. Briggs, in 1864, removed a catheter from the bladder, two weeks after its entrance, by dilatation of the urethra with the bougie and forceps. Dr. Briggs remarks in conclusion, that in the *Medical Facts and Observations*, published in London in 1791, by William Ford, is possibly case on record.

The London Hospital.

This great institution than, which none is doing a more important work, has just received the magnificent sum of £10,000 from an anonymous donor. This generosity is very timely for the great East-end hospital was much in want of funds. The gift has been bestowed where it cannot but do great good, for the London Hospital succours the very poorest. It is situated in a district both populous and poor and the funds at its disposal are never enough to meet all the demands upon it. An immense hospital like this, with one of the most practical schools of medicine in closest alliance, is doing a great work for both the present and the future. It depends on voluntary contributions, and this munificent donation shows that there are among us the wealthy and the generous. We do but give expression to public sentiment when we say the donor may be assured that the thanks of the community have been earned by his goodness, and that the blessings of the poor will always be showered upon him.

More about Chloral.

Robert F. Fairthorne (*American Journal of Pharmacy*) gives some of the physical characteristics of hydrate of chloral and its behaviour when brought in contact with other substances. Its aqueous solution produces a dense precipitate when mixed with solution of subacetate of lead.

The hydrate is readily dissolved by alcohol, ether, oil of turpentine, benzole, bisulphide of carbon, and the fixed oils. The solution in the last-named article might prove of value to the physician as a topical application, perhaps available in neuralgia or gouty affections.

When equal parts of camphor (in small pieces) and hydrate of chloral in crystals are shaken together in a vial, and allowed to stand, they become fluid, forming a clear solution. This might also be of use as an external remedy.

When hydrate of chloral and sulphuric acid are mixed, a great reduction of temperature takes place. Both pure chloral and its aqueous solution dissolve morphia freely. Quinia is soluble, to a considerable extent, in a strong solution of the hydrate, six grains readily dissolving in one-and-a-half fluid drachms.

Cinchonia, strychnia, veratria, aconitia, are also soluble in the same menstruum.

When chloral and glycerine are mixed a crystalline substance is formed in a few hours. Chloral is a good solvent for camphor or for crystallised carbolic acid, which it deprives of odour to a great extent, and renders it quite soluble in water.

If caustic soda is added to the mixture of chromic acid and chloral, a bright green colour is produced. With solution of potassa in considerable quantity, a blue colour occurs.

When alcohol is mixed with solution of bichromate of potassa and nitric acid, and heated, after caustic soda is added in excess, a green colour is produced which quickly changes to brown.

Mr. Fairthorne has placed these reactions together so as to compare them with one another, thinking that they might possibly lead to the discovery of a test for chloral.

The Contagious Diseases Act.

Last week we gave space to a memorial which has been extensively signed by members of the profession for a continuance of these Acts. A correspondent has forwarded the accompanying memorial against the Acts, which is being signed and addressed to certain members of Parliament. In conformity with our usual practice of giving publicity to both sides of questions interesting to the profession we are pleased to append the following :—

To M.P.,

Sir,—We, the undersigned electors, believe that the Contagious Diseases Acts sanction vice by regulating it, and encourage vice by trying to make it more safe ; that they also imperil the liberty of the subject by trespassing upon the rights of individuals over their persons (and by employing spy-police), and that periodical examinations harden women in vice by disregarding common feeling and a sense of decency, we trust, therefore, you will in Parliament exert yourself to obtain their repeal.

We are, with respect,
Yours,

(Here follow the signatures)

Hæmostatic Properties of Alnus Incana.

Thomas R. Dupuis, M.D., Prof. Botany in Royal College of Physicians and Surgeons, Kingston (*Canada Lancet*), recommends the Alnus Incana (*Tag alder*), so common in the States and Canada, as an excellent hæmostatic. He has prescribed the bark both externally and internally, and has never observed any ill effects follow its use, except occasionally nausea and vomiting when taken too freely. Four cases are related—three of wounds and one of serious epistaxis—which were successfully treated with this remedy. He has also prescribed it in hæmoptysis and in menorrhagia with benefit; it is also well adapted to any internal or external passive hæmorrhages in which astringents are generally esteemed beneficial.

In closing his article, Dr. Dupuis solicits for the decoction of the bark of *Tag alder* a trial from all those who may be interested in the development of the medical remedies of our own country.

Sir James Paget, Bart., F.R.S., D.C.L., and Sir William Fergusson, Bart., F.R.S., have been elected honorary members of the Royal Society of Sciences of Brussels.

A Home for Middle-class Fever Patients.

First-class accommodation for middle-class patients attacked by fever has now been provided by the London Fever Hospital, which was founded in 1802 for the treatment of patients suffering from contagious fever, and which from that time up to the opening of the new Pauper Fever Asylums was the only institution of the kind in the Metropolis. In pursuance of the objects for which it was established, one of the chief of which was to prevent the spread of contagious fever, the hospital has hitherto been under the necessity of opening its doors to paupers, a class that was originally intended to be excluded, and the committee of management are able to assert, that, by the erection of temporary buildings to meet the emergencies of great epidemics, not a single case of contagious fever has, for many years, been refused admission and sent back to act as a new focus of disease.

The arrangements are as follows :—(1.) Patients will be admitted into the general wards on the recommendation of a Governor or annual subscriber of one guinea, or, as heretofore, on payment of two guineas on admission or of one guinea weekly. (2.) For such patients as require isolation and better accommodation than that offered by the general wards, eight large rooms have been prepared and furnished with every requisite for comfort, in which a single patient, or two children of the same family or from the same school, can be received. The payment for one of these rooms, with the attendance of an experienced nurse, and the care of the resident medical officer and physicians, and including food and medicines, has been fixed at three guineas per week.

The committee are assured that, in making provision for private patients, they meet an urgent public requirement, and they are prepared to extend the accommodation should the demand for an extension arise. We are glad to add that the Hospital will, at the same time, continue to render public services of the highest value, by receiving working men and the members of their families, who might otherwise, through an attack of fever, be compelled to take the first step towards pauperism by seeking parish relief.

A Sensible Witness on Insanity.

The *Pacific Medical Journal* is responsible for the following interesting story :—

There is a certain Dr. J. R. Allen, at Memphis, who has touched a sympathetic cord within us by testifying as follows, when called as an expert in a murder trial in which the plea of insanity was set up; "I have been a practising physician for nearly thirty years ; I have had some experience in cases of insanity, having been ten years medical superintendent of the Kentucky Lunatic Asylum, and during that time had over two thousand crazy people under my charge; I have heard the hypothetical case read by Mr. Phelan ; I am here as an expert, and before answering this question I would like to say that the more I have studied the question of insanity the less I understood it, and if you ask me where it begins and where it ends, neither I nor any physician in the world could tell you ; in fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors."

Deputy Inspector-General of Hospitals, D. Mackinon, has assumed the duties of Principal Medical Officer at the Curragh Camp.

A Malingerer in Bed Twenty-five Years.

Dr. Terrell describes, in the *Virginia Clinical Record*, a case of malingering in a female residing in Hanover County, Virginia, who lay in bed twenty-five years, "expectorating live worms," and taking but little food. She had as nurses two cousins, who appear to have entered into the spirit of the fraud and assisted her. One of them dying, the patient, if patient she was, fell under different treatment, and soon recovered perfectly, her legs being as useful as ever, after twenty-five years of disuse.

Duration of Life of Physicians.—A Hint to Life Offices.

It seems that doctors' lives are not so bad as they have been reputed: the "Proceedings of the Massachusetts Medical Society" gives a list of members who have died in 1870 and 1871, thus far, 37 in number. The ages of 32 are given, averaging 60½ years, the extremes being 28 and 84.

The Fatality of Single Blessedness.

M. Bertillon has made a communication on this subject to the Brussels Academy of Medicine which has been published in the *Revue Scientifique*. From 25 to 30 years of age the mortality per 1,000 in France amounts to 6·2 in married men; 10·2 in bachelors; and 21·8 in widows. In Brussels the mortality of married women is 9 per 1,000; girls the same, and widows as high as 16·9. In Belgium from 7 per 1,000, amongst married men the number rises to 8·5 in bachelors, and 24·6 in widows. The proportion is the same in Holland. From 8·2 in married men, it rises to 11·7 in bachelors, and 16·9 in widowers, or 12·8 amongst married women, 8·5 in spinsters, and 13·8 in widows.

The result of all the calculations is, that from 25 to 30 years of age the mortality per 1,000 is 4 in married men; 10·4 in bachelors, and 22 in widowers.

This beneficial influence of marriage is manifested at all ages being always more strongly marked in men than in women.

Label for Bitters.

The *American Agriculturist*, speaking of California Wine Bitters and other concoctions advertised in the newspapers of this coast, recommends the following label: Caution: —Keep the bottles, boxes, or packages in a safe place, where no human being can by any possible mistake swallow any of the stuff.

Bromide of Iron.

This remedy is advocated by Dr. N. H. Norris, of Beloit, Wis. (*North-Western Medical and Surgical Journal*), as nearly a specific in involuntary seminal emissions and spermatorrhœa. He gives it three times daily, an hour before or after meals, in doses of three to five grains.

Hypodermic Injection of Nicotine in Tetanus.

In the last number of the *Australian Medical Journal* a case is reported by Dr. E. M. Wuth, in which he successfully employed this method of treatment. The dose administered was half a drachm of a solution of one drop of nicotine to the ounce. The patient experienced local anæsthesia, and the pulse fell to 60, but no second injection was administered.

The next examination of candidates for commissions in the Army Medical Department will take place in London on February 12th.

Deputy Inspector-General of Hospitals, R. J. O'Flaherty, has been appointed Medical Superintendent of Poonah, India.

The friends of Mr. Holmes Coote, Senior Surgeon to St. Bartholomew's Hospital, will be glad to learn that his health is so far improved as to enable him to resume the practice of his profession.

The Registrar-General's return reports the average aggregate mortality in twenty leading cities and towns of the Kingdom for the week ending Saturday to be thirty-two per thousand.

By the death of Professor John Blyth, M.D., Professor of Chemistry, in the Queen's College, the city of Cork has lost one of its most illustrious citizens, and the profession, a distinguished ornament. The distinguished professor has for years been quoted in our text-books on chemistry, as a great authority, and his analytical acumen and judgment have frequently been called into requisition in criminal trials.

Mr. Appleton has just published a pamphlet "On Drainage." The point at issue, he asserts, is not the drainage of the town but the final disposal of the sewage; in other words, having got the sewage well brought down to the lowest point of the town, what is best to be done with it. He then argues in favour of the wet system as against the dry, contending that what is needed is the making of the former as perfect as possible.

Dr. Bathurst Woodman informs us that the subscription list of the "Dyte *versus* the St. Pancras Guardian's Appeal Fund" must shortly be closed, as the case will be heard this month. This question is of great importance to many hundreds of medical men and other public officers; but at present, only about £90 have been received, and, therefore, Dr. Dyte, in the prosecution of his just claims (admitted as such by the Guardians themselves), is liable to lose some hundreds through the shabby pretext of a mere technical objection.

We hope the subscription will at once receive a large addition.

THE PREVENTION OF VENEREAL AND ITS POLITICAL DIFFICULTIES.

(Special Report, prepared expressly for the Medical Press.)

The question of legislative interference with regard to the gigantic evil of the continual propagation of the Venereal Diseases, and the infliction of incalculable ills on innocent persons, has just now received fresh interest from the Report of the Royal Commission upon the administration and operation of the Contagious Diseases' Act, published within the last few days. Witnesses have been examined, and a Blue Book of unusual dimensions has been printed, embodying the evidence on what the Report admits to be "a most painful and delicate question."

In the conduct of the inquiry the presence was allowed of the representatives of those who advocated the necessity for the existence of the Contagious Diseases' Acts and also the representatives of the agitation so actively set in motion to rescind and abolish them. Every fair-play was undoubtedly afforded by this arrangement.

The Report states, "That having taken a large amount of evidence on the subject of Venereal Disease, though the Medical Profession is not agreed upon many points, yet the more important are sufficiently established, and though improved treatment and habits of cleanliness have mitigated the virulence of the disease, yet it is still one of a most formidable description." How fully the Commissioners were impressed by the evidence laid before them may be seen by the following expression of their opinion:—

"We attach great importance to the maintenance of a system, which if it cannot altogether annul, may at least materially mitigate, a pestilence, which is not like other contagions, of occasional occurrence, but one of perennial growth. The firmness of a former Parliament withstood the storm of clamour with which the discovery of vaccination was assailed by the ignorance and prejudice of the day, and relieved posterity from a scourge which was the terror of earlier generations; and we would fain hope that an attempt to stay the progress of a plague scarcely less formidable in its ravages is not to be hastily abandoned." Indeed, such an enunciation could hardly be avoided in the face of the conclusive evidences derived from the statistics of the Army and Navy Departments, where the good effects produced by the application of "such remedy as may be practicable to the great evil," are plainly shown by the tables put in by Dr. Balfour, the Inspector-General of the Army Medical Department. It may be premised that Dr. Balfour, when speaking of syphilis, confines his statement to primary venereal sores. In Devonport and Plymouth, where from the first the system has been most carefully and vigorously administered, the state of syphilitic disease in 1864, before legislation, showed 274 cases out of 2,481 strength; in 1865, before the Act of 1864 had made any impression, the numbers rose to 342; in 1866, when only women informed against or strongly suspected of being affected with contagious disease were brought up for examination, the number fell to 209. In 1867, when the same system obtained, a further reduction from 209 to 185 was recorded. In 1868, under a monthly examination for the latter half of the year, the figures were reduced from 185 to 159. In 1869, when the fortnightly examination was first instituted, the figures increased from 159 to 162, and in the following year were reduced to 85, or nearly one-half. The strength of the garrison was nearly the same throughout these years.

Taking the aggregate of twenty-eight stations of troops in the United Kingdom, at which the average strength amounted to 500 and upwards, the ratio per 1,000 of primary venereal sores in 1865, was 120; in 1867, before the fortnightly examinations had commenced, except for a few months at Chatham, the disease had fallen to 86; it continued to decrease from 86 to 72 and 60, until it fell to 54 in 1870, when the fortnightly examinations were generally established throughout the subjected districts. The returns of gonorrhœa are fluctuating, and the figures are nearly the same for the five principal stations in the year before the Act of 1866, and in the last year of its operation. Dr. Balfour was of opinion that so far as gonorrhœa was concerned, the Acts had been a failure.

Dr. Balfour insisted that very erroneous inferences are liable to be drawn from the amount of disease existing among the small number of men stationed in any one locality, and prepared a table comparing the condition of the total number of soldiers in the protected with that of the total number in the unprotected districts. The result of this table is, that in the first or protected group the number of men per 1,000 admitted into hospital for primary venereal sores has steadily and continuously diminished during the seven years 1864-70; the successive numbers per 1,000 being 120, 90·5, 86·3, 72·1, 60·9, 54·5. In the second, or unprotected group, no such diminution presents itself, the corresponding numbers per 1,000 being 108·6, 99·9, 90·9, 108·0, 106.7, 111·9, 113·3.

A tabular return follows, showing the number of cases of venereal disease contracted by the crews of Her Majesty's ships at home ports from 1856 to 1869 inclusive, with the ratio per 1,000 of force. In the latter half of 1865, the Act of the preceding year was partially in operation at Chatham and Sheerness. Legal difficulties had prevented its being put in force at Portsmouth, and at Devonport and Plymouth nothing had been done beyond a preparatory enumeration of the brothels and public women. In 1865, the cases of syphilis on the home stations were 108·7 per 1,000. In 1866, still under the partial though more extended operation of the Act of 1864, the ratio per 1,000 had fallen to 76·4. Passing on to 1869, when the periodical examination had been nearly completed in the seaports, the ratio was 59·5. The return of cases of gonorrhœa is remarkable. In 1865, they were 34·4 per 1,000; in 1866, they were 25; in 1869, they were 42·4 per 1,000, the highest number attained during the fourteen years to which the return refers. Dr. Armstrong explained that these figures were not to be taken as a fair criterion of the working of periodical examinations, on account of the constant fluctuation of the crews in the receiving ships. But though no definite conclusion can be drawn from statistics subject to so much disturbance, they would seem to show that since the introduction of the system which commenced in 1864 the more serious form of the disease has diminished while the other form has increased.

While it is thus absolutely proved that an incalculable amount of good has been done, and is capable of being done, by the application of the present Act, the violent agitation of enthusiasts and others who hold strong views as to interfering with the construction of society, or with the liberty of the subject, has not been without its influence. The Report thus notices the two-fold arguments which have been advanced by these opponents, who are, no doubt, earnest and well-meaning.

The first one, as to the necessary interference with the liberty of the subject and the implication of well-doers, is thus dealt with:—

"Among the means adopted by some of the opponents of the Acts to bring them into public odium, have been charges of misconduct or gross negligence on the part of the police in putting the law in force against common prostitutes. Cases have been brought forward in publications and speeches at public meetings, not only of cruel insults offered to innocent women, through the agency of the Acts, but of repeated wrongs to the unhappy women who have been or are subjected to them. We have made inquiry into every case in which names and details were given, We have requested the persons who have publicly made these statements to substantiate them. In some instances the persons thus challenged have refused to come forward; in others, the explanations have been hearsay, or more or less frivolous. The result of our inquiries has been to satisfy us that the police are not chargeable with any abuse of their authority, and that they have hitherto discharged a novel and difficult duty with moderation and caution. Even if it had been proved that they had in some instances made mistakes, or exceeded their duty, such errors might have rendered it necessary to make provision for the more careful administration of the Acts, but would have been no valid argument for their repeal. The charges thus rashly made and repeated, have contributed much to excite public indignation against these enactments."

(*To be continued.*)

Foreign Medical Literature.

THE ANCIENTS ON SLEEP.

(From A. Bouchardat's "Labour and its Influence on the Health.")

Translated for the Medical Press by Joseph Coutenceaud.

I borrow from Hippocrates and from Sanctorius the following quotations concerning sleep :—

Here are first some extracts from Hippocrates :—

"Sleep and watching, carried beyond their just limits, both injure the health; successive watching hinder the digestion and produce crude things: but likewise to sleep too much impairs the body, makes the head heavy, and makes one stupid.

"According to the course of nature, we are made to wake at day-time and sleep at night. People who practice the reverse are sooner or later punished for their folly.

"Let us sleep in a large and well-aired room; but let us always be careful of being well covered during the sleep.

"When during his sleep a man has dreams concerning what he does in the day-time, and the subjects of which are natural and proper things, it is a sign that he is well; it is a token that he wants neither evacuation, nor gathering strength, and at present no illness has begun to impair his health.

"But dreams which are adverse to the acts of day-time produce in the human frame more or less grave disorder, according as those dreams wander more or less from the natural and usual acts of the one who performed them. Therefore I advise in such a case to reach the source of the disease and to labour to prevent or cure that disorder. If, for instance, we dream of an evacuation, it is a sign that the body is too full, and must be cleaned either by emetics, abstinence, or exercise. If we dream that we eat with appetite usual foods, it is a token that the body is empty and must have more food. Mournful and frightful dreams announce in the blood a slackening which must be remedied. These rules are by no means despicable; if observed, the result will soon be reached.

"We must always have great regard to what is usually done, on account of the food, the way of dressing, exercise, sleep, the intercourse with women, and the passions of the mind."

Some of Sanctorius' precepts run as follows :—

"We feel that we have surely slept well, when in the morning the sense is neat, the body quick and nimble.

"Too much sleep makes the body cold, heavy, and stupid.

"The perspiration is more hindered when sleeping we throw off our blankets, than when waking we cast off our clothes.

"A drop of good wine makes us sleep and facilitates the perspiration; as soon as we take more than is necessary, it is an obstacle to both."

Literature.

SYSTEMATIC HANDBOOK OF VOLUMETRIC ANALYSIS.*

The relative merits of gravimetric and volumetric processes are not so easily determined as would appear at first sight, and the advocates of the one class frequently blind themselves to the perfections of the other.

In its application to some analytical process, the volumetric system is unequalled as regards the accuracy and the quickness with which estimations can be performed. The latter forms a powerful recommendation in practice. As a set off against this, it is absolutely necessary in most cases that the chemicals with which the standard solutions are made should be very pure, and that the said solutions should be prepared with the greatest care as regards strength. In fact, volumetric analysis may be viewed simply a system in which the weighing is brought to a minimum by subdividing a weighing into volumetric division; whilst the element to be estimated is never weighed, either directly or in combination—it being the test alone that is weighed.

Mr. Sutton thus familiarly describes the volumetric method :—Suppose it is desirable to know the quantity of pure silver contained in a shilling. The coin is first dissolved in nitric acid, by which means a bluish solution containing silver, copper, and other metals is obtained. It is a known fact that chlorine combines with silver in the presence of other metals to form chloride of silver, which is insoluble in nitric acid. The proportions in which the combination takes place are 35·5 of chlorine to every 108 of silver, consequently if a standard solution of pure chloride of sodium is prepared by dissolving 58·3 grains in so much distilled water as will make up exactly 1,000 grain-measures, every single grain-measure of this solution will, combined with 0·108 grains of pure silver, form chloride of silver, which precipitates to the bottom of the vessel in which the mixture is made. In the process of adding the salt solution to the silver drop by drop, a point is at last reached when the precipitate ceases to form. Here the process must stop. On looking carefully at the graduated vessel from which the standard solution has been used, the operator sees at once the number of grain-measures which have been necessary to produce the complete decomposition. For example, suppose the quantity used was 520 grains, all that is necessary to be done is to multiply 520 by the co-efficient for each grain-measure, viz., 0·108 which shows the amount of pure silver present to be 56·16 grains.

Volumetric processes of analysis are becoming more fashionable every day, and the fact that they have been adopted in the "Pharmacopœia" for most of the methods of estimating the purity or strength of the preparations therein, render this system of special interest and value to the student of medical chemistry.

Mr. Sutton's book is the standard work upon this branch of applied science; indeed, we may say it is the only one. Originally a well constructed book, it has so grown in importance and size that, in the present edition, we must confess that we have an inclination to view it entirely as an *opus novum*. Too much praise can hardly be bestowed on Mr. Sutton for the careful manner in which he has culled the good and reliable processes from those which are not so valuable. What object can an author have in inserting in such a work a multitude of methods of arriving at the same end. Indeed, the whole of the work is got up with an immense amount of painstaking research, and has established Mr. Sutton's success in this direction.

The term "decem" is peculiar to this work, and may as well be explained here. The author uses it to lessen the number of figures used in the grain system, it is written for shortness "dm.," and corresponds to ten fluid grains; this term bears the same proportion to the 10,000 grain measure as the cubic centimetre does to the litre, namely, the one-thousandth part. However, the use of these terms may prove a weakness on practical working with the book. Thus, at page 80, the author gives an analytical process for the estimation of chlorides, and gives the details of the process in abbreviations, such as "grn.," "c.c.," (grains and cubic centimetres), and then refers to Liebig's method as described at §80·2, which should be §78·2, wherein he gives the abbreviates as "dm." and "grn." (decems and grains).

---

* "A Systematic Handbook of Volumetric Analysis." By Francis Sutton, F.C.S. 2nd Edition. London: J. and A. Churchill. 1871.

After giving the ordinary methods of analysis, Part 6 is devoted to the special applications of the volumetric system to complete quantitative analysis, viz ,urine, soils, manures, water and sewage. We cannot conclude without speaking of the elaborate description given of gas analysis, which is excellently illustrated by engravings. This part appropriately brings to a close one of the most valuable works in connection with analysis which has issued from the press for some time.

◆

Correspondence.

THE PRINCE'S ILLNESS—TYPHOID INFLUENZA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Is not the fever of the Prince of Wales unlike true typhoid fever? Is not it rather that anomalous fever which I have designated "typhoid influenza," and described at page 264 of your Journal? It differs from true typhoid in its uncertain duration, ranging from a few days to six weeks in the comparative coolness of the skin and slowness of the pulse, in the congestion of the lungs, revealing itself too late. There are also many abortive sweats, as in rheumatic fever. Such sweats are rarely critical; in fact, the only crisis is a herpetic eruption about the lips, seldom seen after the first week. If the vesicles continue plump, it is a true crisis; if they wither prematurely, it is imperfect. There is delirium and diarrhœa, as in regular typhoid. I venture to predict that the Prince won't be over this for another ten or twelve days.

I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, 14th Dec., 1871.

◆

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Please to kindly accept my warm thanks for last week's copy of your Journal. It contains a highly interesting and most valuable document on the use of alcoholic liquors as a medicine, which will, I hope, be highly appreciated by all of your readers who are temperance men, by many of them who have not yet given any signs that they are willing to throw themselves into our ranks, and help us in our efforts to get rid of this pestiferous drug altogether.

I am warranted in giving it this ugly name, from the fact that these three hundred (or near it) educated and intelligent men, by the epithets they apply to it, exhibit it as one of the worst medicines they permit to enter into their pharmacopœia.

Your editorial commentaries on this document induce me to trouble you with a few lines.

You apprehend that temperately as this paper is prepared, that temperance folk may be apt to find fault with it. I, myself, do not think this is likely to be much the case; they may however *reason* from it; and prove on the testimony of a large number of Medical men, that it may be better to relinquish its use altogether than continue an article in use so certain to produce such an amount of mischief, when physicians offer it to their patients as a cure for disease. When an article, the taste of which is so highly esteemed in the world, once gets a footing among men, it will be used too freely, even though its evil results be clearly pointed out.

I, as an old teetotaller, feel gratified that so many physicians have put their names to a solemn warning on the subject, and I hope their advice will not fail of being duly appreciated by those under whose care they may come, and who warn them, in each of the three paragraphs of this short letter, that this fearful poison, of which so many have become enamoured is, and has ever been, really accompanied by the saddest results; and their condemnation of it, as a poisoner of health, is given in as emphatic terms as our language supplies.

Several years ago there lived, highly esteemed among us, the late Dr. Neligan. I was speaking with him once on this subject, in our Royal Dublin Society House, and I said to him something to the following effect:—Doctor, I have read every article that has come under my notice for years from Medical men on this subject, and in spite of whatever they may have said in talk about it, I never knew one of them to write on the subject who did not recommend such caution in its use as satisfied us—teetotallers—that it would be better for you all to give it up altogether, in view of the mischief to mind and body it is ever doing in the world." His reply was,—"I have, Sir, done so." He then referred me to an article of his in a Medical journal, which I procured and read; and it was written so much in the strain I alluded to, that I took his letter and wrote upon it in one of our papers, describing what this able physician said of it as a diet and a medicine. I sent my said letter to the doctor; he never replied to it, or ever after reasoned with me on the subject.

I will now give you the opinion of a living doctor of very high repute, who told me he thought every Medical man ordering alcohol should visit his patient three times a-day, to witness its results. "Doctor," said I, "is not this a proof its use should be given up, for you could not find physical strength for such work as that?"

But I must not trespass on your space. I rejoice to see the article you have sent me, and I look with no light confidence to a serious change in Medical practice in this regard arising from such writings.

I am now writing on Christmas Day, and I wish you "Many Happy Returns."

May all our Medical friends take a bolder course in regard to this mischievous article.

Faithfully yours, JAMES HAUGHTON.

Christmas Day, 1871.

◆

CARBOLIC ACID IN SMALL-POX A PREVENTITIVE INFLUENCE OF REVACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As small-pox is now very prevalent in Dublin, a few remarks on a remedy that has been useful in my hands may be interesting to some of those engaged in treating it.

Whilst assisting Mr. Wm. Rose, of High Wycombe, Bucks, Medical Officer of the No. 1 District, Wycombe Union, I treated about twenty cases of small-pox, most of which were treated with mixtures containing carb. ammon. The notes of some cases that were treated by carbolic acid I beg to lay before you.

When J. C., æt. 50, came under my care he was suffering from confluent small-pox, about the seventh day of the eruption. He was very weak, and constantly scratching his face. I ordered a linseed-meal poultice to be applied to his face and hands, the room to be darkened, and the window opened. I gave brandy and beef-tea *ad lib.*, and a mixture containing carb. ammon. During the night, being restless, he tore the poultices off his face and hands. The nurse could not keep them on. I gave him the following lotion, to be painted over the surface with a camel's hair brush, and to wet the poultice with it:—

℞ Acidi carbolici, gr. vj.;
Glycerinæ, ʒvj.;
Aquæ tepidiæ, ad ℥vj.
Misce ft. lotio. m. d. n.

which relieved him very much every time it was applied. He had this lotion repeated several times. His convalescence was very protracted, owing to debility arising from secondary fever, for which he got quinine and generous diet. Under this treatment he did well. This patient never was vaccinated. I thought as carbolic acid did so well externally that if given internally, it might produce the same effects in small-pox that chlorine does in scarlatina.

In the beginning of last February I was called to attend a case of "discrete small-pox," occurring in a healthy child eight years old, who had been vaccinated in his infancy and had one slight cicatrix on the left arm. I ordered him a mixture of carb. ammon. and aq. camph. for three days, which did well with him, and milk and beef-tea. It being a mild case I resolved to try carbolic acid internally. Accordingly, I gave the patient the following prescription :—

℞ Acidi carbolici, M vj.;
Glycerinæ, M xlviij.;
Aquæ tepidæ, ad ℥j.
M. ft. mist. sumet, ʒj. b. q. q. hora.

The carbolic acid was dissolved by heat, the child took the medicine without difficulty, and had it repeated several times, and made a rapid recovery. The secondary fever was very slight. There were few spots on the face. A poultice applied to them relieved the itching. He lived about three miles from High Wycombe, on a rising ground, with few houses near.

The next case was a girl, æt. 16, who had been vaccinated in infancy. I treated her in the commencement as I did the preceding case, with the addition of two minims of carbolic acid in one ounce of our ordinary aq. ammon. carb., and some wine and the carbolic acid lotion to be applied tepid to the face.

In the above cases the secretions from the fauces and nose were very slight. She made a rapid recovery. Her mother, æt. 42, took it from her, and had it very mildly. She was treated in the same way, and made a good recovery. The mother and daughter lived three miles from High Wycombe, where the epidemic first made its appearance.

The last case occurred in April of the present year, about two miles from High Wycombe.—F. B,, æt. 52, a stout, healthy man, but an inveterate drinker of beer and gin, went on a visit to a friend who resided in a district of London where small-pox was very prevalent at the time. Four days after his return from London I was called in, and found him suffering from well-marked "cohering small-pox," by which I mean the pustules touching each other's margins. During the four days previous to my seeing him he suffered from the usual premonitory symptoms of the disease. He was vaccinated fifty years ago, and had a distinct cicatrix on the right arm. He never was revaccinated. He had slight secretions from the nose and fauces. I gave him carbolic acid dissolved by heat in two minims of glycerine and water, and increased it up to four minims every four hours. It checked the secretions from the nose and fauces. The patient said it did his throat good, There was little delirium in this case. The bowels were regular all through his illness. He had brandy and beef-tea daily. The secondary fever and eruption disappeared more quickly in this case than in any other similar case that was treated without carbolic acid. The carbolic acid lotion and poultices were used freely in this case.

All the patients suffering from this disease treated by me received milk, beef-tea, *ad lib.* and brandy and wine, as each case required it. In each case the room was darkened, the windows were open, and a small fire lighted to ensure as thorough ventilation as possible. I never knew a single instance of a patient taking cold from having the windows open. Chloride of lime was used freely as a disinfectant, and perfect cleanliness as much as possible observed by the attendants on the patients. The carbolic acid mixture and lotion might be made of such strength as would be agreeable to the patient's palate and feelings. I have found that ʒss. of water will keep in solution ʒviiss. of carbolic acid dissolved first by heat, which is a very convenient form for dispensing it. Pain in the back was not constant in the cases observed by me. Pain in the epigastrium and nausea were constant except in one case, rigors were in every case.

The worst cases were in those parts of the town where the sewers were most defective, and where they discharged themselves into a river that flowed past the town. When there was good air and perfect ventilation, I never lost a case, where the reverse was, the treatment was not so successful. I would suggest in private cases, that a piece of lint or spongiopiline be saturated with the carbolic acid lotion and applied to the itching surface, and over it some gutta percha tissue. Where the cases were completely isolated, and the convalescent patients not allowed to go about their ordinary business, until the recent appearance of the cicatrices had worn off the face, the further spread of the disease seemed to be checked. I have had two cases of small-pox, in which the disease I am of opinion, was contracted from the sight of recent convalescents. Their appearance frightened these persons the moment they saw them, they trembled all over, and felt nausea, and had the disease in a few days. I had another case where the source of infection arose from the odour arising from a case of small-pox. The patient infected by the case, lived about fifteen yards from the source of infection, in a separate house, with several houses intervening, whose inhabitants escaped. The person who took it had been previously vaccinated, he made a good recovery under the carb. ammon. treatment. It was since the occurrence of this case that I have used carbolic acid. I may here bear my testimony to the value of re-vaccination, as it was the only protection that I had from small-pox, and I have been with cases at all hours of the night and day. When I went to High Wycombe, in the early period of the epidemic, I was re-vaccinated by Mr. William Rose in two places, which took very well. Showing that the protective influence of my primary vaccination had entirely worn out. I was vaccinated when an infant, and re-vaccinated when I was twenty-four years of age. While under re-vaccination, I attended to all my various duties, which were very many. The only inconvenience experienced by me from it, being a slight swelling in the axilla, no feelings of malaise. I have re-vaccinated many men, women, and youths, of both sexes, and have never seen an injurious result follow it. I have an acquaintance with a gentleman, who assures me, that he has been re-vaccinated six different times successfullly, and never experienced any unpleasant consequences from it, and that every new comer to the island he comes from, is vaccinated on their arrival there, and in seven years re-vaccinated again, and they had not had a case of small-pox for the last twenty-six years. It may be well to add, that this gentleman resided principally abroad in the West Indies. Hoping these few remarks may lead some persons to try this remedy, who are more fitted to judge of its value than I am.

I am, Sir, yours faithfully,

James Berry Kenny, L.K.Q.C.P.I., L.R.C.S.I.
Medical Officer, New Town Gore Dispensary District.

Killeshandra, December 23rd, 1871.

◆

WHAT TYPHUS FEVER REALLY IS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad to find that the profession has, at least, one thoroughly free and independent medium, and that we shall thereby be enabled to give free and full scope to our opinions, and not have them rejected, because, forsooth, they may not chime in with all the old notions of our forefathers. Facts and theory are two different things, and though the latter is pleasing, the former are the most substantial.

I trust the illness of the Prince of Wales will, in some degree, assist in establishing and confirming what I long ago considered to be a fact, and that his case will be published with all the symptoms and mode of treatment, in fact, in my opinion, it is of vital importance, not only to the nation at large, but to the whole world. It is said that His Royal Highness had that disease known as "typhus fever." I have long ago totally ignored fever, as a substantive disease, as a disease at all, I distinctly and emphatically deny the existence of fever as a substantive disease. Is it any reason why anything should be a fact, because it has been tacitly admitted to be so for a very long period? The English word "fever" comes from the Latin word "febris" heat, which in professional language, means "heat of skin." Now comes the point: Is this heat of skin a disease or a symptom only? I hold that it is only a symptom and a symptom caused by increased arterial action; friction causes heat, increased arterial action causes the same, lower the pulse from 130 to 60 and I think you will find the heat of the body lowered acccordingly. Is not this a proof in itself that it is only a symptom and not a disease? The very result proves all that I wish to prove, that this peculiar poison acts upon the alimentary canal, causing congestion, inflammation, and finally, a solution of continuity acts upon the mucus and muscular coats of the stomach and bowels, and occasionally the peritoneum and is really, and in fact, gastro-enteritis. It appears that different miasmatic poisons act upon different parts of the body, this upon the stomach and bowels, that upon the cuticle, causing the disease known as "scarlet fever," another, causing "small-pox," and another "measles," and so on. When this disease is allowed gradually to progress from its first shock, the rigors, when active steps are not taken at its commencement, but allowed to progress insidiously and slowly, without any alarming symptoms to denote its treacherous progress, the results from experience might be readily prognosticated. Congestion, inflammation, &c., of the stomach and bowels, congestion seldom occasions abdominal pain and this is where there is much deception, but as it progresses and inflammation sets in we soon find out where the wrong is.

The tongue and the pulse should warn us against any deception. To what do all the symptoms point? Are not the stomach and bowels the most prominent? The headache and wavering of intellect are only symptoms. Every symptom points out to the great injury the poisoned blood is doing to this particular part of the system, and it is only when its virus has been either exhausted or neutralised, a decision can be arrived at, and then much will depend upon the vigour of the constitution. The practice of the present day seems to me to be of a negative kind merely to combat the symptoms as they appear; but I think that when a physician is satisfied that the poison has been received into the system, he should act upon the probable results and take active measures to prevent, if possible, those which would inevitably follow, and which past experience has proved, and which I think I have shown in the two cases in your CIRCULAR of the 22nd ultimo. There are few inflammatory diseases without fever or heat of skin; then, if fever is a distinct disease you will have two to cure. Which will you cure first? The fever, or the other? If the former, say where it is and how you will proceed. I am, Sir,

Yours most obediently,

ALEXANDER LANE, M.D., R.N.

Clun, Salop, December 20th, 1871.

P.S.—What have we to contend against in this disease? Is it the poisoned blood, or the increased arterial action, or what? Have the vessels, the parts really affected, anything to do with it, or do they merely take the blood from and to the heart? What excited the heart to increase its action? When the lungs become congested, what is the fact? That the veins and absorbents cannot take up the blood as quick as it is poured out, hence congestion. By diverting arterial action by blisters. How quickly the croton oil removed the abdominal congestion, and the blisters diverted the arterial action in the case of W. E., as mentioned in your number of the 22nd Nov. last. It might be said, I presume upon this, and only fancy it, or erred in my prognostication, but it was no fancy in the case of the lady, C. E. Had the case of W. E. not been arrested, the result, no doubt, would have been the same as C. E., and perhaps fatal. A. L.

◆

THE CONTROVERSY ON THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Though in your last number you state you do not preface your leading article with the motto "Audi alteram partem," yet the observations made in the letter of Dr. C. Bell Taylor savoured so much of the "*tête montée* of enthusiasm," that the subject may be briefly reviewed. The strangest differences of opinion are pronounced. But it is remarkable that surgeons, really of experience in the matter, are unanimous, I might say, in maintaining the efficiency of the Contagious Disease Act; and its operation is demonstrated, beyond doubt, to have had a most salutary effect in restraining the extent of venereal, or, rather infecting syphilitic, affections in the Army and Navy. One fact is worth one thousand theories, and the tables furnished by these departments prove incontestibly the diminution of the disease. As to the operation of the Act, it is therefore useless to dispute its utility, by citing statistics or inferences from abroad or elsewhere. *In* 1865, *the percentage of men in the Army affected by venereal was* 120 *per* 1,000; *in* 1870, *it is reduced to* 54 *per* 1,000. Till this statement is proved to be false, it is needless to dispute the efficacy of the Act, and its immense importance not merely to the Army and Navy, but of necessity to the civil population, and, of what seems unaccountably to be overlooked, to a future generation.

On referring to Dr. Taylor's evidence before the Royal Commission, if we judge from some of his statements, we may well hesitate to endorse his opinions on this practical matter.

Question 19,374. He is asked—"Have you ever heard of women of the town being taken up in such a state of rottenness that they could hardly hold together?"

Answer—"No, I should say it is absolute nonsense."

Q.—"Then if medical men of character and reputation have stated that, you still say it is absolute nonsense?"

A.—"Yes. I should not believe it; as a rule, prostitutes are longer lived and healthier than women who are engaged in an honest course of life."

Q.—"You say it is a wholesome occupation?"

A.—"It does not have the effect of shortening their lives, or injuring their health materially."

So preposterous a statement needs no comment. We must only commend it to the good people of Nottingham, to which place Dr. Taylor's experience seems to be confined.

As to the propagation of the disease to innocent wives, the following is Dr. Taylor's theory, when asked—"How will care and prudence protect a virtuous and innocent wife from being diseased by a vicious husband?"

A.—"I do not see how she can avoid it; he *can* avoid it, and he is the person to blame."

Q.—"She is the person to suffer?"

A.—"Yes, the innocent always suffer."

This is a pleasant reflection for wives, and certainly an easy way of disposing of the difficulty. Indeed, the only remedy suggested is the dubious safeguard of the unlimited propagation of gonorrhœa, and soft sores as thus propounded.

Q.—"You have expressed this opinion that gonorrhœa and soft sores, which form the majority of venereal disease, 97 per cent. at least, are nevertheless great checks on incontinence?"

A.—"Yes."

Q. "And consequently valuable safeguards against the more subtle and comparatively dangerous poison of syphilis?"

A.—"Certainly," it is subsequently added; "but I think if you could get rid of gonorrhœa and soft sores without getting rid of syphilis, you would do more harm than good."

Practitioners in this city will readily admit, according to this theory, that there should be very little true syphilis indeed, but the contrary is too well known. Dr. Taylor's description of the vaginal speculum is, that it "is a long and complicated instrument, which takes a long time to clean." Everybody knows that the simple glass, or tubular speculum, is the one in use; how far the above sensational description applies to, it is a matter of opinion.

"I have a right to say that, in my experience as Ophthalmic Surgeon, these symptoms affect the eye—more frequently, almost, than any other organ of the body, and I am in a position to state that they are very easily cured." How many practitioners could subscribe to this extraordinary announcement?

To these specimens of Dr. Taylor's judgment let us now add what he seems so troubled to give publicity to in the *Lancet*, as the "statement to which he still adheres":—

The "woman is placed in a chair, and her feet attached to moveable projections, the chair is then turned *upside down*, and the woman is exposed in the most indelicate manner possible to conceive." In this extraordinarily absurd position, in order to obtain an examination, the surgeon would probably lie on the floor, or else require the pliable neck of an icthyosaurus, to make a speculation.

The evidence of Dr. Sloggitt suggest a much simpler, and certainly less troublesome, method, endorsed by the Report of the Commission as one than which there is not "any better, or, indeed, any other method of detecting venereal disease in the female." As described by the Government Inspector under the Act, where he alludes simply to an "examining *table*, on which the woman sits by direction of the nurse in attendance."

Each of your readers is as capable of attributing its proper value to such over-heated statements, which surely speak for themselves, and exemplify some of the sensational food suited for the Anti-contagionists. We may well apply to all such advocates—the words of our own Swift,—

"Abi viator, imitare si poteris, strenuem,
Pro virile libertate vindicatorem."

As the subjects referred to are merely quotations, on which anyone can satisfy himself, I do not feel called on to add any name but

OBSERVER.

OBITUARY.

PATRICK MILLER, M.D., F.R.S. Edin.

We have to record the death of another veteran of our profession, at the ripe old age of 90. Dr. Miller was in practice at Exeter, in which city he took up his residence so long back as 1807. He was the Senior Fellow of the Royal Society of Edinburgh, and Consulting Physician to the Devon and Exeter Hospital. He was born on the 21st of May, 1782, and was the eldest son of the Rev. Thomas Miller, D.D., Minister of Cumnock, Ayrshire, and the daughter of Dr. Matthew Stewart, D.D., F.R.S.E., the celebrated geometrician and Professor of Mathematics in the University of Edinburgh. He was educated at the High School, Edinburgh, and subsequently at the University of Edinburgh. In 1804 he graduated M.D., and was elected in 1809 one of the physicians of the Devon and Exeter Hospital, an office which he retained for fifty years, resigning it in 1860. In 1818, on the foundation of the Exeter Dispensary, Dr. Miller became one of the physicians; and soon after was elected to the Lunatic Asylum at St. Thomas, an Institution which is now represented by the Wonford House Asylum. This office he retained for forty years. He early gained the esteem of the public, and became, with the late Dr. Blackall, a leading physician of the county. He had a large and capacious mind, and by no means limited his time and activity exclusively to his professional duties. He took his share in the service of the public as a magistrate, as a trustee of the Exeter Charities, and as a member of the committees of the various charitable institutions of the city. He was one of the original promoters of the Devon and Exeter Institution, the Central School, the Savings' Bank, the Penitentiary, the Institution for the Deaf and Dumb, the Infant School, the Institution for the Blind, the Dispensary, the Water Company, the Refuge, &c. Until within the last eight years, when bodily suffering interfered with his activity, he continued in the unceasing discharge of his various duties. The vigour of his mind was complete to the last moments of his existence, and he retained the most accurate and particular memory of things gone by, while taking interest in all the notable events of the present time. His death took place on the 24th December.

DR. HECKFORD.

Dr. Heckford was born at Calcutta on the 24th of April, 1842, his father was Captain Heckford, well known in nautical circles by his works on navigation. He remained in India till he was fifteen, and was a pupil of the principal school and college at Calcutta, where he took the first prize in every class. On coming to England, he was apprenticed to Dr. A. Banks, of Weston House, Stratford, in 1857, and entered at the London Hospital Medical College in 1859, where is career was unusually brilliant. He gained successively both the hospital gold medal for surgery, and also that for medicine, and filled the offices of resident accoucheur, house surgeon, and medical registrar, one after the other, besides acting on several occasions as resident medical officer (house physician). In all these offices he displayed not only the most untiring energy and more than commonly ardent love of his profession. He was also for a short time house surgeon to the Metropolitan Free Hospital. This is not the place to discuss the causes which led his alma mater to prove, as he was wont to say, a dura mater, to the subject of this memoir. Sufficient to say, that he was the idol of his fellow-students, and that when he found himself left out in the cold by the institution which he so loved and adorned, the loss was certainly not on his side only. When cholera broke out in 1866, he threw himself with his accustomed energy into the work of combatting that dire disease, and worked both night and day with his friend and fellow-student, Dr. Bathurst Woodman, in the newly opened Cholera Hospital at Wapping; the noble band of ladies who volunteered to superintend the nursing there, including the sisters of St. Cyprian, from Dorset square, and others, who left their homes to tend the sick and dying, can bear witness to the singleness of heart and the brilliant intelligence displayed by him towards the patients in those cholera wards. In 1866 he returned to India for a short time, presented with a handsome cup by the students of the London Hospital. He soon returned to England in charge of troops; and on January 28th, 1867, married the youngest daughter of the late William Goff, Esq. The East London Hospital for Children, and Dispensary for Women at Ratcliff cross, was founded by Dr. and Mrs. Heckford, on the 28th January, 1868, and opened with ten beds, in a warehouse bought by them for £2,000, the freehold of which they presented to the committee in July, 1870. It rapidly increased to forty beds, and is now about to be further enlarged on a site selected by him. How he worked, how they both worked for the welfare of this hospital has been graphically told by the late Charles Dickens in his paper entitled, "A small Star in the East." Dickens came unsolicited and unexpectedly to the hospital, and glowing as was his description, it was but a faint picture of the reality. It is not too much to say that his labours there, and the consequent anxieties, laid the foundation of the pulmonary disease, which proved fatal on the 14th December, 1871, at Ramsgate. In the intervals, he paid two visits to Italy. On the first occasion, his ardour for work only allowed him to remain one month absent from his work, and again in 1870, after wintering in Naples, he insisted on returning to his post in March, too soon, alas, as it shortly proved. Dr. Heckford was a sound diagnoser and a brilliant operator. Successful cases of lithotomy, amputation of the hip-joint, and elsewhere, resection of joints, and the like, sufficiently attest this. He revived the operation Paracentesis Capitas with gratifying although partial success. His style was facile and forcible; and both Indian and British medical journals contain many cases reported by him. He was also author of "Papers on post-mortem examination of Still-born Children and Young Infants" (L. H. R., vol. I., p. 237), and a "Statistical report of the London Hospital Maternity Department" in the same volume, and on "Circumcision as a Remedial Measure in certain Cases of Epilepsy, Chorea, &c." (Ibid, vol. II., p. 58), and, jointly with Dr. Woodman, of a report on the cholera patients at the Wapping Hospital (Ibid, vol. III., p. 471), and of a paper on a "Malignant Disease of the Vagina in an Infant at Ten Months," Obstetrical Society's "Transactions" (vol. X., p. 224), and "Suggestions for Prevention of Infant Mortality" (Ibid, vol. II., p. 145). Instead of founding a hospital simply for his own profit, he always objected to practising for money, and whenever he took a fee, gave it to his hospital.

Dr. Heckford practised for a few months only at Broad street buildings; and for the last two years of his life, retired occasionally to a little farm near Chigwell, in Essex, taken for the purpose of benefiting Mrs. Heckford, whose health, like her husband's, was undermined by self-denying labours at the Childrens' Hospital. Dr. Heckford was a member of the Obstetrical and Pathological Societies, and of the Beaumont Medical Society, of which he was the life and soul.

Medical News.

The Chicago Medical College escaped the late conflagration, but the Rush Medical College did not. The professors of the latter are giving their course of lectures in one of the hospitals.

The Sanitary Condition of St. George-in-the-West.—D. Aldis, the energetic medical officer of health for the St. George's district, has just issued an able report of his labours to improve the sanitary condition of the district, together with a tabulated statement of the number of deaths from zymotic and other diseases. The number of deaths during the year were 2,049, including 266 in St. George's Hospital. The total mortality shows an increase over 1870 of 212 deaths, chiefly attributable to zymotic diseases. Scarlet fever carried off 137 against 64 of the previous year. Three firms were fined at the instance of Dr. Aldis, for infringement of the Workshops Regulation Act, examples which have had the desired effect upon other large employers of labour, in the better ventilation of their workshops.

Gleanings.

Polygonum Hydropiper.

J. S. Unzicker, M. D., Cincinnati, Ohio, recommends the saturated tincture of Polygonum Hydropiper (water pepper) as an emmenagogue. It was first recommended by the late Prof. John Eberle, in cases of amenorrhœa, in tea-spoonful doses, three or four times daily. It was extensively used for many years by all the leading physicians of Cincinnati, and highly spoken of. This reputation it retained so long as the tincture was made of the right material, and the remedy given in the proper cases. But when it fell into empirical, both medical and pharmaceutical, hands, and was given indiscriminately in all cases, and often made of the wrong material, it had, as a matter of course, to fail in many, and in consequence, like many other good remedies, was laid aside and partly forgotten. Dr. Unzicker believes it is the safest and best remedy in cases where the general health is not impaired, but when the menses are checked by cold, mental emotion, or other like cases, where you wish to bring them on without fear of producing congestion of the head or chest, a sequence to be dreaded.—*Medical Record.*

Statistics of Diseases of the Bone in the Vienna Hospital.

Drs. Alfred Menzel and Herman Perco, in order to determine the frequency of caries in the different bones, and the relation of chronic disease of the bone to tuberculosis and other chronic diseases of the internal organs, have examined the autopsy reports of the General Hospital of Vienna for the last half century, and tabulate their results as follows.

In 52,256 autopsies were found 2,106 cases (4 per cent.) of chronic disease of the bones, viz. 1,996 of caries and 110 of necrosis. These were divided among the different bones as follows :—Skull and bones of the face, necrosis 21, caries, 205 ; vertebræ, caries 702 ; sternum, clavicle and ribs, necrosis 16, caries 184 ; scapula, necrosis 5, caries 4 ; shoulder-joint, caries 28 ; diaphysis of the humerus, necrosis 5, caries 13 ; elbow-joint, caries 93 ; radius, caries 2 ; ulna, caries 4 ; wrist-joint and bones of the hand, caries 41 ; pelvis, necrosis 17, caries 80 ; hip-joint, caries 189 ; femur-diaphysis, necrosis 24, caries 31 ; knee-joint caries, 337 ; tibia-diaphysis, necrosis 20, caries 30 ; fibula-diaphysis, necrosis 2, caries 2 ; ankle-joint and bones of the foot, caries 150. Total, 110 cases of necrosis, 1,996 of caries.

Cases of pure necrosis after osteo-myelitis and acute periostitis were rare. The vertebræ were the bones most frequently affected with caries ; in 185 cases the cervical, in 310 the dorsal, and in 199 the lumbar vertebræ were diseased. In 8 cases the seat of the disease was not given.

In 527 cases the exact vertebræ was stated : the second cervical and the sixth dorsal were the most frequently diseased, then in order, the fifth, eighth and seventh dorsal and first lumbar ; then the third cervical and the third, fourth, ninth and tenth dorsal and the fourth lumbar, &c. Next in frequency to caries of the vertebræ came caries of the knee-joint, and next caries of the skull and of the bones of the head, the 205 cases of the latter gave 100 of caries of the petrous portion of the temporal bone.

Of these cases 1,295 were males, 811 females ; but this does not prove the greater frequency of the disease among men, for the number of males in the hospital is always greater than that of the females.

In 22 per cent. of all these cases there was no chronic disease of the internal organs. In the remaining 78 per cent. such disease was found, showing that the result of all the cases is very important in considering the prognosis of carious processes.

More than a fourth of the cases of caries which were dissected (21·1 per cent.) showed chronic diffuse disease of the abdominal glands ; and of these, caries of the head and trunk was noted in 21·5 per cent. ; of the upper extremities in 26·6 per cent. ; of the lower extremities in 32·8 per cent. From this it appears that the latter predispose to such abdominal diseases ; but it is remarkable that 42·8 per cent. of the shoulder-joint cases also showed such a complication.

Caseous masses, ulcerations, cavities and tubercle were found in 54·2 per cent. of all the cases of caries.

In some cases very perfect caseous masses were found surrounding the carious joints; the combination of miliary tubercle with caries without caseous masses was less frequent than those of caseous masses in combination with caries without true tubercle. This seems to show that caries very seldom leads to tubercular infection, except in combination with caseous masses in other parts of the body, especially in the internal organs ; this combination is apparently the result of the so-called scrofulous diathesis. A direct relation between caries and miliary tuberculosis could not be discovered.

Among the special internal diseases found with caries were hydrocephalus, chronic or subacute, most of the cases occurring with caries of the upper extremities ; purulent meningitis, seldom, however, with caries of other bones than those of the head ; amyloid degenerations, most frequent of the liver, next of the spleen, next of the kidneys. These diseases of the internal organs occurred chiefly with caries of the diaphyses and of the bones of the chest and pelvis, while caseous matter and tubercle were generally found with caries of the joints of the spongy bones.

Studying the diseases of the internal organs according to the locality of the caries, it is seen, for instance, that with caries of the vertebræ no internal disease was found in 24 per cent., caseous masses and tubercle in 56·8 per cent., and chronic diffuse disease in 22·2 per cent.—*Schmidt's Jahrb.*, No. 7, 1871.—*Allg. Med. Central. Zeitung*, No. 73, 1871.

◆

NOTICES TO CORRESPONDENTS.

Several communications and reviews are unavoidably postponed.

Dr. R. E.—Many thanks for your attention. We have received your letter of the 26th. Probably, by this time, you have received what we sent. We shall be glad to receive the article proposed.

Dr. D. S.—The journals have come regularly to hand. We have written you a private letter.

Dr. de Pascale's article shall appear shortly.

The Siamese Twins.—A Correspondent in New York says there is a probability, that in the course of a few days, the much vexed question as to the possible separate existence in health of these abnormal beings, will be likely to receive a forcible solution. One of them is on the point of death, and in the event of this occurring, it is proposed first to separate the head from the trunk; this will, of course, determine whether had they been parted earlier in life, they could have lived a separate existence. The subject is creating considerable excitement in professional circles in America.

"Remarks on Medical Nomenclature." By R. Bingham, M.A. Received, and will appear in our next.

Dr. Carey, Taunton.—Many thanks.

Mr. Wright.—Yes ; in the course of the present month.

L.R.C.P. of Edin.—We have not seen the paragraph to which you refer. Perhaps you can forward us the paper in which it appears.

Dr. Kisch, Liverpool.—The back numbers will be sent you as soon as they can be looked out.

Received :—

"The Use of Flannel in Obstetric Cases." By R. Hanslip Sers, M.R.C.S., Epperstone, Notts.

By the same Author. "A Simpler mode in Division of the Frænum Linguæ."

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Cancerous and other Intra-Thoracic Growths. By J. Risdon Bennett, M.D. London: J. and A. Churchill.

How to Prevent Small-pox. Third Edition. By Mordey Douglas, M.R.C.S., L.R.C.P. &c. London: Baillière, Tindall, & Cox.

On the Duty of Medical Men in the Temperance Movement. By Dr. McMurtry.

The Reflecting Media of the Atmosphere. By James Shaw, L.R.C.P.

The Pacific Medical Journal; La Presse Médicale Belge; The Medical Temperance Journal; Lyon Médical; Nature; The Journal of Mental Science; Australlian Medical Gazette.

◆

VACANCIES.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence found in the Hospital. (See advt.)

North Wales County Lunatic Asylum. Assistant Medical Officer. Salary to commence at £80, with board and residence.

Sunderland Infirmary. Junior House-Surgeon. Salary £60.

Stockwell Fever Hospital. Resident Medical Superintendent. Salary £400 per annum, with residence. (See advt.)

Newark Hospital. Resident Medical Officer. Salary £100.

Borough of Sheffield. Chief Sanitary Inspector at a Salary of £300.

Sudbury Union. Medical Officer. Salary £35, with extras.

East London Hospital. Physician. Honorary.

Rochdale Infirmary. Resident Medical Officer. Salary £80.

Middlesex Hospital. Physician's Assistant, and a Resident Obstetric Assistant.

Middlesex County Lunatic Asylum. Medical Superintendent. Salary £600.

Chontales Mining Company, Nicaragua. Surgeon. Salary £300.

Cornwall Infirmary. Resident House-Surgeon. Salary £120.

Darlington Hospital. Resident Medical Officer. Salary £110.

Royal Cornwall Infirmary. Resident House-Surgeon. Salary £120.

Thomastown Union, Ireland. Medical Officer. Salary £95, with fees. (See advt.)

Naas Union. Medical Officer. Salary £100. (See advt.)

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, January 3.—Royal Microscopical Society, 8 p.m. Dr. Carruthers, "On Fossils of the Coal Measures."—Mr. Jas. Bell, "On Fermentation and its Results."

Obstetrical Society of London.—8 p.m. Annual Meeting.—Dr. Playfair, "On the Treatment of Empyema in Children."—Mr. Jalland, "On a Case of Vaginal Thrombus."—President's Address.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

A Few Practical Remarks on the Treatment of Cataract. By George Critchett, F.R.C.S., Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields ... 23
Clinical Lecture on Cases of Chorea. By C. Handfield Jones, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital ... 24
A Few Remarks on the Treatment of Asthma. By John C. Thorowgood, M.D. Lond., Assistant-Physician to the Hospital for Diseases of the Chest, Victoria Park ... 27
Syphilitic Diseases of the Throat. By Prosser James, M.D., M.R.C.P., &c., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c. ... 28
Lectures on the Treatment of Chronic Skin Diseases, delivered at St. Vincent's Hospital. By E. D. Mapother, M.D., Professor R.C.S., late Examiner in Surgery, Queen's University. Lecture II. ... 29
Notes on Phthisis Pulmonalis, &c. By R. Locke Johnson, Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square, W. ... 33
Homœopathy: By Gaetano de Pascale, M.D. ... 34

HOSPITAL REPORTS.

Metropolitan Free Hospital—
Hæmaturia ending fatally ... 35

LEADING ARTICLES.

Honours for Medical Men ... 36
The Alcoholic Manifesto ... 37

SCOTLAND.

Edinburgh ... 38

NOTES ON CURRENT TOPICS.

The Conjoint Examining Board for Ireland 38
The Conjoint Board for England ... 39
The Hampstead Inquiry ... 39
The London Institution ... 39
The Sewage Question ... 39
The Pink Stocking Craze ... 39
The Reparative Efforts of Nature after Gastrotomy ... 40
Poisonous Effects of Zinc Utensils ... 40
Small-pox in Belfast ... 40
Disinfectants ... 40
The Children of our Soldiers in India ... 40
The Vacant Surgical Baronetcy in Ireland 41
The Surgeoncy to the Meath Hospital, Dublin ... 42
Army Medical Department ... 42
Fever ... 42

The Hampstead Small-pox Hospital and Metropolitan Asylums Board ... 43

The Prevention of Venereal and its Political Difficulties. (Special Report, prepared expressly for the Medical Press) 43

FOREIGN MEDICAL LITERATURE.

On the Physiological Action of Crystallised Aconitine ... 44

Notices to Correspondents ... 45
Vacancies ... 45
Appointments ... 45

Original Communications.

A FEW PRACTICAL REMARKS ON THE TREATMENT OF CATARACT.

By George Critchett, F.R.C.S.,
Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

Although there have been so many contributions made to the literature of this branch of Ophthalmology during the last few years, and although these essays have emanated from such varied sources both British and Continental, yet I think it must be acknowledged that the professional mind is in a somewhat vague and unsettled state as to the most approved methods of operating, and as to the selection of any particular method in any given case. For, although each operator may have settled the question in his own mind and may feel indisposed to submit to any authority but his own, yet it frequently happens that the profession seek to know how the matter stands, and if there be any important innovations on the old established methods and, if so, the grounds of such unsettling of former landmarks.

It may be said that every man who operates for cataract at the present time "does that which seemeth right in his own eyes," and that there is a curious absence of law and authority to regulate our proceedings. This may, to a certain extent, be inevitable, but it is a source of great inconvenience to those who have to teach the subjects, and to those who have to learn, and it is not altogether creditable to science. If the question had been put some few years ago, say for example at the College, as to the methods of operating for cataract, there would have come the glib answer, that soft cataract and congenital cataract must be removed by absorption by means of a needle operation, and that hard cataract must be removed from the field of vision by depression, or couching, or by flap extraction. At the present day such an answer would not meet the views of the modern school. Some forms of congenital cataract are not removed at all, soft cataracts are sometimes removed and not left to the tedious process of absorption, and hard cataracts are removed otherwise than by flap extraction. Thus there is a thorough uprooting of the old-established methods, which it behoves us all to understand and to estimate. It may, therefore, be both interesting and profitable to inquire into the causes of this unsettled state of things, and to endeavour to establish some general principles upon which a more uniform method of proceeding may be founded. If we carefully inquire into the causes that have led to the introduction of various modifications in the method of operating for cataract during the last few years, we shall find that the chief has been a restless and laudable anxiety to reduce the average of failures, and to improve as much as possible not only the average of numbers, but the completeness of the success of the cases operated on. There was a time when the average of failures was more than fifty per cent., this has been gradually reduced to ten per cent., or even rather less in the hands of the best operators. This great change for the better has been produced by improved methods of operating, by increased dexterity on the part of the operator, and by improved methods of after-treatment. Even within my own recollection the averages of failure have been reduced one-half. In the event, therefore, of a case not succeeding, the thoughtful and conscientious oculist must put to himself the question: Why did this case fail? Always granting that the requisite amount of manual dexterity has been exercised, and that the hand has accurately executed that which the mind intended, we must attribute the failure either to the kind of operation selected which may not have been the one best suited to the particular form of cataract or to the particular state of the constitution; or again there remains the alternative which is balm to the conscience of the oculist, that the constitution was in such a depraved condition that no operation however well chosen or however well performed could have succeeded. If, however, the case has failed from suppurative inflammation of the cornea spreading to the other tissues, the question arises, if the true corneal tissue had not been wounded, but if the incision had been made in the white corneo-sclerotic tissue where the wound for an ordinary iridectomy is performed, and where suppuration is so rare, might not this destructive form of inflammation have been avoided; or again, the failure may arise from a secondary form of iritis gradually involving the deeper textures. In this case the local and constitutional conditions that would favour and produce such a result would be totally different from those that induced suppuration. Other sources of failure may be indicated, such as the presence of the lens or of a fragment of the lens within the eye, the occurrence of prolapse of the iris, &c., all of which may be avoided. We are, therefore, driven to the almost Utopian conclusion, that if we could in each case previously ascertain what was the particular type of inflammation to which the constitution was obnoxious, we might select that kind of operation not prone to take on that form, and thus reduce the average of failures to a minimum.

In order clearly to understand the present state of the subject, it will be desirable to glance briefly at the various methods of treating cataract surgically that have successively prevailed, tracing them gradually up to the present time, and bringing each method into court so as far as possible to weigh and set forth their respective merits and demerits.

This can be most conveniently done, and a summary and judicial estimate of merits and demerits most conveniently made, when the entire case is before us, and each method, ancient or modern has been touched upon. We may however remark, in a preliminary way, that every operation has about it the elements of a compromise; some serious objections can be brought against it. The very best may be utterly unsuited to a particular case, or to a particular state of constitution; the very worst may, in some rare instances be the one most likely to obtain success. It would therefore seem to be highly unphilosophical to select any one method to the exclusion of all others. The chief object to be aimed at is success; failure must involve a reproach: a serious loss to the patient, an inevitable painful reflection to the operator. An eminently judicial mind, a rare power of calculating chances, and a keen insight into the specialities of each case are needed before the operation best adapted to the case be decided on.

When we consider how striking is the effect of a successful operation for cataract and how legitimately it has been ranked as one of the greatest triumphs of our art, and one of the greatest boons that science has bestowed upon humanity, it is no wonder if we find that it has enlisted a large share of the mental resources of many of the most distinguished ophthalmic surgeons both British and Continental from the earliest date. The problem that had to be solved when first cataract attracted scientific observation, and that has forced itself more or less upon the attention, and taxed the ingenuity of successive oculists, even up to this hour, is the easiest, and safest, and sometimes the shortest method of removing the opaque lens from its obstructive position within the eye. The history of the earlier efforts in this direction is buried in obscurity. It is probably far more ancient than any published record. The appearance of a cataract would stimulate the inventive faculty of the surgical mind by presenting an obvious obstruction challenging removal by means of some operative proceeding. The readiest plan of disposing of such a solid opaque mass within the eye that would suggest itself to the mind would certainly be to push it down out of the way, to lower it into the soft bed of the vitreous humour, to couch it or put it to bed; thus couching was the expressive word first employed to designate this operation. The effect of this operation, when first performed must have been startling, and well nigh miraculous, with various modifications, and under different names such as depression, reclination, &c., has held its sway until a comparatively recent period, and even after the more scientific method by extraction was initiated much time was needed before it was able to assert its superiority and to supersede displacement, and to this hour there are probably individuals who still perform the ancient operation. Nor is this to be wondered at. Years elapsed before any other plan suggested itself, and even when the first conception of extraction of the cataract dawned upon the mind, it presented so many difficulties and dangers, and required such manual dexterity that couching still retained for a long period a strong hold upon many ophthalmic surgeons. The operation possesses many intrinsic attractions; it is performed with a needle, and leaves no appreciable wound, the effect is very immediate and very complete, it is done with comparative ease, any mistake in the performance will probably be overlooked, and is not very obvious to spectators, the after treatment is mild and brief, the result is quickly obtained and readily available. Thus the difficulty seems to be put away for ever out of sight, the eye looks the same in every way, as if nothing had been done, and vision is for a time at least restored in a certain average of cases. Although the operation presented these numerous advantages, yet an extended experience, the advance of ophthalmic science, and a large average of failures have induced a well grounded belief that this method should be reserved for rare and exceptional cases, if indeed as some contend it be not abandoned altogether. The displacement of a cataract into the posterior chamber gives to it at once many of the elements of a foreign body; it rarely becomes absorbed, and it is liable at any time and from slight causes to further displacement in various directions; thus it may sink down and press upon the retina, or fall forwards upon the ciliary region, or may rise again and obstruct the pupil, and thus various injurious results may be produced upon the eye. Pressure on the retina may gradually destroy its function, or irritation of the ciliary nerves may give rise to glaucomatous symptoms, and set up a deep-seated ophthalmia; and even cases that seem to promise a favourable result may, and often will, gradually fade out without any obvious cause, but probably under the blighting influence of the lens floating in the vitreous chamber, and thus lessening the longevity of the eye. So that when we take this operation into court and let in the light of modern science, we are not surprised that a severe verdict is passed upon it. At the same time it admits of doubt whether we are justified in discarding this operation *in toto*. It is possible that, after carefully weighing the chances, there may seem to be such potent objections to the infliction of any incised wound in the eye, the failure of any form of extraction may seem so probable that, in the interest of the patient we may feel called upon to depress the cataract. Suppose for instance that a carefully and skilfully performed extraction in which each step of the operation went well, has been tried in one eye, and has been followed by destructive inflammation, and supposing that the patient is aged, and the cataract hard and fully formed, and that the constitutional causes which led to the failure exist in at least equal intensity at the time when an operation is contemplated on the second eye, we should probably be giving the patient the best chance of regaining some sight for the few remaining years of his life by depressing the cataract; and I hold it to be both more philosophical and more humane to select an unscientific and faulty operation and succeed, than carry out the last modern idea in the most dexterous manner, and fail to restore sight.

(*To be continued.*)

◆

CLINICAL LECTURE ON CASES OF CHOREA.

By C. Handfield Jones, M.B. Cantab., F.R.S.

Physician to St. Mary's Hospital.

Case I.—J. G., female, æt. 7, admitted Oct. 22nd, 1870. Has never had rheumatism. Had a cut on the head six months ago, which bled and discharged a great deal. Symptoms of chorea first appeared about three weeks ago when her sister was giving her a bath; she could not hold herself still at all, this continued two days later, and got worse since. She can feed herself and walk about, but is unsteady in her movements.

To-day (24th) she was calm and smiling when I came into the ward, did not cry when I came up and inquired about her; but on her sister coming to see her she began to cry passionately. She is not at all anæmic. Heart sounds normal; weight, 38 lbs.; urine, 20 oz. in 24 hours, sp. gr. 1019.

Potass. bromidi. gr. v.;
Quin. disulph. gr. j.;
Acid muriat-dil., ♏ ij.;
Spt. æth. chlor. ♏ vj.;
Aq. ℥ss. *quater die.*

28th.—Runs about the ward freely, but is unsteady if she stands still. Sounds of bronchial catarrh in both backs.

Nov. 2nd.—Not improving decidedly.

Liq. ferri Muriat. ♏ x.;
Calcis. hypophosph., gr. v.;
Spt. æth. chlor. ♏ x.;
Aq. ℥ss. *ter die.*

9th.—Same; eats well as before.

Chlora, gr. vj.;
Aq. ℥ss. *ter die.*

12th.—Can walk steadily along a plank six inches wide; seems almost quite well. Heart's sounds are healthy.

Ferri. carb. saccht., gr. x. *ter die.*

Went out soon after. The duration of the disease in this case, which was a mild one, was about six weeks, three of which had passed before she came under care. Emotional hyper-excitability was well marked. There was no rheumatism or endocarditis.

Case II.—A. S., female, æt. 13, admitted March 3rd, 1871. Has suffered much anxiety, her father being a drunkard; she has had no rheumatic or brain disease. She looks fairly healthy. Had scarlet fever when very young; was taken ill fourteen days ago, her hands were first affected, she dropped anything she tried to hold, afterwards, her walking movements became unsteady. She is now very restless, cannot feed herself or carry a cup of liquid to her lips, chews pretty well; her legs are especially unquiet, are jerked about spasmodically. She can grasp pretty well, equally with both hands. Heart's sounds normal; pulse 88, regular; temperature, 98·6; respiration, 22; urine thick with lithates, acid, sp. gr. 1032.

Potass. bromid, gr. x.;
Ferri. bromidi., gr. v.;
Aq. ℥j., *ter die.*;
Ord. d. porter oss;
Port j. oz—pudding.

March 8th.—Her weight, 64 lbs.; urine of 5th and 6th (24 hours), 16 oz., sp. gr. 1032, thick with lithates; total urea, 300 grains, total phosphoric acid, 29·84 grains, total uric acid, 2·5 grains.

10th.—Lies pretty quiet while left alone, but has even more jactitations than before when she is fed, or washed, or moved in any way. Is fretting to get home.

Succi. conii., ʒij.;
Aq. ʒvj., *quater die.*

15th.—Is a good deal quieter, but can't feed herself yet.

21st.—Is getting on nicely, can sit up in bed and feed herself well, good appetite.

22nd.—Was very pale early this morning and seemed quite ill in the night, is crying and fretting, eats heartily, tongue clean, pulse, 90, weak; temperature, 97·9.

Ferri. et. quinæ. citras. gr. v.;
Tr nucis. vom, ♏. v.;
Aq. ℥ss. *ter die.*

25th.—Is getting quite well.

29th.—Doing quite well. Urine, 26 oz., sp. gr. 1021, palish, nearly clear; total urea, 280 grains, total phosphoric acid 24·7 grains, the analysis for uric acid gave only a blue powder as a precipitate. Went out on 31st.

Duration of illness.—Fourteen days before admission, twenty-eight days after—forty-two days. No rheumatism or endocarditis; no elevation of temperature; no improvement from bromides in seven days, but speedy amelioration from conium, and further improvement from ferri. et quin. citras. Excretion of urea and phosphoric acid, somewhat greater during disorder than during convalescence. Uric acid, absent during latter period and uroglaucin present.

Case III.—Ann O'K, female, æt. 13, admitted April 28th, 1871. She looks very pale, poorly, and feeble; had scarlet fever six years ago, discharge from ears ever since. Is slightly deaf, most on the right side; never had rheumatism; was taken ill three weeks ago with tremor of right hand, none of leg. The hand is shaking in tremor most of the day, it becomes now and then quiet for five minutes, and then she has pain at right shoulder and right lower side and epigastrium. About twice a day she gets attacks which are said to be fits, in which her limbs are rigid, her eyes turn outwards, her face is rather flushed, and she is unconscious. She had one as I sat by the side of her bed, and during it I could not get her to answer questions. In the fits sometimes both hands work, sometimes only the right. She can't keep the hand which trembles still, she can hold things with it, but has no feeling in it. No worms ever seen. Parents and six children, some younger, some older, are exempt from fits. Pulse 75, weak; appetite very good; feet do not swell; no injury to head known of, heart's sounds normal. Urine (29th) not albuminous, sp. gr. 1020.

Succi. conii. ʒj.;
Aq. ʒiij. *ter die.*

May 12th.—Is better, hand quite steady to-day, she gives it me quite steadily. No attacks yesterday or today.

6th.—No fits, walks about quite well and steady, hand quite steady; she can stretch out her arm well. Omit the conium. Olei. morrh. ʒij. *semel die.*

10th.—Had three attacks yesterday evening, having been quite well and about all day; the sister says they seemed to be of hysterical character. Hand quite steady.

13th.—Had another quasi-hysterical attack last evening, but much less severe.

Ptc. oleo. vini. ferri. ʒij. *bis die.*

17th.—Gets on very well, no more attacks, seems quite well in every way.

20th.—Gone out.

Duration of illness.—Three weeks before admission, three weeks or less after—five or six weeks. No rheumatism, or valvular mischief; speedy arrest of tremor (apparently) by conium; cessation of attacks of epileptoid disorder under restorative measures. The case was properly rather one of choreic tremor, than chorea proper, and was complicated with hysterico-epileptiform seizures. The alternation of the motor with sensory disorder (pain) was very noteworthy.

Case IV.—E. W., female, æt. 18, admitted April 28th 1871. She came up to London from Wiltshire to take a place as general servant on the 25th. On 17th she found she could not use her right fingers properly, just before that she got into a great perspiration in chapel when she was feeling very weak; has not felt strong for six months. Seems to have been over-worked in her last situation, which she left three weeks ago. Her right limbs are weak and she can't use them properly; can't wash her hands; almost falls down sometimes. She has evident chorea of the right limbs. Last few days cannot speak so plain as usual; has pain and giddiness in head at times. As she lies in bed, is continually fidgetting and moving about. Has never had rheumatism or any other illness till her present. Catamenia regular; bowels open; tongue rather coated; heart's sounds normal; is in good flesh and colour. Temperature, 98·6. Can only eat a few mouthfuls at a time. Pulse 84, of fair force; expression of face, wilful and tempery.

Succi. conii. ʒj.;
Aq. ℥ss. *ter die* ord. diet.

May 3rd.—Is very troublesome and complaining; complains much of nausea, and drinks warm water to make herself puke; has frontal headache, and sobs and cries;

right hand is steady now, drags her right foot a little in walking. Half ord. diet, pudding.

Assafœtidæ, gr. x., in pil. ij. 3^{ties}h.;
Omitt. mistr. conii.

6th.—Is still in a rather strange state, but seems better on the whole. I propose to her, by way of encouragement, a visit, when she is better, to the Zoological Gardens.

8th.—Temperature 104° ; pulse, about 90 ; throat sore since yesterday evening ; face red, no rash ; throat much inflamed ; tongue moist, coated ; much tremor of limbs.

Tr. belldadon. ♏ 20 ;
Aq. ℥ss. 2 dishor.

Throat to be steamed.

9th.—Seems very restless ; is very strange, sister thinks her not right in her head ; throat much swelled on the right side ; swallows pretty well ; had fish to-day. Temperature 101·8° ; pulse, 105.

Pulv. ipecac. gr. 20 stat.

10th.—Throat decidedly better ; belladonna left off after seven p.m. last night ; tonsils less swollen, moist. Temperature, 99·7°. Has been extremely troublesome, full of mischievous pranks, jumping out of bed, &c. ; was injected subcutaneously with morphia last evening, which quieted her somewhat. Threatened with actual cautery and shower bath.

11th.—Same nearly.

Succi. conii., ʒij. ;
Aq, ℥j. *ter die.*

13th.—Is decidedly better and quieter.

15th.—Much better, is quite well behaved now, right hand much steadier, but she does not feed herself with it ; throat nearly well ; there is an evident ulcer at the attached margin of the soft palate. Pulse 70, weak and soft.

17th.—Doing well, hand much steadier, is now a very good girl indeed, the sister reports.

20th.—Doing well, but complains of pain in left hand, cannot use it so well as right now.

24th.—Complains of headache, and is fidgety with her hand while I am speaking to her, but carries a bowl of water, a tray, or anything almost at other times ; is rational and well-behaved.

Zinci. valerianatis, gr. ij. ;
Extr. cannabis ind., gr. ½ *ter die.*

June 3rd.—Seems almost well, very little complaint of head.

6th.—Goes out.

The chief point here is the curious mingling of motor disorder and mental. The attack of quinsy, attended as it was with notable rise of temperature, was quite accidental. The headache, on the contrary, belonged, I believe, to the same derangement of innervation as the chorea and the quasi-mania. The latter may have been aggravated by the belladonna, but as the derangment existed before it was given, and persisted two days or more after its omission, much importance cannot be assigned to this cause. There was no rheumatism or endocarditis.

CASE V.—W. B., æt. 10, admitted May 3rd, 1871. His mother says that he has been always a nervous excitable child, but has never had any serious illness, has never had rheumatism. For some weeks he has been drooping and losing strength, and during the last three, he has been showing symptoms of incipient chorea. He can walk and feed himself, and make some imperfect attempts at writing his name. There is, however, much unsteadiness and jactitation of arms ; less of his legs ; tongue clean, red ; bowels open from medicine. No worms seen, but has suffered irritation about anus. First sound prolonged, and murmurish at base and apex, scarcely a complete murmur. Pulse weak, 96 about.

Diet simple, fishand pudding ; succus conii was ordered in doses increased from ʒss. up to ʒij. *quater die*, associated during the last week with ol. morrh. ʒij. *in dies.* By May 17th, there was no decided improvement. The urine was clear, of sp. gr. 1030 ; syrup. ferri. phos. ʒj. *ter die*, now replaced the conium, but as on 19th, he appeared worse, this was exchanged for chloral, gr. viij. *ter die.* His urine the following day deposited a large quantity of crystalline uric acid (white).

On 22nd his state was much the same, the sister reported that he seemed to have a sort of fit in the night, from 1 to 2 a.m., he snorted, cried, and tossed about ; was apparently awake.

Ordered Potass. bromid, gr. xv. ;
Mist. quin., ℥j. *ter die.*
Port, 2 oz.

24th.—Rather better ; shower bath.

27th.—No better ; great involuntary struggling during shower bath.

Santonine, gr. ij. o. m. ;
Ol. ricini. aur. seqt.

29th.—Bowels well moved, no worms found in stools.

Argenti. nitratis, gr. 1-6th ;
Extr. cannab. indic., gr. 1-6th, in pil *ter die.*

On 31st, I learnt that he had had pain in and about the left ear for a week, and that purulent discharge had occurred the last two days, since which the pain had been less. The mastoid region was very tender to pressure. Chorea unchanged.

Omit. pil. himd. ij.;
Post. aur. sinistr. ;
Lotion of liq. plumbi. diacet ʒj. ad. aq. ℥vi.
to be injected.

June 2nd.—A copious eruption of herpes on right cheek and lower lip ; less tenderness behind ear ; much purulent discharge from meatus ; urine clear, and not albuminous ; two days ago deposited much uric acid, and contained a large excess of urea nitrate ; the urine in tube becoming half solidified with crystals.

Potass iodid, gr. iss. ;
Dec. cinch. ℥ss. *ter die.*

5th.—Is quieter, but there is much unsteadiness still ; pulse, 80 ; not easy to count. Temperature, 31° 7 (99° 8 F.) Weight, 45 lbs. ; urine, of twenty-four hours, 24 oz. ; sp. gr. 1·026 ; total urea, 340 grains ; total phosphoric acid, 27·32 grains. His father states that he had gastric fever two or three years ago, and that he has been subject to attacks of earache and discharge ever since.

Nitrate of silver lotion (gr. v., ad ℥iij.) in place of lead ;

Lin. iodi. post. aur. sinistr. ;
Extr. opii. gr. 1-6th in pil. *bis die.*

7th.—Is decidedly better ; hands much steadier.

10th.—Right hand more powerless, he has pins and needles sensation in it, but he moves both hands tolerably well, though by no means steadily ; the ear has got well, there is no discharge, and he hears the watch tick at about four inches.

Succi. conii, ʒj. ;
Dec. cinchon. ℥ss. *ter die.*

13th.—Much the same ; cannot hold his hands with fingers touching over his head (Gothic arch-wise) ; right hand weak, and speech very failing ; voice scarce audible.

Ferri. carb. saccht. ʒj. t. d. ;
Omitti. mist. conii.

17th.—Is much steadier, but speech remains feeble ; urine deposits uric acid.

21st.—Improving decidedly, but the voice is very weak, and he makes but little use of right hand ; appetite very good ; first sound at apex prolonged.

Pt. c. pulv. ʒss. *ter die.*

24th.—Is much better ; hands much steadier when raised above his head ; weight 50½ lbs., on 26th practises bowling a ball at another at some distance and aims well.

29th.—Doing very well ; urine deposits an abundance of fine crystals of uric acid spontaneously, reddens blue paper strongly; 100 C. C. of urine, (in acidity), 9.628 grains of oxalic acid.

July 6th.—Weight, 52 lbs. without coat or boots; can hold his hands touching quite steady over his head; doubtful systolic murmur at apex; pulse compressed by 174 grams; 7th urine, 16 oz. in twenty-four hours; sp. gr. 1027; total urea, 256 grains; total phosphoric acid, 24 grains; uric acid deposited spontaneously. To be O. P.

The duration of the disorder in this case may be reckoned at about eleven weeks. It was preceded by a period of failure of health without any definite symptom. There was no indication of the presence of rheumatism, nor much of the existence of any endocarditis; the prolonged first sound did not attain the development of a murmur, and was very probably produced by slightly imperfect or irregular action of the columnæ papillares. The question may be raised whether the disorder depended on aural irritation, which existed possibly in a semi-latent form before it attracted our attention. The lad did not improve at all until the aural disease was treated, and soon after that was amended, his chorea became amenable to remedies. To those who dis-believe in the treatment of chorea, this of course was merely the result of lapse of time, but as I cannot hold with them, I must moot the point with you. There is no doubt that inflammatory affection of the head, its bones or membrane, such as is relieved by local blood-letting, is capable of being a cause of chorea. Sir Thomas Watson tells us that the chorea has been found to become sensibly less severe, and very soon to cease on taking blood by leeches or cupping from the painful side of the head. Now our patients had certainly inflammation of the tympanum and mastoid cells, and it does seem to me very probable that this was the cause of the neurosis. But you may think that the persistence of the disorder, though somewhat mitigated, for some days after the aural affection had ceased disproves this connection. The answer to this rests upon an important general fact, viz., that it is very ordinary for a morbid effect to continue for a considerable time after the cause which produced it has ceased to operate. I have known a day's over fatigue induce distressing cardiac disorder, which continued for years, though the heart remained organically sound. Thus the aural irritation may have been chiefly concerned in producing the chorea, which once generated, persisted until the nervous instability was rectified by an appropriate remedy. Conium was fully tried in this case, and failed to accomplish anything. Several other remedies were given, but their failure is perhaps attributable to the insufficiency of the time during which they were used. Carbonate of iron, however, very soon approved its utility, and under its influence a very satisfactory recovery took place, during which his weight increased seven lbs.

The duration of the disorder in this case was nearly double what it was in the three first. They continued about six weeks, and this is reckoned by some to be about the usual time that uncomplicated chorea in children persists. But I have notes of a case under my own care, when the disease (uncomplicated in a child) lasted four months, and Dr. Fraser alludes to two cases of his own, where the period exceeded three months. I doubt exceedingly whether the duration of chorea cases is in any degree so uniform and ascertained, as to warrant our folding our arms and doing nothing to abbreviate it. In Case II. the urine was first analysed in the third week of the disease, when it was fully developed, but the quantity of urea was hardly excessive for a child, not quite five grains per lb. of bodily weight; the phosphoric acid also was not above an average amount. In Case V. the first analysis was made in seventh week of the disease, when it was at its maximum, the amount of urea was greater, amounting to nearly eight grains per lb. of body weight; the phosphoric acid amount was not perhaps excessive. In both cases the [illegible] of urea and of phosphoric acid lessened [illegible] during convalescence, though not very strikingly. The inference I am inclined to draw from these and other analyses (a) is that increased elimination of urinary constituents is an ordinary, but by no means a constant, occurrence in chorea. The temperature observations go to confirm the view usually held, that chorea is a non-febrile disorder, it was remarkable in Case IV. how much the temperature rose (about 5½° F.), when quinsy came on. The effect of conium in Cases II., III., and IV., certainly was remarkable, to all appearance it controlled the disorder positively. In Case V. it was quite useless, both when given at the time of, and after the aural disease. In Case IV. the striking alteration in the mind and temper, which coincided, to say no more, with the administration of conium surprised me very much. The girl was perverse, mischievous, and semi-maniacal, before the drug was given, and afterwards was quite rational and well behaved. This fact is I think highly interesting, not only as regards the action of a remedy, but also as bearing on the nature of chorea. Some have spoken of chorea as "insanity of the muscles," we might rather say of motor centres, but in such instances as that of E. W., the expression transferred to the intellectual centres and emotional seems no longer figurative, but literally exact.

The chief points illustrated by the above cases which I commend to your attention are:—

(1.) The tendency of chorea proper—motor centre disorder—to be attended with an analogous state of the emotional, or of the intellectual, centres.
(2.) Its liability to occur in a modified form, and to be complicated with quasi-epileptic attacks.
(3.) The absence of rheumatism or definite endocarditis in all the cases.
(4.) The varying duration and causation of chorea.
(5.) The certainty that the same remedy is not suitable to all cases.
(6.) The increased excretion of urinary solids which not unfrequently occurs in chorea.

◆

A FEW REMARKS ON THE TREATMENT OF ASTHMA.

By John C. Thorowgood, M.D. Lond.,

Assistant-Physician to the Hospital for Diseases of the Chest, Victoria Park.

Experiments made by Paul Bert, Tranbe, and others, have shown that one result of irritation of the pneumogastric nerve is to cause contraction of the lungs and arrest of respiration; this arrest being more easily produced during expiration than during inspiration.

The lungs themselves contract just as does a sponge when squeezed in the hand, and so long as this contraction continues so long does the paroxysm of asthma and difficult breathing exist.

Prolonged expiratory efforts, as by a violent burst of coughing or a fit of laughter, are very apt to determine a fit of spasmodic asthma in one predisposed thereto, illustrating the fact shown by the experiments above alluded to, that arrest of respiration from closure of the lungs is more easily produced during expiration than during inspiration.

This will be enough of the pathology of asthma for my present purpose, since I have shown what a fit of asthma is in itself, and that it may be caused by irritation of the pneumogastric nerve.

Now, this pneumogastric nerve, as its name implies, supplies nervous filaments not only to the lungs but also to the upper part of the alimentary canal—viz., the pharynx, œsophagus, and stomach, and hence any irritation of these parts may show its effects in the form of contracted lungs and asthmatic paroxysms.

These are matters tolerably well known and understood, and yet in the practical treatment of such a complaint as spasmodic asthma we seem hardly to get that help from this physiological and anatomical knowledge to which we are fairly entitled.

(a) Transactions of Clinical Soc., Vol. iv., p. 83.

Efficiently to treat spasmodic asthma in its various forms we must recollect that we are dealing with a pulmonary neurosis, and endeavour to allay any irritation of the pneumogastric nerve as much as lies in our power.

Commonly we find in a paroxysm of pure spasmodic asthma that medication of those filaments of the pneumogastric that go direct to the air tubes and lungs by means of certain fumes and vapours, as, for example, burning nitre paper, or the smoke of stramonium or tobacco is sufficient to relieve the spasm and cause relaxation of the air tubes, but these are at best but temporary expedients, and naturally patients and physicians seek after some means of cure likely to be more radical and permanent in its effects.

So far as the experience of the present writer goes this may be found often in treatment carefully directed to the stomach and liver in the first instance; and, secondly, in the use of certain tonics that have in some way or other a permanently curative power over neuroses of the lungs and heart.

In observing patients with various chronic maladies of the lungs, we often have brought before us the sympathy that exists between the pulmonary and gastric organs. For example, E. J., a man among my out-patients at Victoria Park Hospital, has been almost from childhood liable to cough and difficult breathing, and he remarks that he has always noticed any overloading of his stomach with food to be invariably and at once followed by increase of frothy expectoration.

Again, Mr. B. has had asthma for twenty years, and has taken all the most approved remedies for this complaint, under most able advice, with very little real benefit. He has, however, no trace of structural disease about the heart or lungs, while symptoms point very decidedly to irregular action of the liver and stomach. The occasional use of the *Cigarettes de Joy* and a mild dosing with Carlsbad salt, brought this gentleman to a degree of freedom from asthma that he had not enjoyed for full twenty years.

Much stress is very properly laid in books on asthma on the patient's diet. He must not dine late, and certainly must never indulge in supper. Sound and sensible as this rule is, yet I believe the practice of eating nothing after midday is carrying things a little too far in most most cases. A state of exhaustion may be induced which always increases any kind of nervous irritability, and further than this, the long-continued innutrition may later in life lead to actual structural change of a degenerative kind in the lung tissue.

I find in practice that a small sandwich of bread and meat, or sometimes a cup of bread and milk, is very grateful to a hungry asthmatic in the evening, and in no way injurious.

The medicines that have more or less credit in the cure of asthma are almost "legion," the reason being that some fit, as it were, one end of the pneumogastric, some another. Thus bismuth and hydrocyanic acid are of great value when the neurosis is of gastric origin. Carlsbad salt, nitric acid, and at times small doses of mercury, are all unmistakeably curative when the hepatic system requires relief.

Other remedies, such as ipecac., belladonna, nux vomica, will cover a wider range of symptoms dependent on pneumogastric disturbance, while if we have reason to suspect a gouty or rheumatic diathesis as the root of the trouble, alkalies with iodide of potassium, sulphur, and arsenic will be the remedies indicated. While, then, we certainly have no "specific" for the cure of asthma, we may, by considering the complaint in its wide range, as a neurosis of the pneumogastric, get some very satisfactory results from treatment.

The Obstetrical Society has published the regulations under which it proposes to admit women to examination for certificates of fitness to act as midwives.

SYPHILITIC DISEASES OF THE THROAT.

By Prosser James, M.D., M.R.C.P., &c.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

Perhaps the most common form of syphilitic disease of the throat is the inflamed state of the mucous membrane in the secondary train of symptoms. The whole of the fauces are affected. Those who have studied the skin symptoms of syphilis, must have noticed the association of certain forms with the varieties in the affection of mucous membranes. This is an analogy similar to many others I have insisted on elsewhere. Thus with roseola, we meet with the dark red or purple of erythematous inflammation of the fauces. Swelling may in this form be considerable. The papular, squamous, and tubercular skin affections, accompany the elevated and well defined mucous patches. All the parts usually spoken of as the throat, may suffer simultaneously or successively in either secondary or tertiary syphilis. It is convenient, however, to make our distinctions between the several parts. The tonsils, uvula, and velum, mostly suffer whenever the pharynx is affected.

Acute pharyngitis may endanger life by giving rise to œdema, or purulent infiltration, but these cases are not often syphilitic, and even should the constitution be saturated with the specific poison, the immediate treatment of such accidents would be that appropriate for other cases.

Ulceration of the pharynx is more common in syphilis, but this too occurs from other causes, and is often to be considered strumous, particularly in children. Ulceration of the pharynx, tonsils, and velum simultaneously, is almost always (some say invariably) due to syphilis. Its nature is made clearer by the history and other effects which appear about the same time, as the skin eruptions, nodes, pains in the joints and limbs, &c. Great loss of substance may occur, but under large doses of iodide of potassium, the ulceration is arrested, the edges granulate and contraction takes place, and it is surprising how small an aperture may eventually remain, to what might have been feared. Eventually, operative procedures for this may be undertaken, or the skilful dentist will provide an artificial palate. Adhesions sometimes occur between the velum and other parts, closing the natural passage between the posterior nares and fauces, necessitating surgical interference at the proper time.

Laryngeal disease.—Nearly half the laryngeal cases in hospital practice are to be traced to syphilis, but in private practice the proportion is much smaller. In secondary disease, the mucous membrane may be affected much in the same way as that of the pharynx and fauces. Indeed, the disease may run along the mucous membrane by mere continuity of structure, and the same analogies may be noticed in reference to the skin diseases. The symptoms are not necessarily severe, there may be no dyspnœa, and no cough, but the peculiar hoarseness of the voice is mostly present. Sometimes laryngeal symptoms will come on after the fauces are quite well, and both patient and physician had hoped that the throat would give no more trouble. Ulceration may take place in the secondary period, but is not usual, except in bad constitutions. Even then it mostly occurs only in small patches, and is not intractable, but it leaves the larynx sensitive and more liable to attack in the next period.

Laryngeal ulceration, as a manifestation of tertiary syphilis, is more common and more serious. It may begin in the mucous membrane or in the deeper tissues. It may be single or multiple. It is easy to discover with the laryngoscope. The epiglottis is often the first part to suffer, and on the first examination this is often seen to be destroyed to a considerable extent. One patient was seen on laryngoscopic examination to have a hole in the epiglottis, as if it had been drilled through. Usually the disease is confined to the edges, which are rough, jagged, and, so to say, eaten away. The ulceration spreads, and where holes have been made they coalesce. It may thus occur that portions of the cartilage are almost detached and hanging by the sound portion, they may drop down into the larynx and give rise to paroxysms, similar to those caused by an elongated uvula, or a foreign body. A little later the vocal cords, both true and false, are attacked by ulceration. The laryngeal symptoms are then more marked, but the diagnosis in both cases is made by the laryngoscope. Generally speaking it is still later before the mucous membrane over the arytenoid cartilages is involved, and this is worthy of remark, inasmuch as in laryngeal phthisis this part is attacked, as a rule, earlier than the vocal cords.

Later the cartilages may become diseased, and then we may be called upon suddenly to combat the paroxysms caused by a portion of necrosed cartilage having become detached, and acting as a foreign body.

Even in grave cases of tertiary syphilitic disease of the larynx the symptoms are not necessarily severe. The voice is altered or lost. The impaired voice of syphilis is very characteristic. Dyspnœa may be present from the slightest embarrassment to the most distressing degree. If it occur in paroxysms there is cause for much anxiety. Difficulty of swallowing is mostly present when the epiglottis is affected, but it is surprising how much this organ may be injured without the patient complaining of this symptom.

The diagnosis must be made by aid of the laryngoscope, but the history and other points ought not to be left out of account. The dusky purple hue of the larynx in syphilitic erythema contrasts strongly with the brilliant red of catarrhal inflammation; but then it is to be remembered that at all stages of syphilitic disease the larynx is very liable to be attacked by common inflammation. Acute laryngitis occurring in the course of syphilitic disease is very serious, and the spasms that then occur may be fatal, unless met with the promptest treatment.

The tubercular and papular elevations seen in syphilis are not much like the granular and even dotted appearance met with in phthisis, and there are moreover in this disease other very characteristic lesions seen in the laryngoscopic mirror; they may, however, possibly be mistaken by the inexperienced for polypi. This is more likely to occur when the elevations are considerable enough to be called condylomata. These are not uncommon in syphilis, and sometimes look like warts, while at others they resemble to some extent various laryngeal growths. It is, perhaps, worth while to mention this, as syphilitic elevations easily yield to constitutional treatment, though they may set up ulceration.

(*To be continued.*)

◆

LECTURES ON THE TREATMENT OF CHRONIC SKIN DISEASES,

DELIVERED AT

ST. VINCENT'S HOSPITAL,

By E. D. Mapother, M.D., Professor R.C.S.;
Late Examiner in Surgery, Queen's University.

Lecture II.

The moist eruptions of the skin which we shall to-day consider, belong either to the orders of vesicles and pustules in Willan and Bateman's classification, eczema and impetigo for examples. The French writers regard these diseases as the same, and as dependent on some ill-defined systemic state which they call "dartrous." They at least agree in being moist eruptions due to local causes.

Mr. Wilson also regards these and other diseases stages of the other. He defines eczema as "a chronic inflammation of the skin, attended with desquamation, exudation, and pruritus." His "essential varieties" of eczema are "erythematosum, papulosum, vesiculosum, ichorosum, pustulosum, et squamosum."

In all, the sebaceous glands are excited and the quantity of their secretion augmented by the greater flow of blood through the capillaries of the skin.

Eczema (from *εκζέω* I pour over) is the most frequent of skin diseases, constituting over one-third of them, according to Wilson, and 2,527 out of 10,000 cases treated by Dr. Anderson in hospital practice and 348 out of 1,000 cases in private. Hebra states that 4,000 out of 6,000 cases were in males. We rarely see the rash early, but vesicles may sometimes be found in the first blush, or at the extending edge of the eruption. The most usual appearance is a red surface with fissures, which sweat out a thin fluid, or with thin yellow scabs into which the fluid has dried. So surprisingly vascular is the skin with a great plane of interwoven capillaries that we cannot wonder at the copious exudation of the serum of the blood which occurs in eczema. Like catarrh in mucous membrane, it is the most common form of cutaneous inflammation. It is essentially a dermatitis, or catarrhal inflammation of the skin, and it is not contagious. The thin albuminous, or rather fibrinous, fluid, for that substance is shown by its stiffening linen when it dries is enough to distinguish the disease from all others. The deeper layers of the cuticle, including that lining the sweat ducts appear most involved. The most common seats are the scalp and ears, the face, the legs, and the forearms. Its appearance differs greatly in each of those situations.

On the head it is more pustular, and the term impetiginodes is often added to indicate this. The great vascularity of the part, notwithstanding the pale colour of the surface and the irritation due to the growth of the hair, I think account for the substitution of the suppurative for the exudative process. From these children you may learn all the features of the disease. Pediculi are nearly always present, and they fret the skin very greatly. A smell like that from the goat often arises from decomposition of the sebaceous fatty matters, giving off of caproic acid. The glands in the upper and back part of the neck always enlarge, but I have never known them to suppurate, which tends to show that the disease is not essentially scrofulous.

The disease does not cause baldness, but in some adult patients the hair which grows is grey. Many of the cases regarded as *plica polonica*, are said by Hebra to be eczema, in which the hairs are matted by copious discharge.

I feel sure that eczema, although the most common is the disease of the skin the most difficult to diagnose, unless you see the whole of the eruption, and get safe information as to its duration. This girl for instance, has patches on each elbow which are very like psoriasis, but the upper arm and axilla on the left side are the seats of the true moist eruption.

Eczema on the face is the most painful, as the itching and burning are intense. The high degree of innervation and contact of the air explain this. There is a good deal of œdema, especially in the lower eyelid, and occasionally slight conjunctivitis.

The scabby mass termed crusta lactea, is an eczema of the lower eyelid and cheek, excited usually by the scalding tears which flow over so profusely in strumous ophthalmia.

The disease on the legs gives rise to the state called "weeping leg," an affection most common among the pensioners in Chelsea Hospital. These old warriors patiently bear this ill, for they believe, and with some reason, that a graver one, such as diarrhœa or bronchitis, is apt to supervene on its cessation. Hebra denies this kind of metastasis, and urges us to cure eczema in all places as soon as we can. He uses baths so freely that the rest of the skin acquires increased activity, and any determination to internal organs is prevented. Varicose veins, and the consequent congestion leads usually to this eczema, as well as to some other eruptions on the legs, and elevation is therefore an all important element of treatment. It soon reduces the infiltration of the areolar tissue.

The forearms and hands are often the seat of a kind of eczema, especially apt to occur in grocers, confectioners, and others handling sugar. In the soft brown kind of this substance a mite, the acarus saccahri, is often found, and it has been accused of originating the disease. The heat to which the bare arms of confectioners is exposed may have something to do with the causation of the rash, and I have often seeen it on the hands and forearms of cooks. It this situation it often takes on the form of eczema rubrum, the most inflammatory form, as indicated by the bright red congestion locally, the height of fever, the fibrinous excess in the blood, and the utility of lowering medicines.

The deep fissured disease on the palm of the hand, often called psoriasis palmaris, has more the features of eczema, and if we remember how thick and non-pliable owing to want of sebaceous glands the cuticle is there, we cannot wonder at the peculiar disease. This rimous form occurs on other places, according to Dr. Anderson.

From birth, when the region of the umbilicus may be the seat of eczema to the other extreme of life the disease occurs. The eczema of infants is often treated by feeding the child from the "Mamma" bottle, or by the getting of that most difficult of all wants, an honest healthy wet-nurse. The scalding about the groins and thighs of children (intertrigo) I regard as eczematous, and due to friction or irritation by the child's urine. Grooms often get eczema about the groins and thighs, as in the case now in St. Patrick's Ward, and shoemakers who sit so long with the thighs together. We said something in our last lecture of the affection which is probably parasitic, and is very common in India. Other local causes are the strapping of ulcerated legs with plaster, especially if there be varicose veins and an irritable constitution; soda and soap, if frequently applied, as among washer-women, contact of lime as amongst builders' men, the use of cosmetic powders, paints, and washes, the wearing of stockings dyed with auiline, and lastly, though not less frequently, the action of the sun's rays.

The rubbing in of irritants, such as croton oil, will cause eczema, and in different sites its appearances vary most remarkably, and thus is illustrated the usual varieties of the disease. The rash brought out by sulphur baths and named *la poussée,* as well as that following hydropathic treatment, are eczematous.

The constitutional condition necessary for the origin of eczema is termed "*dartre*" by the French, but it is hard to understand what it means.

It certainly seems to be sometimes hereditary, and has tendencies for spreading and for recurring, and another argument in favour of its constitutional character is derived from the fact that diarrhœa, bronchitis, and leucorrhœa in the female break out on the cessation of the cutaneous exudation.

I do not think it is necessary for us to alter the definition of eczema, which Willan eighty years ago gave us, viz., "An eruption of small vesicles on various parts of the skin usually set close or crowded together, with little or no inflammation round their bases, and unattended by fever. It is not contagious."

In the index of Professor Wilson's work on "Ekzema" forty-eight adjective terms follow that name, and its combination with twenty-five other diseases are noted besides.

The division of acute and chronic is often made, but I think the one is but a stage of the other.

In describing this and the other common forms of skin diseases, I do not delay you about the diagnosis of each affection, as I hope the short sketch you have heard will enable you to recognise them, especially as you have lately seen them all. Great space is occupied in books about skin diseases by the reiteration of the characters of many for the diagnosis of each.

Eczema mercuriale I have not seen, nor have I ever heard of a well marked case, for I regard the rash brought out by the rubbing in of mercurial ointment quite different from the disease described by Sir T. Moriarty and Mr. Alley in 1804. The latter gives the following description:

"As the Hydrargyria has been mistaken for other diseases, the following brief recapitulation of its most leading features is subjoined.

"1. The eruption is for the most part, at first vesicular.

"2. The fever and eruption are generally synchronous in their appearance.

"3. Exfoliation of the cuticle usually takes place, about four days after the appearance of the eruption, and is commonly preceded by soreness of the throat and fauces.

"4. In severe cases, blisters, sometimes large vesications, precede desquamation. The cuticle, in such cases, cracks, and forms fissures; and the odour of the exudation from the surface is strongly characteristic of the disease.

"5. The presence of the delirium ferox has never been witnessed, however considerable the inflammation and tumefaction of the external parts of the head: nor has the head appeared engaged, excepting where the debility was extreme, and the exudation from the surface profuse.

"6. When the cuticle desquamates, the parts underneath appear red, as before that occurrence.

"7. The disease is never fatal, unless secondary fever supervene.

"That the production of the troublesome and dangerous affection just described is attributable to the employment of mercury in peculiar habits, the following facts tend incontrovertibly to confirm. 1. Mercury aggravates the symptoms of the complaint, when produced. 2. By discontinuing merely the use of mercurial preparations, the progress of the disease will often be suspended. 3. The disorder may be reproduced by an incautious or too early recurrence to the exhibition of the mineral. 4. Somewhat similar cutaneous affections are the consequences of other irritants beside mercury; and those also admit of relief from the removal of the exciting causes.

"A peculiarity of habit, or a certain state of the skin itself, has been supposed as predisposing to this disease, and appears, indeed, to be actually requisite for its production."

We never see the disease now, and although I have investigated the effects of mercury on all the mirror makers in Dublin I got no trace of it (MEDICAL PRESS AND CIRCULAR, 1866 and 1870). Nearly all Alley's cases were in Lock Hospital patients, whose dose of mercury was counted by the number of pints of saliva discharged daily. Some of the cases may have been really venereal rashes.

Internal treatment is needed in the earlier and inflammatory stages of eczema, and it should consist of some salt which will act on the entire alimentary mucous membrane, and on that of the kidneys as well. In private practice, I select the effervescing citrate of magnesia, two teaspoonfuls in half a tumbler of water every morning, and if there be any gouty diathesis, half a drachm of citrate of lithia is added.

In hospital, tartrate of potash and soda is used instead, or for the first dose, forty to sixty grains of the compound jalap powder.

Drs. Wilson and Fox tell us that eczema is a disease of debility; but this is not evident from their descriptions of the affection, nor from their recommendations for its cure.

I know of one case of highly inflammatory general eczema recurring yearly, where bleeding from the arm alone gives relief. In this case when the eruption has been out some two or three weeks, the sulphur water of Lisdoonvarna has been found on three occasions most serviceable. During two visits last summer at this admirable watering-place, I saw very many cases of obstinate eczema, which were much benefited by the sulphur water. So were cases of acne and psoriasis. There were no baths, however, but they are likely to be erected before next season. Iodine, arsenic, phosphorus, and such drugs, which are called alterative, I have never tried, because we do not understand their action, and they have not been of any use in my hands.

If inflammatory symptoms last in chronic cases, I have sometimes continued the salines above named daily for many weeks. If there be much itching or pain at night, fifteen to thirty grains of that admirable medicine, chloral should be given. The only alteration in diet which is needed is a full allowance of vegetable food, especially those which are eaten raw, salads, celery, and the like, for thus the potash salts are ingested. From boiled vegetables, they are abstracted. If, indeed, the patient has been taking beer, wine, or whiskey in excess, the excitant must be diminished or checked altogether.

The best of all local remedies, and the only one wanted in many cases is, an abundance of pure soft water, with which the part should be bathed thrice daily. It should be dried by pressing down a dry cloth, not by rubbing. Hard water is irritating, but it may be softened by boiling, and the addition of bran, flour, or other mucilaginous matters, which further abstract the lime salts. For hospitals, Clarke's process of adding fresh lime, which seems so paradoxical, should be adopted for softening water. Our Varty water is excellent for this purpose. General baths are of essential service, as may be likewise said in the case of all other chronic skin diseases, for they cause the healthy surface to compensate for the suspension of the cutaneous functions in the diseased part.

The tepid shower-bath is the best in eczema of the scalp, and should be used twice daily.

Dozens of external applications have been successively recommended, and I will mention them to you, although I do not believe much in any of them, save those containing carbolic acid. Its ointment (one drachm to the ounce of lard), I always use in cases where the disease attacks the scalp, as it checks fœtor, and keeps off pediculi, but it has probably no specific action. Eczema marginatum shows plenty of the trichophyton in its scales, and carbolic acid would kill it. The fat softens and removes the scabs, always a necessary step, and protects the sore skin from air. It should be freely used thrice daily, and the head kept then covered by a flannel cap. The oil of cade distilled from juniper wood has been greatly vaunted, as also has a mixture of equal parts of tar, soft soap, and methylated spirit. The latter bears the all-important recommendation of Professor Hebra.

Bishop Berkeley's pine-tar water had its advocates for many years, and no one can read the work of our most illustrious countrymen, without astonishment at the suggestions about the curative effects in cases of itch, prurigo, lepra, and tinea, and its disinfecting power in contagious diseases. Like other discoverers, he exaggerated its virtues, but not until he had fully tried it on his own person, for he tells, "I have myself drank above a gallon of tar-water in a few hours, and been cooled and recovered from a fever by it."

On the arms and legs, especially if the surface be red and tender, weak lead-wash from one to two drachms of the liquor plumbi to the pint, applied with a bandage, is most soothing and useful. I have seen it successful in scores of cases with Dr. Neligan. Hebra praises highly the following ointment, when the disease attacks the flexures of joints :—

℞ Olei. oliv., ℥xv. ;
Litharg, ℥iij., ʒvj.
Coque et adde. olei. lavand, ʒij.

Tannic acid ointment, and cod-liver oil, have been extensively used, and for the relief of itching, watery extract of opium and chloroform have been advised. Hydrate of chloral would be chemically compatible with some lotions and ointments, and would afford more continuous ease from this annoying symptom.

The frequent form of the disease in the palm of the hand characterised by deep fissures radiating from the wrist towards the fingers, is most stubborn to treatment. Slight cases are relieved by soaking with glycerine ; but, in very chronic cases, the cuticle must be softened by the wearing of an india-rubber glove, and steeping with bran. The fissures may then be touched with melted carbolic acid.

When the scalp is affected, the hairs must not be shaved off, but clipped short every week or two with good broad bladed scissors. The semi-purulent scabs should be removed by poulticing with bran, and stupeing with the water which has boiled that very useful material. If the case is watched for and treated on the first day or two of its appearance, carbolic acid ointment will suffice to check the eruption ; for example, I thus successfully treated a nobleman's son last September, whose brother had developed eczema on the scalp, and as it was erroneously supposed the disease was contagious, the second lad's scalp was daily examined, and when a patch an inch in diameter was developed, I saw the case. The avoidance of any local irritant which may have excited the eruption, is an evident indication.

Prof. Erichsen, in his excellent work "On the Scalp," recommends strong lotions of sulphuret of potassium, which would act by the evolution of sulphurous acid. From the success of this agent and of carbolic acid, such decided parasiticides, many forms of eczema capitis may be due to the development of some parasite.

Dr. Fox opens his section on *treatment* as follows:—"Eczema I hold to be of the nature of catarrhal inflammation. This implies debility. It is highly unsatisfactory to consult books about the treatment of eczema. One gets very little from them ; I shall not follow the bad example hitherto set of giving a general *resumé* of the action of remedies." With much respect for his original and clever book, I do not think the chapter from which the above is extracted, is exempt from the faults he finds with other works, and if we are ever to free the treatment of skin diseases from the empiricism which now shrouds it, it must be by investigating scientifically the action of various drugs and appliances,

There is scarcely a medical or surgical, constitutional or local lesion which you may not find on a patient with eczema, and it must be treated before the eruption will yield. This affords much reason against the separation of "dermatology" from general practice. However, so tedious are many cases that, as Dr. Neligan well says, "success must be earned by the joint patience of patient and physician."

In this hospital we have such assiduous care on the part of the Sisters of Charity in the giving of internal and application of external remedies, that I find skin diseases are more rapidly cured than in private practice, notwithstanding the ability of the latter patients to pay for the best aid they can get.

Prickly heat, the lichen tropicus of Willan, is generally described as a form of papular eruption. During my tour through the United States in the summer of 1870—an unusually hot one—I saw many cases, and in nearly all vesicles, in one case bullæ were present. Some persons were entirely exempt, and they were mainly daily tub-bathers and lightly dressed persons, who thus had habituated their skin to variations of temperature. It seldom was seen on the face, neck, or hands, the parts oftenest washed. At night it was so distressing that sleep was impossible. Tepid baths are most useful.

In Ceylon, the natives treat prickly heat by cutting a lime fruit in two, and rubbing each other down. The rashes excited by mosquitoes are often eczematous. They were observed at Blackfriars Dispensary in the summer of 1870.

Impetigo, as I have peviously told you, is not a stage of eczema, but a disease primarily pustular, and more acute, and more curable. The pustules appear in two or three successive crops, as small distinct ones, but they soon coalesce, and bursting, the pus dries into a greenish dark scab, aptly compared to candied honey (hence Alibert's name for the disease, Melitagra). There is some little heat and itching, but rarely any fever. When the crust falls off, a red stain without any abrasion remains on the skin for some weeks, and the derma is thickened and hardened, so the seat of the disease is far deeper than the cuticle. The pustules occasionally contain a little blood, especially near the edge, where slight ulceration may appear. In the MEDICAL PRESS AND CIRCULAR eight years ago I published notes on a case of most severe impetigo, in which very high pyrexia existed, but in which the disease subsided in four days without any local treatment save poulticing. Willan and his very many annotators, state that impetigo "is not accompanied by fever."

Young persons from the period of second dentition to that of maturity are the subjects of impetigo. It is rarely seen in those over thirty years of age, and then in those who have a peculiarly thin skin. I do not believe that any cause in the system of the patient, or in the external influences he may be subjected to, has been shown to be causative of the eruption. I have seen it often in female servants lately arrived from the country, and who had got more animal food than they were accustomed to.

The disease is usually non-contagious, but Dr. Fox has described a form which rapidly spread among the patients of the Farringdon Dispensary. The only sensible character by which the disease may be distinguished from the usual form is the appearance of vesicles at the beginning. The *Lancet*, of November, 1871, contains the following paragraph:—"We understand that a form of skin disease, the exact cause and nature of which were at first somewhat disputed, has lately appeared among the men belonging to a battalion of Foot Guards stationed at Dublin. As many as 100 soldiers are stated to have exhibited manifestations of the disease, which is local in its nature, and unattended by any constitutional disturbance. The affection consists in the appearance of numerous small vesico-pustules about the scalp and face, which soon dry up and scab over. . . . . The outbreak in the Foot Guards originated among the children while the battalion was stationed at the Curragh, and the disease subsequently spread to the soldiers. In one or two cases its auto-inoculability was evinced by the fact that some spots appeared on the skin of the arm from the head having rested on this part during sleep. The old term 'porrigo' probably comprehended this affection, but this term was not very definitively used."

Some of these facts I was kindly allowed to verify, but I await with interest a full account in the next Army Medical Blue Book. Its diagnosis from cow-pock must be fully established before it deserves to rank as a new disease.

The division of the disease into I. figurata and I. sparsa is not needed, as the former is but a stage of the latter.

Its characters vary on several parts of the body. The face is by far the most frequent site.

If the scalp be the seat of pure impetigo, that is a purely pustular eruption different from eczema impetiginodes, I have not seen it.

Impetigo is said to appear alone in scrofulous subjects, but I cannot from my experience assert that any peculiar diathesis is connected with the eruption.

I know of few diseases which require less treatment than the one we are now considering. If a purge be given to lower the inflammatory action, if the scab be stuped and poulticed off by linseed meal, and if carbolic acid ointment be kept smeared for a week after, the case is cured.

I must acknowledge that I have seen a few slight cases which for three weeks had not been subjected to any treatment, and yet they got quite well as soon as the scab was removed.

If there be much soreness round the scab, a mixture of equal parts of olive oil and the liquor of sub-acetate of lead smeared over the part soothes it and excludes air.

Acne, or acme, as etymologists call it, from ἀκμή, maturity, as it usually appears at that epoch, is an inflammation of the sebaceous glands. If they merely increase their flow you have seborrhœa, but if they have their openings in the hair follicle blocked, the acne indurata appears. If this condition becomes chronic, with red bunches of capillaries tending to the little hard masses, the acne rosacea results. Paler and larger heaps of sebaceous matter swell out the cuticle, and they are called comedones. I have seen them largest on the scrotum. On the face the opening of the follicle is generally plugged by black dirt. Wens, or steatemata, as Sir A. Cooper proved, have a similar pathological origin, rudimentary hairs being, however, often developed in them. The rare disease, molluscum, is of a very similar nature, but the sebaceous masses project more, becoming even pedunculated and they are softer. You are aware that in the sebaceous mass which you can squeeze from the follicles near one's nose a little animal, the steatozoon, can be often, perhaps once in five persons, found; but they are far more numerous in acne subjects. It was in 1841 found by Henle in the ear glands, and soon after by Simon in the ordinary sebaceous glands. They lie with the head inwards, and as many as twelve have been squeezed from a follicle in a greasy-skinned person.

Acne is in the beginning nearly always papular, and often it is so throughout. This persistently papular form, or that with few suppurating papules, is seen in both sexes about puberty and the development of the sexual functions, and their abuse in the case of young men have much to do with it. The red variety of acne often begins on the face of females about the period of the cessation of the menses. If pustules fully form, they remain discrete.

The face is by far the most common site, especially of the indurate kind, or stone pock, as it is popularly called, but I have seen acne on the scrotum and groins. In these places the sebaceous glands which we have seen are its anatomical location, abound most, and are especially diseased. The face is highly vascular, and as we learn by the phenomena of blushing and pallor, its capillaries are readily and rapidly influenced by mental emotions, as well as by changes of temperature. Such conditions, as well as the flushing of the face by frequent alcoholic stimulants, are believed generally to be the most active causes. However I have seen acne in both male and female teetotallers, the former students who had the bad habit while reading of sitting before the fire with the head down, and the latter girls who had been foolish enough to use powders, paints, and other cosmetics.

Alcohol, by flushing the face, promotes the disease, and what are vulgarly called "grog blossoms" are spots of acne. Professor Wilson says:—"The physiognomy of the disease is made familiar to our minds by the words of Shakespeare, when he tells us with regard to Falstaff, that

> "His face is all bubukles, and whelks, and knobs, and flames
> of fire."

And in a few words the rosy spot may be said to be a protest of the fifth pair of nerves against ill-treatment received by the gastric portion of the eighth." The back of the neck and shoulders, after the face, is the most frequent site.

Spring is the time of year most favourable for its eruption, and it often returns for several successive springs.

As you may imagine, this disease causes great distress of mind, especially in the case of patients of the fair sex, often appearing just as they are about to be "brought out."

No special medicine is of use in acne, but several may do good, if any prominent signs of ill-health be present. I have most frequently prescribed mild saline aperients, such as a drachm of citrate of magnesia, with a grain of iodide of potassium, every morning and night.

Two or three grains of citrate of iron and quinine may be substituted for the latter, if there be much debility or spanemia. It is, however, in most cases, a well defined form of hypertrophy, affecting the capillaries and sebaceous glands of the skin. The saline mineral waters are often most useful. In no skin disease are general baths of soft water more useful, although for the first few days they seem to aggravate the case.

The removal of any local or remote cause should be carefully looked to, more especially as regards uterine derangements.

Open air exercise, and a simple diet, into which raw vegetables and fruits should enter largely, are valuable aids to the cure.

The local means of cure which I generally use, for the slighter forms with seborrhœa is a wash made of 1 oz. of glycerine, a drachm of bicarbonate of potash, and 11 ozs. of water. It is to be sopped over the face with a piece of soft flannel four or five times daily, and the face is then to be bathed freely with cold soft water.

Soft soap which contains potash is also useful, and the black spots which fill the mouth of the hair follicle are best removed by it. The patent washes so often used by ladies are usually compounds of bichloride of mercury, and instead of being useful in the disease, are most dangerous and disfiguring. Washes containing alcohol or vinegar were advised by Celsus, but I have seen that they make matters worse by exciting suppuration.

The hard nodules in the more chronic form, require to be touched on the point with some caustic, and the acid nitrate of mercury is the favourite.

The red branches of capillaries around should be cut across with the point of a very sharp lancet, which should be inserted to the slightest possible depth. Ice cold water will check the bleeding and shrink the vessels, and then the blood in them clots, and the vessels will often be removed altogether. If proper pustules form the pus should be let out of each, with the point of a lancet or a needle thrust transversely through the cuticular apex.

Seborrhœa nigricans is the name given to a curious affection, in which a black oily matter exudes from the skin round the eyes. Under the name of chromidrosis. Dr. Foot in the *Dublin Journal*, February, 1866, gives a learned essay on this symptom, which often points to suppressed amatory feelings or disordered uterine function. One-ninth of the cases, however, occurred in men. The colour may be yellow or blue. The black colouring matter or melanin, was said in one case to have appeared in the stools, urine and matters vomited.

As the glands within the prepuce which pour out the smegma are identical in structure with the sebaceous glands you might expect they would also pour out occasionally a vitiated secretion. Hence, or more often by the retention of the normal secretion and its decomposition by the heat and moisture afforded by a long close foreskin, great excoriation and tenderness arise.

The sebaceous glands are engaged either primarily or secondarily in lupus, and that sad disease for this reason rarely appears except on the face, where they most abound. In the groin for perhaps similar reasons, lupoid ulceration is also seen. The patient now in St. Anne's Ward has the disease on the face and on the front of the wrist. By touching the edges of the ulcers with glacial carbolic acid melted, dressing the surface with carbolic acid ointment, and the giving of iodide of potassium and bark mixture, you have seen that this extensive case has been almost healed in a fortnight. Huile de Cade, of which the best is to be had from Aix-la-Chapelle, and many other tar preparations so long in vogue owe their efficiency to carbolic acid. Dr. Neligan's favourite caustic was the solid acetate of zinc, and I have often seen it most successful in his hands.

The discharge poured out in lupus seems undoubtedly to be irritating to the healthy edge, and the agents I have first mentioned may modify the action. Iodine, if given in such quantities as shall not disturb the general health, also modifies these products of disease.

Pemphigus is also another disease which was much more frequent after the famine of 1845-7 than now, and under the popular name of "burnt holes" it was well known in distant parts of this country.

Oval or round blebs from one-third of an inch to two inches form all over the body, but the belly and thighs are favourite sites, generally in crops of six to eight at a time. They are at first filled with clear serum, but in thirty or forty hours it gets yellow and muddy, and the cuticle bursting, scabs form. A scalding fluid, however, issues from the ulcerated surface under the scab.

The more acute cases are attended with sharp fever, appearing in paroxysms as each crop forms. A very fatal form, P. gangrenosus, was described in 1808 by Dr. Whitley Stokes. This usually attacks weakly children when recovering from eruptive fevers, and I have seen it usually accompanied by cancrum oris.

In a fatal case which was treated here four years ago, the patient was a girl of twenty, who had been up to the time of the eruption in perfect health.

The chronic variety is far more common and is often met with in old broken down, and ill-fed persons. Sir D. Corrigan, in August, 1869, saw with me a gentleman about forty, of fair health and habits, except that he was fond of late hours and heavy suppers. He had had two previous attacks in the preceding autumns. Blebs the size of a sixpence covered his entire skin except the hairy parts; starch powder dusted constantly over the surface, with bark and careful dieting were successful in a fortnight, and the eruption has not since reappeared.

There seems to be no good reason for the belief still entertained by many eminent authorities that some kinds of pemphigus are syphilitic. Its frequent occurrence in remote parts of this country amidst a poor but very moral population where venereal diseases are unknown, contradicts the notion.

The constitutional signs being uniformally those of debility, nutritious diet, alcoholic stimulants, and the bark and ammonia mixture should be our treatment. Hebra praises the continuous bath of which I have before spoken.

Locally, carbolic acid ointment would be useful in checking discharge and fœtor.

◆

NOTES ON PHTHISIS PULMONALIS, &c.

By R. Locke Johnson,

Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square, W.

(*Continued from page* 482.)

Case VI.

James F., æt. 28, married; one child. Has worked in a biscuit factory three years; previous to which was an engine fitter in the employ of the Great Western Railway. Six years ago had gastric fever, from which he got quite well; but had from time to time, especially in the spring, pains in the head, sickness, and loss of appetite, lasting for three weeks or a month at a time, and preventing him from working, and obliging him to resort to medical advice. Blisters behind the ears were several times prescribed, and relieved him. Admitted 6th January, 1871. About three months ago took cold, which he has never shaken off. Lost flesh rapidly, but did not get weighed. Last month thinks he has gained rather than otherwise, and is better in other respects. The cough comes on every night, lasts a short time, and is relieved by expectoration. Never spat any blood. Sleep is disturbed, but better than a month ago, then he used to wake up with cough, ending in vomiting every night. Has lost an uncle and an aunt in consumption, both on the mother's side. Fair vesicular respiration in both infra-clavicular spaces. Left base prolonged expiration, and increase of vocal resonance. Pulse, 112; temp., 98½ under tongue.

℞ Tinct. camph. co. m. xx.;
Mist. quinæ., ℥j. ter die.

Jan. 9th.—Had an attack of diarrhœa last night. Severe fluid stools. The last about two to-day. Pulse 92, full, easily compressible. Tongue clean and red at edges, with slight fur in the centre. Feels tenderness over abdomen; increased on pressure.

To have warm milk, and ♏ xx tinct. op. at night.

12th.—Bowels now regular, and has somewhat revived.

18th.—Has had another attack of diarrhœa. Relieved by same means, and has been taking Tr. camph. co. sp. eth. nit. three times daily.

20th.—Complains of headache for the last two days. Feels weaker, and the mixture no longer relieves the cough. Yesterday was seized with vomiting, and brought up besides his food a quantity of yellow, bitter, fluid. Has not vomited to-day.

27th.—Is much the same, but complains of his nights being restless.

Pil. conii. c. j. o. n.

31st.—Still cannot sleep. Pulse and temperature remain same.

℞ Chloral hydrate, gr. xx.

February 2nd.—Infra-clavicular spaces equal, and certainly not dull. Behind right infra-scapular space decidedly duller than left, and vocal resonance proportionally increased. May say bronchophony in right side. Pulse, 112; temperature under tongue, 100. Slept well after the chloral, but not last night, it was not repeated. Says he used to lie only on left side, but now is indifferent.

To take the chloral every night, and continue the quinine.

This patient in the next few days picked up wonderfully. The chloral was continued regularly, finding relief to the cough, and obtaining good nights by it. He improved gradually, and left at the end of the month in unexpectedly good condition.

Case VII.

William B., æt. 30, married, no family; enjoyed good health up to two-and-a-half or three years ago, when he was employed as ticket collector on a railway, and took numerous colds, one after the other; has been three months in Brompton under Dr. Cotton, all the time getting better. Discharged seven weeks ago; then went back, and, therefore, recommended here; admitted 6th of April. Five months ago, before going into Brompton, his expectoration became streaked with blood, not much after admission there. There he gained 4½ lbs.; he has lost 1½ stone since illness; has lost one brother in consumption; his father died at 73; his mother died at about 40, her legs were swollen, that is all he knows of her illness. Has sat up in bed hours together in hospital "for want of breath"; now sleeps the best half of the night. There is hard breathing at the apices with prolonged expiration. There is evident dyspnœa and slight cough.

Ol. morrh. ʒij. bis. die.

10th.—Dyspnœa came on again in the night, last night and two nights before, expectoration thick and dark.

12th.—Dyspnœa returned at two a.m. on the 11th, and lasted till six a.m. Last night slept quite well.

Pil. conii. comp. ♏v. o. n.

14th.—The dyspnœa returned last night at five a.m. Lin. Tiglii to right subclavicular region.

Pil. conii. co. j. bis. die., Ol. morrh.

18th.—Dyspnœa has interrupted his sleep lately again.

Vin. ipecac., ♏. xx.;
Sp. æth. sulph., o. ♏ xx., inf. gent. ℥j.;

21st.—Breathing has not been quite so bad; and still has fits of dyspnœa.

23rd.—Last night dyspnœa worse than ever.

30th.—Has had another attack of dyspnœa.

May 5th.—Both apices, weak breathing, and prolonged expiration. The left a shade duller than right; left base also weaker, but not duller than right.

℞ Ammonii. iodidi. gr. iij..;
Ammon. Carb. gr. v., aq. camph. ℥j., t.

11th.—No dyspnœa since 30th ult., and feels pretty well.

June 2nd.—The iodide of ammonium and the carbonate of ammonia have been regularly continued. The attacks of dyspnœa have not returned. He is very much better, and leaves the hospital to-day at his own request.

Case VIII.

Bridget F., æt. 10, has been attending two months as out-patient. Admitted in-patient, April 10th. Very intelligent, and gives her own account of her illness with distinctness. Mother and sister died of consumption; father living, but some of his relations also died of consumption; has always been ailing, and had a cough and wheezing as long as can remember, especially first thing in the morning and last at night; worse in winter. Does not feel cold weather unless foggy. Long ago remembers, after running very fast, had a violent fit of coughing which ended in bringing up, she thinks, about a tablespoonful of blood. Always thin, and does not think she loses flesh. At present coughs a good deal in the morning of thickish yellow phlegm. The girl is deformed, being pigeon breasted, while the scapulæ projects. The supra and subclavicular regions are hollow as if sank in; and she looks strumous or ricketty. The spine is straight, and there is no distinct history of effusion. Appetite good; but never ate a potatoe in her life as feels they would make her sick; no night sweats. Bowels three times a day, watery with much pain; tongue clean. Meat diet, one egg, milk.

℞ Pulv. dov. gr. j. o. n.;
Tr. camph. co. ♏ v. t. d., ex. aq.

On the right side, both front and back, moist crepitation. Also pain, and at intervals a distinct friction murmur.

12th.—Bowels better, once yesterday, twice to-day, but solid. Slept.

Repeat pulv. Tr. camph. co. ♏x.;
Tr. serpent. ♏xx. aq. ℥ss.

25th.—Appears to be going on the same, but there are now moist *râles* at both bases.

28th.—Cough better, much wheezing; expectoration purulent, streaked with blood, no pain; sleeps well; appetite good; nurse thinks gains a little flesh, herpes on lips.

May 5th.—Left apex slightly impaired, resonance, harsh respiration, almost tubular, left base increased, vocal resonance and some moist *râle*—a cooing rhonchus. Right extreme apex friction (?) sound, lower down moist crepitus, behind at base fine crepitus.

June 12th.—Has continued to improve steadily ever since coming to the hospital. Leaves to-day. There is now no friction sound, but both apices and both bases give moist *râles*. Nevertheless she has gained much strength; went about very cheerfully; eats well and sleeps well, and has no perspiration. Cough not very troublesome; not much expectoration.

21st.—Came to the hospital to-day, reports that her cough is more troublesome and she spits more.

HOMŒOPATHY.

By Gaetano de Pascale, M.D.

After all that has been written on homœopathy, such as it was discovered, formed, and almost axiomatically established by Hahnemann, I hardly dare to bring before the public some new observations on the absurdity of the system.

So great is the credulity of those who have put their faith in Hahnemann and his medicines, that they renounce all logical reasoning on the point, and citing the names of the most distinguished doctors of all nations (particularly those of England and France) is of as little avail as repeating to them all that has been written on the subject.

In Dr. E. Lee's work, entitled "Observations on Homœopathy," published in London, and approved by the principal literary and scientific journals, Hahnemann's doctrine is shown forth in its true colours, and faith must indeed have blinded the eyes of those who still persist in believing in such a system.

The study of medicine was born with man, and has progressed with him. Man living in society has sought to study and to alleviate his own and his fellow-creature's ailments. From a combination of symptoms, to the empirical administration of remedies and a diagnosis of diseases, he has passed to the development of occasional causes to pathological changes, and from thence to a more rational and discreet use of medicaments. All the world knows that pathological anatomy, chemistry, and the use of the microscope have concurred in giving to the art of medicine the name of a rational Science.

To my mind, there are only the disciples of Hahnemann, who, renouncing to listen to the voice of intelligence and reason, constantly thrust before you the practical facts which they have more or less badly observed, crying: "a fact, a fact," just as if they were saying a miracle, a miracle! The celebrated practician, Joseph Frank, was right, in defining homœopathy, to call it "a satire on human reason."

But let us lay aside reasoning for the present, and without losing our time in contending against the reproaches which homœopaths hurl incessantly at medicines and doctors called allopaths (I know not why this name has been bestowed on them), let us fix our attention for a minute on the first fundamental basis of homœopathy, *similia similibus curantur.*

According to the disciples of Hahnemann, homœopathic medicine first took its rise from the experience Hahnemann had of quinine; according to this doctor, this substance when taken produced in him symptoms of intermittent fever. The same happened with other drugs, which developed symptoms of maladies against which these latter had been recommended. Thus from thence, *similia similibus curantur*, from thence the first fundamental basis of homœopathy—"Homoios-pathos," similar sufferings.

It was only Hahnemann who observed the symptoms of intermittent fever after swallowing quinine, and other maladies in his making use of other remedies. No other doctor has confirmed the assertions of Hahnemann, as justly remarks Dr. E. Lee. And Hahnemann could only make his observations (let us keep to the name) allopathically, for Hahnemann was a doctor, and had not then begun to make use of homœopathic doses; he was at that time, too, in excellent health.

The falsity of the principle does not lie so much in the reasoning as in the facts; in the gratuitous assertion, or to speak more leniently, in the exalted fancy of the author of homœopathy. Everyone can easily experiment and verify the falsity of the principle of *similia similibus.* Hahnemann was the first who had the idea of diminishing the doses in medicine; and he observed that, in so doing, they did not lose their value, in fact rather acquired it, and he carried it to the extreme of infinitesimal doses.

The infinitesimal dose, according to Hahnemann, is not to act of itself, but its diminutive strength is to be developed by trituration if it be a solid medicine, or by shaking if it be liquid.

So much has been written and spoken against drops and globules dissolved in a large quantity of water, to be taken by small spoonfuls, and against boxes of globules swallowed by children, etc., that I hardly dare to call on that oft-repeated word, *good-sense*, in order to see all the absurdity of the ingenious conception of Hahnemann. The new disciples of Hahnemann say it is not essentially necessary to keep to the small doses; that depends on the wish of the doctor, but the essential is the *similia similibus;* and the homœopathic doctors in Germany, and more still in America, belong especially to this category; making use of concentrated preparations, as for instance doctors make use of Foler's solution.

The homœopathic doctors have obtained in favour of their system those members of the crusade who preach now-a-days against medical science and the abuse of bleeding (and polypharmacy), and they also attribute to themselves the honour of the progress which medical science has made; but that is an error, for it is but too evident that the progress made by it was without the aid of homœopathy, as the medical art, having always taken strides forwards, and being subject to changes before the time of Hahnemann, will never stop on the road of progress.

As a proof of what I have been saying about polypharmacy, I will repeat the words of the celebrated Dr. F. Redi, which are to be found in the works of the no less celebrated F. Puceinotti. Redi used to say, when prescribing two or three different medicines for one patient: "One at a time; you must never mix so many things, which we doctors order at one time; you do not find our prescription long enough if you cannot measure it by the yard, and are anxious to mix all those drugs, which are frequently sent us from all parts of the world with fine names, but which only serve to deceive some *povero cristianello.*"

Another, a new and simple system, but which to me is more unintelligible than that of Hahnemann, is the one of Count Mattei, of Bologna, who reduces to seven the number of medicaments in globules, of unknown substance, whose names are only anti-scrofulous, anti-feverish, etc., etc., and a few liquids named by him electric.

When once the falsity of the *similia similibus* is shown, and the absurdity of the infinitesimal doses proved, what more can I say about homœopathy, when I still see persons willing to be taken in by such a system. It must be one thing, that is, that apparently I have not enough intelligence, and more especially not enough imagination, to comprehend the grand ideas of the small doses, as do the disciples of Hahnemann.

I am certain, however, that those who call themselves homœopathic doctors, must have well studied the hygienic part of medicine, for they practise it very severely on their patients. They must likewise have a full, and at times I fear an exaggerated, confidence in the curative power of nature, which is so well appreciated by Sir John Forbes, in his "Nature and Art in the Cure of Disease."

As to homœopathic doctors, who in good faith are empiric observers of some favourable cure, such as sometimes happens to old village cronies, we can but pity their blindness; and those others again, who, according to the taste of their patient, treat either homœopathically or allopathically, I leave the reader to judge them; to me such a practice does not seem over honest, and the public ought to beware of them.

As to what concerns a doctor, who, after seeing a patient, will hold a consultation with a homœopath, that question has been so often discussed by the medical journals, that I will sum up the whole by saying, that it is inexcusable for any doctor to consult with another knowing him to be a homœopath, and when he does so, either under pretext of diagnosis or any other cause, I may venture to say, without being mistaken, that he only does it for the sake of the *auri sacra fames.*

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

Hæmaturia ending fatally.

Under the care of Dr. C. Drysdale.

(Reported by Mr. Kipling.)

Samuel Briscoe, æt. 73. Occupation a labourer, has been a good deal on the water as a waterman. In 1845 he had a testicle removed at Guy's Hospital.

Present attack came on six months ago with passing blood in his water, sometimes the water first passed was clear, and mixed with blood at the end; but at other times the blood was mixed with the urine from the commencement of micturition; occasionally he passed clots of blood; micturition was attended with a forcing pain and smarting after it was over.

Oct. 17th.—He now has all the above symptoms, with pain over his pubes, and in both groins. On a catheter being passed, a little obstruction is felt about the prostate which, on examination per rectum is found to be enlarged; urine acid containing one-third of a part of albumen, and on being examined microscopically it is found to contain blood corpuscles, but no casts.

R Potass. iodide, gr. v.;
Infusi buchu, ℥j., t. d. s.

Nov. 3rd.—Pain over sacrum and trochanter, as well as in the groins and over pubes; cannot sleep well at nights and has to get up every half hour to make water; urine still the same.

Pulse, 80; bowels confined; appetite good and otherwise seems in very good health.

R Potass. bicarb, gr. x.;
Tinct. opii., m x.;
Infus buchu, ℥j., t. d. s.

Mustard-plaister applied over sacrum which relieved the pain.

10th.—Much the same; appetite not so good.

R Acid nitric dil., m x.;
Infus. digitalis, ʒij.;
Aqua, ℥j, t. d. s.

21st.—Water seems a little lighter in colour; still in a good deal of pain; tongue white, furred; appetite bad.

23rd.—Not passed water since 5 p.m. yesterday, very great pain over pubes, but no distension of the bladder felt.

3 p.m.—Mr. Sheffield passed a No. 12 catheter but no urine came away only clots of blood which filled the instrument; and a substance like diseased mucous membrane of the bladder; he was put in a hot bath for half an hour; chloroform was given, and the catheter again passed, but with no better result; the bladder was injected with warm salt and water which came away again mixed with blood and clots; put to bed and ordered hot brandy-and-water.

24th.—Still passed no urine; wandering; but can answer questions put to him.

7 P.M.—Wandering worse, does not understand what is said to him; stertorous breathing; cannot take any nourishment as it all comes out of his mouth again without swallowing it; puts his hands over pubes as if in pain; face very flushed and swollen; pupils contracted; inclined to be violent.

7 P.M.—Passed a catheter again, but only about two ounces of blood and urine came away; seemed as if in great pain when the catheter entered the bladder.

25th.—Death at 4 p.m.

Post-mortem.—*Kidneys* enlarged; left, 7½ oz., right, 6 oz.; capsule slightly adherent in places; on cutting into them, a considerable amount of fat is seen surrounding the pelves which are also a little dilated; cortical substance pale; medullary rather red.

Ureters enlarged and dilated, so as to admit an ordinary sized lead-pencil easily; filled with urine.

Bladder is very small, containing one ounce of fluid; could not hold more than four ounces at the most; coats very much thickened, ¾ inch.

At the lower and posterior part, behind the level of the opening of the ureters, is seen an ulcer of the size of half-a-crown with irregular ragged edges and granulations upon it, nearly perforating the base; the mouths of the ureters are perfectly distinct from it though only two or three lines in front of the ulcer.

A piece of the diseased surface placed under the microscope presents the ordinary appearances of epithelial cancer.

Prostate is very much enlarged.

N.B.—There was considerable difference of opinion as to the nature of the case during the patient's life.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS	£1 2 6
„ IF PAID IN ADVANCE	1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1872.

HONOURS FOR MEDICAL MEN.

Now that the injustice of excluding Medical men to so large an extent from the honours that other ranks enjoy has been admitted by the *Times*, we may perhaps hope that the occasion of the recovery of the Prince of Wales will be taken to honour, not merely individuals, but the Profession as a body. It would be a manifest wrong to many for it to be understood that the mere accident of being called to attend a Royal Personage should be the only way of attaining distinctions, highly valued and so freely conferred on lawyers, merchants, and others, but so seldom granted to Medical men, and almost never to those who follow a strictly scientific career.

The claims of Sir William Jenner must stand first in regard to the Prince, and would certainly do so in reference to his great talent and learning. He is already a baronet, and if the recovery of the Prince is to be marked in any such manner as has been hinted, it is but right to urge that the time has come to ask whether a baronetcy is to be the final honour ever bestowed on the Profession. To omit reward for his services and give a title to another attendant would be an injustice to him and to the Profession.

The *Times* has naturally alluded to the difficulties supposed to attach to an extension of the peerage. The question of wealth might not alone determine this. When other men have been raised to the peerage this difficulty has been overcome. The hereditary nature of these honours is quite another point, and raises the vexed question of life peerages.

As to Dr. Gull, no one would grudge him a baronetcy or knighthood. But let it be understood that Dr. Lowe equally deserves it, so far as attendance on the Prince goes.

It may also be fairly said that the usual attendants of the Prince seem to have been, by mere accident, prevented from doing what they would have done, as well as their more fortunate brethren, had circumstances have been somewhat different.

This shows, further, that this occasion should be seized to satisfy the Profession by promotion of a considerable number of leading practitioners, among which nearly all those who hold appointments to the Royal family might be numbered. Such an act, graceful in itself, would, we are sure, accord with the public feeling; while a single baronetcy would in no way be a worthy expression of Royal gratitude, or of public recognition of the value of the art of healing.

We speak the feeling of the Profession when we say that if Gull deserves a baronetcy, Jenner deserves a peerage; but we firmly believe that the full recognition of the claims of medicine—and of science, with which medicine is so intimately allied—would be received by those fortunate enough to be employed at Court, as well as by their less lucky brethren, in the best possible spirit.

The *Times* has suggested that our K.C.B. would perhaps be a good title to confer on medical men. The suggestion is an excellent one, and we should be glad to see it carried out. As a rule we do not want hereditary honours. Medical talent, or learning, is no more hereditary than are the qualities that have raised soldiers and lawyers to eminence. The distribution of a large number of orders not hereditary—would do something to remove the injustice under which the Profession has so long laboured; and we almost hope that it may be done.

Still, it is almost hoping against hope. This journal has again and again pointed out that men who have served their country well in the medical department of the Army and Navy, have been omitted from *Gazettes*, when the other services have been promoted in large numbers.

Only a few months ago we showed that Dr. Gordon, C.B., after enduring all the horrors of the siege of Paris—sent there by the Government—had not been promoted to the next rank in his order; while non-medical men had been gazetted in considerable numbers. This injustice still exists, although the matter excited attention in the House of Commons, and was left till the appearance of the report of that officer and the others engaged in similar service.

The Director-General, we doubt not, has reported on the matter; but the Government has, at present, done nothing. If the promotion from C.B. to the more dignified K.C.B. is so slow in the case of an army servant, who has served in several campaigns, can we hope that in civil life it will be so extended as to signalise worthily the gratitude of the Crown and of the people towards the most beneficent of the Professions.

If the *Times* should aid in the accomplishment of such a reform, we will gladly acknowledge that it has done good service.

Another physician of the highest eminence and position, and one, too, who has earned the thanks of us all as a medical reformer, is Dr. Burrows, the President of the College of Physicians. In honouring him and his office the Crown would honour us all. We should also be glad to see the President of the Royal College of Surgeons receive recognition—although, as is well known, we entirely differ from him in respect to his medical politics. Still, his scientific eminence and his position give him a claim.

The medical members of Parliament ought not to be passed over. The honourable Member for Colchester, Dr. Brewer, stands pre-eminent among these, and his public services at the Asylum Board, and in other onerous positions, ought long ago to have been recognised by a baronetcy.

We might add many other names—but what boots it? We fear there is little hope of that recognition of our Art which can alone satisfy public sentiment. Would that a *Gazette* with scores of illustrious medical names, might inaugurate a new era, and bring the most practical and beneficent Profession into accord with our other institutions. The Crown would be honoured by the act, and the public would applaud.

In one of those short paragraphs of the *Spectator*, which are so characteristic of that able journal, it is remarked, that to make medical men Privy Councillors would not affect their wives, who are, perhaps, most interested in these middle class decorations. The reluctancy to enlarge the Order of the Bath is scarcely comprehensible. Still, that too is met by the *Spectator* with a proposal to carry out an idea, once attributed to the late Prince Consort, and found a new order for scientific or intellectual service. "Why not the order of the Rose—the ancient emblem of science—as well of the Thistle?" says our contemporary. We echo the question—Why not?

It is certainly time for some move in honour of our Art, and though there can be no objection to its having a share in all historic honours, there would be little objection to the creation of a new distinction, provided it were put on a par with older orders in the matter of precedence. At any rate, it would be a beginning.

◆

THE ALCOHOLIC MANIFESTO.

If we are to believe the homœopaths, eclectics, and other genera of heterodox practitioners, the greatest opprobrium of allopathic or scientific medicine and its practitioners is their almost invincible conservatism. It is repeatedly thrown in our teeth that our teaching is so dogmatic and our practice so routine, that centuries revolve before the greatest and plainest truths of nature's laws are accepted and acted upon by us; and we are reminded of the scores of years and thousands of cases which passed by us before it was found out that our patients were being bled to death in accord with the doctrine of antiphlogistic remedy. Even now that all this is changed, even when the younger members of the profession are in headlong haste after new remedies and novel theories, it must be confessed that the mass of the profession and its leading minds exercise a weary deliberation before assuming facts or taking up a public position on them. In this view the manifesto, which we published the week before last, in which a contingent of the profession, socially and scientifically influential and numerically imposing, gave an utterance of warning to their brethern, was doubtless the most noteworthy medical document of the year 1871.

An examination of the names attached to the declaration gives an overwhelming importance to it. Many of the men who signed it possessed a knowledge and experience of the subject such as none but the confidential physician in extensive practice can have, and we cannot believe that men of such high-wrought caution and tender honour would have been induced to pledge themselves publicly to such an opinion, unless under the impulse of an urgent sense of duty.

We cannot, however, but feel deep regret, not only that the extent of private intemperance is so great as to justify and require such a declaration, but that it was necessary that the medical profession should be connected with it in so undesirable a phrase. It appears to us that the wording of the statement has conveyed an unnecessary and unjustified censure upon medical men. It may be true that private intemperance is a great and increasing evil—it may, even, be the fact that that misfortune has been caused by the over-riding by medical men of the Todd or stimulant method of treatment, but it is not for any body of men to condemn as "inconsiderate," the adoption of a given method of practice which, we are bound to presume, was employed with all proper caution and in perfect *bonâ fides*. Yet though we admit that the wording of the manifesto may convey an unjust imputation, we are satisfied that the abuse of stimulants in medical practice has received its death blow.

◆

SCOTLAND.

EDINBURGH.

The various classes in the University were re-opened on the 3rd inst., after the Christmas recess. It will be learned with regret that in consequence of failure of health, Prof. Bennett has been compelled to relinquish the duties of his Chair for the remainder of the Session. Although suffering for some time from indisposition, Dr. Bennett has, up till now, conducted his classes with his wonted energy, and, in addition, given a separate course of lectures to ladies. His professional friends, however, have declared that it is no longer possible for him to continue, and insist that he shall proceed to the South of Europe for the remainder of the winter. With consent of the Senators and University Court, Dr. McKendrick will deliver the remaining lectures of the course, and conduct the general work of the class.

> "That henceforward all registered students of medicine shall be admitted to the educational advantages of the Infirmary, without distinction of sex—all details of arrangement being, however, left to the discretion of the Managers."

The Annual meeting of contributors to the Royal Infirmary was held on the 2nd, and after a stormy discussion, terminated, it is considered, in the complete triumph of the party in favour of the admission of ladies. The first business of interest before the meeting was the election of managers. It was moved by the Rev. Dr. Nicolson, that no change of the Representatives should be made for the ensuing year, on the ground of the experience which these Representatives had acquired, being especially useful at the present time, as connected with important business affecting the efficiency of the present Infirmary, and the building of the new. The Lord Provost moved—"A list of gentlemen who were in favour of the ladies." This motion was seconded by Mr. Coventry, in a speech advocating the claims of the ladies for admission to the Infirmary, and denying that any special experience was required for conducting the business of the Infirmary. Mr. Edward Blyth, a nominee of both parties, said that he held very strong views indeed about the undesirability of changing the present representatives, and he wished distinctly to state that, in the event of the present managers being displaced for the purpose of carrying out an altogether subordinate question, he declined to go to the Infirmary as the nominee of the ladies. After some further discussion, the vote was taken, when the Lord Provost's motion was carried by a majority of nine. A poll was demanded, and the tellers were appointed to scrutinise the votes, and report to the adjourned meeting. Professor Masson was then proceeding to speak to his motion, when he was interrupted by Dr. Nicolson, who objected that no sufficient notice of motion had been given. Considerable confusion then took place, the Lord Provost (chairman) insisting on Mr. Masson going on to the exclusion of all objectors, and it was only on Sir Robert Christison expostulating with the Chairman that Mr. Auldjo Jamieson was heard to say that it was not competent at any public meeting to propose fundamental changes of rules of an institution like the Infirmary, without due notice. It was contrary to common sense, and on behalf of himself and others, he protested and took instruments. Professor Masson said he was willing to go on under protest. Mr. Jamieson then rose and left the hall, followed by Sir R. Christison, Mr. Blyth, and nearly all those who had voted with Dr. Nicolson. Being thus left to the freedom of their own wills, Prof. Masson and the Rev. Dr. Guthrie entertained a delighted and enthusiastic audience, who unanimously adopted the motion. The following is the resolution adopted by the University Court on the recent appeal laid before them.

> "Having considered the appeal of Professors Masson, Bennett, and Calderwood against the resolution of the Senatus of date 11th November last, representing to the University Court the propriety of rescinding their resolutions and regulations in reference to the admission of women to medical education in the University, without prejudice, however, to the rights and interests of those ladies who had already entered upon a course of study in pursuance thereof, and without prejudice to the right of Professors to give separate instructions to ladies in such classes as the University Court might from time to time think fit and approve; and having heard the appellants in support of the appeal, and Professors Muirhead, Turner, and Lister against the appeal: find it inexpedient at present to rescind the said resolutions and regulations, and therefore decline to give effect to the representation of the Senatus. The Court must not be understood as indicating by this deliverance any opinion as to the claim of women to proceed to graduation, or as to the power of the University to confer on women Degrees in the Faculty of Medicine."

◆

Notes on Current Topics.

The Conjoint Examining Board for Ireland.

The meetings of the Conference appointed by the various Irish Licensing Bodies to debate this subject have continued since our last issue. The proceedings are, of course, private, and the only information which has transpired is that the principle of the Duke of Richmond's amendment, which caused the death of last year's Medical Bill, has been urged upon the Conference by certain of the University representatives.

Our readers will recollect that the Medical Bill, as originally introduced in the House of Lords, provided that every candidate for the State qualification in Medicine and Surgery, whether he started from the Corporation or the University, should pass through exactly the same process, and that no special favour should be granted to the *alumni* of any educational body. This would have been manifestly just and fair. The Corporations asked for no protection, and they demanded that they should have perfect equality of competition with the Universities, but the influence of the University of London induced the Government to introduce the 18th Clause of the Bill, and to give to University students a complete exemption from the greater part of the examinational curriculum. This step changed the support of the Colleges into opposition, and was fatal to the Bill.

We earnestly hope that such a disturbing element will not be introduced into the negotiation. If the conjoint examination is not a free and unrestrained competition, it is nothing, and a special favour given to any body would not only create a strong and well-founded sense of injustice in the Licensing Bodies, but would prevent the settlement which, it is hoped, is now being arrived at, from being stable or satisfactory.

The Conjoint Board for England.

THE London Colleges of Physicians and Surgeons have submitted a scheme to Sir R. Palmer, the Hon. Mr. Denman, and Mr. Bevis, who are of opinion that it can be legally carried into effect. The other English bodies named in Schedule A of the Medical Act will co-operate, except the Society of Apothecaries, which considers that it cannot do so in accordance with its Act of Parliament. But Acts of Parliament may be modified or fall into disuse, and if the scheme prospers it may well be that the Society has had its day of licensing. The profession would not regard a diminution in the number of "medical authorities," even at the expense of a body which has certainly deserved well.

The object of the scheme is to establish a board of examiners for England, each corporation while retaining its powers to grant honorary distinctions, agreeing to abstain from the exercise of its independent authority to give admission to the Medical Register.

Our readers are well aware that we long ago pointed out that a little honest desire to serve the profession, and a conciliatory course was all necessary to enable all the authorities to come to an agreement. We have many times insisted on the feasibility of a simple as well as a more complete method, than that which has at last been accepted; but we readily welcome any plan that promises to prove a step in advance. There is indeed little time to lose if the several schemes are all to be submitted at once to the General Medical Council.

We hope that body will take them up in earnest, and so contribute something to a real reform.

But should the several schemes even yet fall through—and looking at the past who can say this is improbable, we trust the Council will act vigorously, and submit a more perfect plan to the Government.

Well would it be for the profession if Parliament would intervene with the offer to all recalcitrant bodies, of submission or disestablishment.

The Hampstead Inquiry.

THE Report of the Local Government Board has appeared, and has probably been read by all who were interested in the inquiry. We cannot but feel satisfied that it entirely confirms every statement made in the elaborate critical report we had the pleasure of submitting to our readers. Those criticisms have been everywhere received with the attention due to them, and to the very distinguished gentlemen who day by day watched the investigation on our behalf. Indeed, it is no idle boast that on this question, the MEDICAL PRESS AND CIRCULAR was the leader of public opinion—the inspirer of the most important articles of the daily and weekly press. Some of our contemporaries satisfied themselves with reprinting portions of the evidence, going on fruitless errands of inspection as to charges that related to long-past matters. All this could only be useless, and was a waste of paper and type.

We know that the careful, judicial review of the inquiry that appeared in the MEDICAL PRESS AND CIRCULAR was of real value, and those who wish to obtain a summing up of the whole by a master hand, must refer to that review. We record, therefore, with pleasure that the official report confirms all we have stated.

The London Institution.

A LECTURE was delivered at the London Institution, at four o'clock, on last Thursday, the 4th inst., by Mr. J. C. Brough, F.C.S., on "The Magic of the Mediums," being the third of a holiday course, consisting of four lectures on "The Philosophy of Magic." There was a very large attendance, the room being literally crammed from top to bottom, many people being obliged to stand. The lecture was well delivered, and was very interesting, exposing the deceptions of the so-called spiritualists, clairvoyants, &c. From what we have seen, we should say holiday courses are a very good experiment, scientifically and financially. The next and last lecture of the course, on "The Magic of the Laboratory," will be delivered to-morrow afternoon (Thursday, 12th) at four o'clock precisely. The lecturer will perform numerous experiments.

The Sewage Question.

THE important Special Reports on the Sewage question, that appeared in our columns last year, are being reprinted, with a quantity of additional matter. They will, we have no doubt, work an epoch in the discussions on this vital sanitary question. In no other publication can such a mass of trustworthy scientific evidence be obtained; for, although some of our contemporaries ventured to commence an opposition series of Reports, they were constrained to stop after the issue of their introductory sections. In truth, a more ignominious failure can scarcely be conceived than that which resulted from the attempt to compete with these reports. It was our good fortune to secure this valuable material for our subscribers. The sanitary department of the MEDICAL PRESS has achieved a position which it will be our constant desire to maintain; and however opinions may differ, we trust that our supply of this obvious want will secure us still larger support from the Profession.

The Pink Stocking Craze.

THE sensation evoked some time ago by the harrowing description by the *Lancet* of the gregarines, which were supposed to inhabit ladies' chignons, was varied shortly afterwards by a learned disquisition and agonising description of the miseries of women who worked at sewing machines, and lastly, the public was horrified by a denunciation of pink stockings from the same journal. The two former alarms were proved to be quite foundationless as soon as competent microscopists and reliable statitiscians came to deal with them, and, now, the last wolf-cry has been shown to have no more basis than its predecessors.

On the 27th of December, M. Beclard read a communication to the Academy of Medicine of Paris, on the action of coralline on men and animals, of which paper the following is the conclusion:—Pure coralline, under the different forms in which it is ordinarily used, is a completely harmless substance. This decision is arrived at by the uniform results of the experiments of Dr. Laudrin and M. Tabourin. The art of dying by means of these pigments may be carried on with perfect safety if the fixing agents have no poisonous property in themselves.

The Reparative Efforts of Nature after Gastrotomy.

The *Union Medical* exhumes from a medical periodical of 1761, an account of an autopsy made on the body of a famous glutton, a tripe seller, on whom it had been necessary, twenty-years before, to practise gastrotomy and remove eight inches of the cæcum and colon, which were gangrened. When on the autopry the intestine had been tied and inflated, it was discovered that Nature, so fertile and admirable in its methods, had substituted for the intestine which had been cut away, a prolongation of the peritoneum, and that structure served instead of an intestinal canal.

Poisonous Effects of Zinc Utensils.

The *Union Medical* calls attention to a new source of danger, caused by the substitution of zinc for tin in the manufacture of pots and pans by travelling tinmen. Zinc sheet can be had at seventy centimes the kilogramme, while tin costs three or four francs, so that it is often substituted in the making of kitchen utensils. The fraud cannot be detected by the eye, but a little vinegar boiled in the vessel will immediately corrode the surface and, if done in the process of cookery, will give rise to symptoms of poison.

Small-pox in Belfast.

Forty-one small-pox patients were admitted into the Belfast Union Hospital during the past week, and the total number remaining on Tuesday showed an increase of nine over that of the previous week. Dr. Reid reported that in his belief the accommodation for small-pox patients would in a few days be insufficient, owing to the steady increase in the admissions, and requested the removal of all non-contagious patients to the workhouse, reserving the hospital for small-pox and fever patients. Dr. Johnson appeared before the Board, and stated that if this arrangement were made, he would be unable, single-handed, to attend to all the patients that would be handed to him, and suggested the appointment of an additional visiting medical officer to assist him. After considerable discussion the Board elected Dr. Mulholland. That gentleman is at present a Poor-law Guardian; but if the Commissioners approve the vote of the Board he will resign, in order that he may be able to accept the appointment. It was arranged that should the Commissioners object, Dr. Hill will be appointed.

Disinfectants.

M. Langlois summarises some observations on the different modes of action of various disinfectants submitted to the *Conseil de Sante* of the French army. He notices the circumstance that various chemical agents so designated, act differently upon different putrid emanations with which they are brought in contact; and, moreover, that such emanations have not all the same origin, although they are for the most part produced by the spontaneous decomposition of animal *debris*, or nitrogenous organic matters. During that decomposition, they disseminate through the air gas more or less infected, formed in great part of ammonia, sulphuretted and phosphuretted hydrogen, to which is added water holding in suspension organic particles themselves in process of decomposition as well as living organic corpuscles, germs, spores, &c., these being the products which constitute miasmatic infection, the influence of which is so prejudicial to the public health. The means most frequently used to purify and disinfect air thus tainted are chlorine, hypochlorites, and phenic (carbolic) acid, in variable quantities according to whether the places to which they are applied are inhabited or not. Chlorine, however produced, destroys the odour of gases by forming with their elements, new and inodorous combinations; yet, when present only in small quantities in the respirable air, it is doubtful if it be capable of destroying all the miasms which, under the form of microscopic corpuscles exist in it. If chlorine alone should seem to be insufficient for the purpose, the lighter vapour of phenic acid appears to act rapidly and powerfully in destroying these living principles, although it is without effect upon the fœtid gases. Hence, it results that, order to disinfect and purify a mephitic and miasmatic atmosphere, it is necessary to employ simultaneously the vapour of chlorine and of phenic acid. Chlorine disengaged in large quantities in a confined atmosphere, decomposes not only the mephitic gases, but oxidises and *burns* the organic matters, which are present with them, its mode of action being the withdrawal of their hydrogen, by which oxygen being set free, its oxidising power while in the nascent state is brought into action.

A similar action is obtained by the use of nitrous gases, these by withdrawing the oxygen passing into the state of *hypo-nitrous* which, in its turn undergoes a decomposition in contact with the water contained in the atmosphere, into which it is disengaged.

Phenic acid acts by checking or arresting decomposition of animal matters in the same way, according to M. Dumas, as tannin. Smoke, soot, tar, and creosote from containing this acid in greater or smaller quantity, act in a similar manner to it. Certain of the metallic salts are also used for the destruction of mephitic gases, and producing with their constituents inodorous compounds, among others, the salts of iron and zinc. These salts moreover prevent alteration in organic matters. Charcoal and certain porous earths absorb offensive gases, and delay putrid fermentation in substances susceptible of that mode of destruction.

For the purpose of volatilising phenic acid, the following combination is recommended, namely: — Crystallised phenic acid, 500 grammes; alcohol of 85°, 500 grammes; water, 5 kilogrammes. The impure acid may be employed when procurable on account of its relative cheapness.

The Children of our Soldiers in India.

A very important article in the *Indian Medical Gazette* for September has attracted our attention. It shows that the health and the lives of the children of European soldiers in India are being sacrificed in a manner that should attract the attention of the Government, and which public opinion will not fail to take note of. In Bengal alone, in 1869, no less than 826 of these children died out of 5,688. This is nearly double the mortality of twenty years ago.

Why? The writer of the article in the *Gazette* gives us some important information. He tells us that taking the average of the six years, 1864-9, and speaking roundly, the children of European soldiers—the very great majority living in the plains, and in many instances ill-fed—*have in each year been all but decimated.*

In contrast with this we take the Military Asylums at Murree—containing soldiers' children of precisely similar parentage to those who while with their parents and regiments die with such fearful rapidity—the children in the Murree Lawrence Asylum live in an excellent climate, 6,500 feet above the level of the sea, and are provided with a very liberal diet—with what results, as regards health, let the following figures show:—Since the Asylum was opened in 1861, it has afforded shelter to an average annual number of 85 children of both sexes, and at ages varying between 5 and 14 years. These children are in rude health, only 3 out of their number being constantly sick, and in 10 years they have lost only 6 by death—one, a case of accidental poisoning, another due to cholera, two more or less attributable to disease previously contracted at Peshawur, the remaining two being caused by lung affections. Again taking the Mount Aboo Lawrence Asylum, in which, as Dr. Moore tells us, during the "five years ending 1870 only one death, and that from epilepsy, occurred among an average number of 50 children" of European soldiers. Lastly, take the Lorretto Convent at Darjeeling, containing an approximate annual average of 70 children—of somewhat a better class than those in the two before-mentioned institutions. Here only one death occurred in twenty years.

But a good climate alone, although it very sensibly diminishes the death-rate, is not capable—in the absence of suitable nutriment—of producing all the good results desirable. In 1868, 513 children were located with their regiments and at depôts in the hills, the death rate amongst them being 68·2 per 1,000 per annum, against 88·9 per 1,000 amongst the 4,442 children during that year resident in the plains. In 1869, 564 children in the hills exhibit a death rate of 89·8 per 1,000, while the mortality amongst those in the plains mounted up to 149·0 per 1,000. Taking the difference between the loss of life during these two years (the only ones the Sanitary Commissioner's published statistics enable us to deal with)—in the hills, and in the plains, we find that it amounts to 39·9 per 1,000 in favour of the hills. That is to say—although the mortality in the hills was very much greater than it should be—the removal of a certain number of these little children to a good climate, saved in one year, twenty lives out of every 500 so removed. This saving of life is, we take it, wholly due to change of climate, as soldiers' children, while with their parents are equally well (or ill) fed, housed, and cared for in the plains as they are in the hills. But the mortality amongst soldiers' children even in the hills is still deplorably great.

The Asylum at Murree, in 1868 and 1869, contained 93 and 118 children, amongst whom not one death occurred in the two years. In the same years and in the same station 200 children of soldiers living with their parents at the depôt and in the family camp, had 37 deaths amongst them, although no epidemic prevailed. At the Loretto Convent, Darjeeling, in the three years 1866 to 1868 one child out of 70, or over, died. In the same time and place 10 deaths occurred among 50 children of the 58th Regiment.

It is the opinion of the careful writer already quoted, he is evidently thoroughly conversant with the matter, that the great mortality is due to defective food through the pay of married soldiers not being enough to enable them to provide for their families. Furthermore, he tells us that in 1869 we had in our European Bengal Army 2,693 married privates. Of these about 2,500 were, with their families, sweltering in the plains, and in this year of grace about the same number is in the same condition. Should the extension of our communications lead to the location of all our European soldiery (except the few absolutely required to garrison strongholds in the plains) on the hills in India, the married soldiers will be *then* also removed from the plains. But, in the meantime, why keep 2,500 married privates in the plains? Their children are being all but decimated year after year. Simple change to a hill climate would alone be the means of saving probably 40 out of every 1,000 lives annually. The number of sites at our disposal, and the facility and cheapness with which huts, admirably adapted for the location of our soldiers' families, can be constructed in the hills, leaves little excuse for delay.

The writer offers the following recommendations:

> "When once placed in a hill cantonment, leave the married soldier as much as possible undisturbed. If a regiment be moved from, for instance, Agra to Sealkote, that is not, or ought not to be, a valid reason for the removal of its families from (say) Raneekhet to Murree. Although carriage be provided free of charge, yet—as is well known to those acquainted with married soldiers—a move of any kind involves them in pecuniary difficulties which they can ill afford to meet. Besides, permanent location in the hills would probably tend to develope a taste for agricultural and other profitable pursuits on the part of the soldier. But even with these advantages we are still of opinion that the Government allowance for at all events privates' children should be raised. An addition of two rupees a month for each child would, we are convinced, effect a very great change for the better, and this increase would not cost more than about £6,000 a year in the whole of Bengal. Putting higher considerations out of the question, we think this money would be profitably spent. These married soldiers' hill cantonments would simply be healthy nurseries, which, *under proper supervision and management*, would afford us yearly a batch of well-trained, hardy recruits for our Indian Army on the spot— thus saving the great expense of importing an equivalent number of frequently undesirable recruits from England. The Indian Government feeding, clothing and educating these children liberally, should have a claim upon their services when they arrive at manhood, and might thus supply itself with thoroughly-trained material for the manufacture of that every-day-more-difficult-to-be-obtained commodity—good non-commisioned officers."

The Vacant Surgical Baronetcy in Ireland.

In another place we have commented on the proposal to confer upon the medical attendants of His Royal Highness the Prince of Wales, those honours which are the only recognition, however inadequate, which it is in the power of the Sovereign to confer. We return to the subject in order that we may point out the anomalous position which the surgical profession in Ireland occupies in respect to the distinctions which are its due. While medical Baronetcies have been from time to time distributed in England and Scotland with no scant liberality, the profession in Ireland has not only not been honoured by any fresh decoration, but the sparse dignities which it formerly possessed have been allowed to lapse. True, Sir Dominic Corrigan has received upon worthy shoulders the baronial robes of Sir Henry Marsh, but we ask, what has become of the twin surgical baronetcy, to which Sir Philip Crampton did honour for so many years. While there is no lack of surgeons in Ireland who might do credit to the exercise of Her Majesty's prerogative, the baronetcy has year after year remained untenanted. It is not for us to select a fitting recipient further than to say that we trust the office will remain unfilled sooner than it shall be made the reward of religionism or political services. We have long since claimed for Robert Adams the first position on the record of worthy successors of Sir Philip Crampton. If at any time Her Majesty shall see fit to confer upon him such a decoration as he can accept, every surgeon in Ireland will be ready to stand aside and accept the distinction as an honour to himself and his profession. Failing Mr. Adams's candidature, we do not hesitate to name Mr. Porter, the Queen's surgeon, as a member of our profession, to whom no man need grudge so well deserved an honour. We utter in no spirit of envy the complaint that Irish surgery has been undeservedly passed over by the adviser of Her Majesty, and we indulge the hope that the professional distinction which has been so long absent from Ireland will be restored to it in the person of a surgeon who will have achieved his decoration not by political peculiarities, but by honest scientific surgery.

The Surgeoncy to the Meath Hospital, Dublin.

The election of a Surgeon to the Meath Hospital, Dublin, in the room of the late Dr. Mayne, took place on Saturday last. As between the gentlemen whose names were current in the profession, or other candidates of equal pretensions, it is not our business to speculate, and whatever opinion we might have held as to the fitness of a candidate, we should not think it right to follow the *Irish Times* in the effort to impose our own favourite, if we had one, upon the medical electors. The adoption of such a course by a public journal, strikes us as being uncalled for, indecent, and unfair, and doubly so when a political aroma attaches to the recommendation. If the electors to the Meath Surgeoncy should have made a bad selection, they are open to criticism, but until they have done so no newspaper possesses a right to dictate to them or to assume that a dozen candidates of superior qualification will not present themselves for election.

The choice of medical officers to the Meath Hospital is vested by a special Act of Parliament, in the medical board. In every other county infirmary the governors choose the officers, but many years ago the medical staff of the Meath, in return for their surrender of any claim for emolument, were given the power of electing their successors. As to the choice of the electors in this instance, we confine ourselves to the statement that they have selected Mr. Lambert H. Ormsby as the successor of Dr. Mayne.

Mr. Ormsby obtained the Licentiate of the Royal College of Surgeons, and the King's and Queen's College of Physicians in the year 1869, and has been a demonstrator of anatomy in the school of the college for the last four months.

Army Medical Department.

Staff Surg. Johnson has assumed medical charge of the General Hospital, Dublin. *vice* Staff Surg.-Major Dr. Bawtree, whose retirement on half-pay is shortly expected to appear in the *Gazette*. Staff Assist.-Surg. Waters has arrived at Londonderry for duty from Tuam.

Fever.

Dr. Herbert Davies, Senior Physician to the London Hospital, will, this evening, read a paper at the Hunterian Society, on cases of continued fever treated by the external application of cold. Whatever this accomplished physician puts forward is sure of the earnest attention of his brethren.

Dr. Tilbury Fox has been nominated by the President a member of the Leprosy Committee of the Royal College of Physicians.

The next competitive examination for the admission of Assistant-Surgeons into the Royal Navy, will take place at the University of London, on the 12th of February.

By the latest mails from India we learn that there are now but a few isolated cases of cholera in different parts, and that the general health of the country is excellent,

Enteric fever and small-pox are very prevalent in Woolwich, the sanitary condition of the town is very wretched, and contributes very materially to the spread of these diseases.

In consequence of the alarming epidemic of small-pox at Wolverhampton, the Government has sent Dr. Stallard to ascertain the cause, and to confer with the authorities of the town, with a view to stamping out the disease.

The Lettsomian Lectures will be delivered by Dr. Haberson, F.R.C.P., before the Medical Society of London, 32a, George street, Hanover square, W., 1872, on Monday evenings, January 8th, 22nd, and February 5th, at 8.30 p.m, "On the Pathology and Treatment of some Diseases of the Liver."

Next Friday, at the Clinical Society, Dr. Ogle will draw attention to the temperature in nervous diseases with special reference to tetanus. Mr. Carter will relate a case of paralysis of the external rectus, and Mr. Cooper Forster a case of popliteal aneurism.

It is reported that the authorities of the Brompton Consumption Hospital will shortly become possessed of the enormous bequest of £110,000, by the will of an eccentric old lady, named Reid, who died in the south of London under peculiar circumstances some few weeks since. We believe the relatives of the deceased intend to contest the validity of the will.

The Australian Chief Secretary has intimated to the Medical Board, that it will not be possible for him to introduce the amended Medical Bill into parliament this session, but he has requested to be supplied with such particular information, as will enable him to point out in what respect the proposed act differs from the old one; so that he may bring it on at an early stage of the next session. The Pharmaceutical Bill, it is to be presumed, will, in like manner, have to wait its turn.

It is stated by one of the local papers of South London, that the Metropolitan Board of Works, with a view to ascertaining whether there is any connection between typhoid fever and sewage emanations, have requested all the metropolitan vestries to send in returns of the number of men and boys employed in flushing and other sewer work, and the number of any that may have been attacked with typhoid fever.

We have several times drawn attention to the use of gymnastics in the treatment of disease and in the preservation of health. In the course of a tour of inspection made to the London gymnasiums we were agreeably surprised to find the children of several of our professional brethren, among them the son of Dr. Lionel Beale, taking a course of gymnastics with M. Bertrand, the able professor of the National Orthopædic Hospital. The class we saw was one held for the pupils of Miss Woodman. We congratulate that lady on the good sense displayed in thus securing for her pupils the best possible physical training, and only wish that all having the care of children would follow her judicious example. It is quite certain that mental progress is best secured by whatever promotes the health of the body.

◆

THE HAMPSTEAD SMALL-POX HOSPITAL AND METROPOLITAN ASYLUMS BOARD.

On Saturday, at a crowded meeting of the Metropolitan Asylums Board, Dr. Brewer, M.P., the Chairman, presided.

The Report of the Committee of Management of the Hampstead Hospital was presented, which, after giving the statistics of that establishment, said, in reference to the recent inquiry, that the Committee would have been gratified if the Local Government Board had more specially recognised the manner in which the staff of the hospital performed their duties under unprecedented difficulties, and during a long and severe strain upon their powers. The Committee could not but feel that the long and searching inquiry into the management of the hospital had abundantly proved that the grateful thanks of the Committee were due to the medical superintendent, sisters and nurses for their untiring labours, watchfulness and skill in the treatment and nursing of the sick entrusted to their care during the recent severe epidemic of small-pox. The Committee had most carefully considered every point brought out in the inquiry which showed any defects in their arrangements. The majority of the suggestions of the Local Government Board had been already adopted, and the others would be maturely considered. The law costs of the inquiry were £771 18s. 7d. The Committee begged to annex for the information of the Managers an extract from a recent report of the medical officers of Hampstead. It stated that the census taken on Sunday last gave a total population of 32,271. After excluding such new population as has been brought into the parish through the Small-pox Hospital, St. Peter's Home, and the North London Consumption Hospital, the death-rate of Hampstead has very slightly exceeded 14 per 1,000. It was evident, therefore, that in spite of the existence of the small-pox Hospital, Hampstead has not ceased to stand at the head of suburban districts in respect to health.

Mr. Wyatt, J.P., moved the adoption of the Report, which was seconded, and carried unanimously.

Sir James Hamilton, Bart., then moved the following resolution :—"That this Board avails itself of the earliest opportunity of expressing its satisfaction at the result of the lengthened inquiry instituted by the Local Government Board, into the management of the Small-pox Hospital at Hampstead, and at the same time tenders to the Chairman (Mr. Wyatt) and the members of the Committee to whom the direction and management of this hospital were delegated, the assurance of its entire confidence in them, and the expression of the Board's best thanks for their active and energetic services during the recent epidemic of small-pox, and for the zeal and assiduity with which, regardless of personal danger, they discharged the very painful and onerous duties that devolved upon them."

Dr. Cortis seconded the resolution, and referred to the avidity with which the public, acted upon by certain portions of the press, received and believed the sensational tales put forward by those who had made the charge against the management of the Hampstead Hospital. Whilst all the statements which outwardly had the semblance of reflection upon the management of the hospital were swallowed, as disclosing the most horrible ill-treatment of the patients, the evidence given in exculpation was scarcely heeded, indeed, hardly read at all by prejudiced minds (hear, hear). Happily, however, public opinion was not the only tribunal to which the managers of the Hampstead Hospital had to appeal for judgment (hear, hear). There were the thoughtful and unbiassed, minds of the gentlemen who conducted the inquiry, and the public and responsible body to whom they had made their report (hear, hear). So far from being permitted to suffer the stain of the slightest obloquy the Chairman and gentlemen of the Hampstead Hospital Committee deserved the thanks of the entire country (applause).

The resolution was put and carried unanimously, amidst renewed applause.

After a few remarks from Mr. Wyatt, J.P.,

Sir James Hamilton moved a resolution expressive of the high esteem and unabated confidence of the managers in the medical superintendent, and head and other nurses of the Hampstead Hospital, throughout the prevalence of the late epidemic, and congratulated them on the scatheless manner in which they had passed through the ordeal of the late inquiry, notwithstanding the imputations attempted to be cast upon them.

Mr. Galsworthy seconded the motion, which was also carried unanimously, amidst applause.

◆

THE PREVENTION OF VENEREAL AND ITS POLITICAL DIFFICULTIES.

(Special Report, prepared expressly for the Medical Press.)

(*Continued from Page* 17).

The second part as to medical evidence of the inutility of the Act is thus considered :—

"The medical evidence which was submitted on the part of the opponents of the Acts, dwelt chiefly on the admitted difficulty of distinguishing the contagious from the non-contagious discharges to which females, and especially prostitutes are liable. No new facts were adduced in this evidence, nor did it satisfy the medical members of the Commission either that there is any better, or, indeed, any other, method of detecting venereal disease in the female than that described."

The Commissioners having, therefore, so far proved the efficiency of restraint and legislative action, have the option of three courses,—

1. To continue the Acts as at present in force.
2. To modify them.
3. To annul or do away with them altogether.

The general recommendation resolves itself into—

a. The abolition of the periodical examinations.

b. That every common prostitute found to be diseased after an examination by a medical officer upon a voluntary submission, or upon a magistrate's order shall be detained in a certified hospital until she is discharged by a magistrate's order, or by the authorities of such hospital; provided that such detention shall in no case exceed the period of three months.

There are other measures as to minor details, such as greater extension of the modified Act, offences against the person, consent at a tender age, beer-house irregularities,

&c.; but the gist consists in the modification of the two clauses first referred to.

The entrusting of such a power to the citation or discretion of the police might, it is said, be, at the least, subject to doubt, and might give them a dangerous power. The detention of women who would voluntarily present themselves for hospital relief would, on the other hand, largely defeat the very object in view: many of them would not enter hospital at all, unless altogether incapacitated by pain or debility. Such patients specially abhor restraint; as stated in the Report, "we are assured, however, that few women would enter on such a condition."

"We were informed that under the voluntary system, as it was called (to distinguish it from the compulsory enactments of 1866), many of the women would not come to the hospital, and if they came would not stay to be cured. The arrival of a regiment or a ship would empty the Lock wards. One of the hospital surgeons stated that 25 per cent. of the women went away before they were cured. The difficulty of detaining the women under the voluntary system is no doubt considerable."

Now, this is exactly the recommendation which the voluntary system presents to these patients; they *can* seek hospital relief when actually diseased, or when debilitated, yet leave when they please.

Seven of the Commissioners are, however, directly opposed to any such modification; and hold that the "Act of 1866-69, insisting on periodical examination, has produced physical results with which the Act of 1864—giving power to the police to cite a woman whom they have cause to believe diseased—cannot at all compare."

The Committee arrive at the conclusion that "although periodical examination is the most effectual mode of dealing with venereal disease, it would be difficult, if not practically impossible, to make the system general, even if on other grounds it were desirable." Yet, it would seem that even on the limited scale, in which the Act has been applied, a *great* diminution of the disease has been effected amongst the military and the naval, and we must conclude also amongst the civil, population in the vicinity—saving thus the infection of numbers of healthy men, wives, and children; and, therefore, that already an amount of good has been done, which will have its fruit in certain favoured localities; and as rural districts are pretty free from disease, were the Acts enforced more largely, especially in seaports, military stations, and populous towns, such an incalculable amount of good could be done that the disease would then diminish, and also assume what is found to happen in protected districts—*a milder type.* With regard to the latter question, it is to be regretted, that more attention has not been directed to it, the subject is one of great importance with reference to the permanent infection of the system. Whatever difficulties may be found in applying the Act largely over the Kingdom, it is now known that, wherever it is applied, an immediate and appreciable advantage has been gained. Its being inconvenient to wield so gigantic a machinery as would be required for universal application, should hardly, we think, be used as an argument against its application where it has proved practicable and most wanted, as in large towns and military stations.

The next proposition necessarily entertained is that of a modification of the controlling power—"That a woman who would voluntarily enter hospital, or if cited by the police as suspected of disease, should be detained even up to three months duration."

We rather apprehend that the detention in hospital of any who would so voluntarily enter, would act as a very powerful deterrent, and increase even the present difficulty, and that any interference of the kind will tend to defeat the end which it is desired to obtain. Better far, we believe (if the direct grappling with the evil, even so far as to check its progress by the wider application of the present compulsory Act be not thought desirable and not be practicable), leave things as they are—for instance, in this city, endeavour to induce the early seeking of admission by such patients, and their remaining under treatment till thoroughly cured; by affording them attractions in the way of hospital comforts, which will contrast with their condition outside, both as to food and lodging. Instead of tying down the management of such institutions within narrow limits, Government should supply them with no niggard hand—which in the end would be economy, as the disease would be alleviated though not, perhaps, in the marked degree testified before the Commission.

Foreign Medical Literature.

ON THE PHYSIOLOGICAL ACTION OF CRYSTALLISED ACONITINE.

(A Note of MM. Greliant and Duquesnel presented to the Acadèmie des Sciences, by M. Claude Bernard.)

(Translated for The Medical Press and Circular.)

In order to study the physiological action of crystallised aconitine we have first prepared a solution in water holding one milligramme of liquid solution to the thousandth part per cubic centimetre of water, then we have made on a frog the following series of experiments:—

1st experiment.—Under the skin of the back of a frog, was injected, by means of a syringe of Pravas, 1-20th of a milligramme of aconitine. At first the animal was agitated, the head bent down on the thorax; thirty minutes after the injection of this feeble dose of poison, the sciatic nerve being uncovered, had completely lost its motor power, whilst the muscles of the leg contracted as soon as they were excited by inducted currents. The thorax on being opened showed that the heart continued to beat regularly.

2nd Experiment.—On a frog the gastrocnimius muscles were detached, together with the sciatic nerves left adhering to the muscles. In a watch-glass the muscle is plunged in a solution of aconitine holding only 1-5th of a milligramme per cubic centimetre, the nerve is suspended without. In a second watch-glass the sciatic nerve is immersed in the same solution leaving the muscle without. The two preparations were covered with a damp cover. At the end of a certain time, the nerve of the first preparation had completely lost its excitability, whilst the nerve of the second made the muscle contract immediately it was excited. Thus, aconitine destroyed the motor faculty of the nerve by acting on its peripheric terminations.

3rd Experiment.—Before poisoning the animal the circulation was stopped in one of the posterior members, all the motor nerves which received poisoned blood lost their physiological property, whilst the nerves of the preserved limb remained perfectly excitable. It was proved that the animal remained sensible, whilst the motor nerves permitted the production of reflexive movements.

These experiments, made according to the method instituted by M. Claude Bernard in the study of curare, seemed to establish that, in small doses, the physiological properties of aconitine are analogous to those of curarine.

It is thus that aconitine destroys at first the motor power of the nerves.

In fine, we have made another experiment which at first embarrassed us. We injected in a frog a dose of one milligramme, that is to say, a dose twenty times stronger than that which served for our first experiment, our astonishment was great at seeing that the animal preserved a very long time the excitability of its motor nerves, and that it executed always spontaneous or convulsive movements. But in examining the thorax, then in opening it, we recognised that the ventricle of the heart had completely stopped and the auricles alone feebly contracted. The idea then struck us that the poison administered thus in a strong dose could perhaps primitively arrest the heart, which would also result in the arrest of the absorption.

The experiment completely justified this hypothesis. A frog was disposed under the microscope, for the examination of the circulation of the interdigital membrane ; an injection was made under the skin of one milligramme of aconitine ; a minute and a half after, the circulation showed itself considerably slackened in the arteries ; after three minutes, it had quite stopped. The thorax was opened, the ventricle of the heart was immovable. The nerves of the brachial plexus were found excitable, but a little less than the lumbary nerves, which had almost preserved their normal motor power. The heart being stopped, the poisoning could no longer take place except by imbibition as in the second experiment.

In mammals, the toxic phenomena produced by aconitine show themselves very rapidly and are much less easy to analyse ; nevertheless, we have injected in a rabbit one milligramme of aconite, then we have maintained artificial respiration, and at the end of half an hour the sciatic nerve no longer determined contractions in the muscles, which had nevertheless preserved their contractibility.

The physiological experiments that we have just exhibited have been performed in the physiological laboratory of the Museum of Natural History placed under the direction of M. Claude Bernard.

◆

NOTICES TO CORRESPONDENTS.

Communications have been received from :—Le Chev. Macario, Turin. Dr. De Pascale, Nice. Le Commandeur Pantaleoni, Rome. Dr. Rey, Rome. Dr. Palasciam, Naples. Dr. Duchenel, Paris. Dr. Proel. Vienna. Dr. Hertzevitz, Berlin. Dr. Lobo Gama, Rio de Janeiro. Dr. Gordon, Edinburgh. Dr. Head, London. Dr. Pascal, Paris. Mr. Dickenson, Chorley. Mr. Critchett, London. Dr. West, Malvern. Dr. Mapother, Dublin. Dr. Morgan, Dublin. Mr. Bingham, Sutton. Dr. Barker, Brighton. Dr. Carey, Taunton. Dr. Atkin, Virginia. Dr. Hart, Clifden. Dr. Kelly, Mullingar. Dr. Wise, Norwood. Dr. Brew, Wicklow. Dr. Bird, Chelmsford. Dr. Godiocke, Ilford. Dr. Twig, Arklow. Dr. Preston, Kilkeel. Dr. Jotham, Hadley. Dr. Tatham, Brighton. Dr. McMunn, Ballymote. Dr. Vesey, Magherafelt. Dr. Hendue, Cheshunt. Dr. McNab, Epping. Dr. Peter Hood, London. Dr. Spring, Tralee. Dr. Francis, Ilchester. Dr. Dickson, Broughshane. Dr. Fry, Boyle. Dr. Carroll, Sydney, N.S.W. Dr. Brodie, Lismany. Dr. Meeham, Kilmallock. Dr. Bestall, Camslin. Dr. Hardey, London. Dr. Brown, Shap. Mr. McGill, Sligo. Dr. Hamilton, Dr. Griffiths, Dublin. Dr. Swanzy, Dublin. Dr. Johnson, London. Dr. Amadeo, London. Dr. Nottingham, Liverpool. Dr. Sloane, East Grinstead. Dr. Chapmam, London. Dr. Marsh, Mr. F. H. Davies, P.W.T., &c., &c.

Letters to the Editor.—We are unfortunately compelled, for want of space, to hold over the following correspondence :—

"The Arts of Secret Poisoning." By Vindex.

"The Origin of the Circulation of the Blood." By Dr. McKeogh.

"Corrected Nomenclature." By Philologus Orthodoxus.

"Twin Births." By Dr. R. Sheil.

The Medical Press.—In addition to the ordinary circulation of the Journal, the number for this week (January 10th) has been forwarded to every physician and surgeon whose address is known in and around London. Should any gentleman read this notice who, by accident has not received his copy, it will be sent post free on application to the publisher.

Editor of The American Chemist.—Our Exchange List is quite full, we regret we cannot add your Journal to it.

Dr. Nottingham, Liverpool.—Your supposition is perfectly correct.

E. T. L.—Next Wednesday.

Several Reviews: letters, &c., are unavoidably postponed ; also some original communications, of which the following are in type :—

Mr. Henry Lee's second Clinical Lecture.

Pennefather, "On the Sense of Hearing."

Mr. Critchett's

Dr. Morgan.

Chapman, "On Uterine Neuralgia."

◆

VACANCIES.

St. Pancras, Middlesex. Medical Officer for No. 7 District. Salary £100 per annum. (See advt.)

General Hospital for Sick Children, Manchester. Medical Officer. Salary £100 per annum, with board and residence. (See advt.)

Cancer Hospital, London. House-Surgeon. Salary £50 per annum, with board and residence. (See advt.)

Royal United Hospital. Bath. Resident Medical Officer. Salary £100 per annum, with board.

Royal Cornwall Infirmary. House-Surgeon. Salary £120.

Calne Union. Medical Officer. Salary £200, with fees.

West Riding Lunatic Asylum. Clinical Assistant. Board and instruction in return for services. (See advt.)

St. Thomas's Hospital, London. Surgical Registrar. (See advt.)

Sligo Union. Apothecary. Salary £75 per annum. (See advt.)

◆

APPOINTMENTS.

Bruce, J. M., M.B., Physician to the East London Hospital for Sick Children.

Butlin, H. T., F.R.C.S., Surgeon to the Metropolitan Free Hospital.

Coupland, S., M.B., M.R.C.S., Resident Physician's Assistant at the Middlesex Hospital.

Gould, F., M.D., M.R.C.P.L., Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street. W.

Jackson, S., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Workhouse of the Oldham Union.

Magill, W., L.R.C.P.Ed., Medical Officer and Public Vaccinator for the East District of the Belford Union, Northumberland.

Morris, J., M.R.C.S.E., Surgeon for the Leamington District of the Great Western Railway.

OXYGEN.

BARTH'S NEW PORTABLE APPARATUS
WITH CONDENSED GAS.
See "Medical Press and Circular," of *July 19th*, 1871.
Price £4 4s. 0d. complete.

A LIBERAL ALLOWANCE TO THE PROFESSION.

GEORGE BARTH and Co.,
26 DUKE STREET, NEW OXFORD STREET,
London, W.C.
May be had on hire.

THE WINE COMMISSION AGENCY (Offices, 53 Charing cross, corner of Spring gardens, S.W.) buys Wines and Brandies direct from the grower and shipper, and supplies the same to the consumer, charging as profit a Commission of 7½ per cent. (1s. 6d. in the pound). The saving will average from 20 to 40 per cent.

SHERRY.
No. 1. A fair Wine, shipped direct from Cadiz.
Costs the Agency £31 10s. Duty paid. } The Agency supply it at 14s. 6d. in the wood .... 17s. 6d. in bottle. per dozen.

THE WINE COMMISSION AGENCY. SHERRY.
No. 2. A good Dinner Wine.
Cost the Agency £41 10s. Duty paid. } The Agency supply it in wood at 16s. 6d. per dozen .... 19s. 6d. in bottle.

THE WINE COMMISSION AGENCY. SHERRY.
No. 3. A dry Wine, with good body and fine flavour.
Cost the Agency £77 10s. Duty paid. } Supplied by the Agency in wood. 31s. 6d. per dozen. .... 34s. 6d. in bottle.

THE WINE COMMISSION AGENCY.
Nos. 3, 4, and 5, the highest class AMONTILLADO.
Cost the Agency. Duty paid, £115, £113 10s., and £98. } Supplied by the Agency. 37s., 42s., and 44s. 6d. per doz.
Also fine Nutty Sherries, together with every description and class of these Wines. Price List and all samples free.

THE WINE COMMISSION AGENCY CHAMPAGNES. Duty and charges, 8s. per case.
Perrier, Jouet, and Co. .. .. 1st quality, 48s. in bond.
Perrier, Jouet, and Co. .. .. 2nd quality, 41s. in bond.
Giesler .. .. 1st quality, 48s. in bond.
Giesler .. .. 2nd quality, 41s. in bond.
Moet's .. .. 1st quality, 48s. in bond.
Moet's .. .. 2nd quality, 41s. in bond.
Louis Roederer's Carte Blanche .. .. .. 63s. in bond.
Kessler Neckar Champagne, a really fine wine, much drunk in Germany, as good as any shipped .. 42s.
For further particulars see Price List. All samples free.
The Wine Commission Agency supplies Ports of every vintage, in wood and in bottle.
Clarets and Burgundies of every growth.
Moselles and Hocks, still and sparkling.
Hennessey's, Martell's, and every brand of Brandy, both in cases and by the gallon ; the finest Old Cognac.
Irish and Scotch Whisky, the finest old blends.
De Kuyper's Hollands at 26s. 6s. Simply charging as profit a commission of 7½ per cent. (1s. 6d. in the pound), guaranteeing a saving of 30 to 50 per cent.
The Wine Commission Agency, 53 Charing-cross, corner of Spring-gardens, London.

PHILLIPS and HEALY,

(Late of B. HYAMS).

TAILORS AND JUVENILE OUTFITTERS,

3 DAME STREET,

DUBLIN.

(Two doors from City Hall.)

JOSEPH GILLOTT'S

STEEL PENS.

Sold by all Dealers throughout the World.

MEDICAL CLUB. Established 1866.—The Clubhouse overlooks Trafalgar square, "*the finest site in Europe,*" open to Professional Men and Medical Officers of the Army and Navy.

Several bedrooms are reserved in the house for the use of Members.

AFTER MARCH 31ST, 1872, THE ENTRANCE FEE will be raised to Fifteen Guineas, and the Annual Subscription to Six Guineas.

UNTIL MARCH 31ST, THE ENTRANCE FEE will be Ten Guineas, Annual Subscription Five Guineas. Members abroad One Guinea.

APPLICATIONS and REMITTANCES to be forwarded to Dr. Lory Marsh, Honorary Secretary and Treasurer, 9 Spring gardens, Charing cross, S.W.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE. The next EXAMINATION will COMMENCE on MONDAY, FEBRUARY 5TH. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND OR PASS EXAMINATION FOR THE LICENCE.

The next EXAMINATION will COMMENCE on MONDAY, FEBRUARY 12TH. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to his Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under Special By-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the By-laws are to be left at the same time.

Pall Mall East, 1872. H. A. PITMAN, M.D., Registrar.

ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.—The Surgical Registrarship is now vacant. Any gentleman wishing to become a candidate for the appointment, is requested to send in his application (stating all qualifications) to R. G. WHITFIELD, Medical Secretary, on or before Thursday next, the 11th of January.

WEST RIDING LUNATIC ASYLUM.—WANTED, a CLINICAL ASSISTANT, who will be required to take notes of cases, and aid the Medical Officers generally in the discharge of their duties, and who will receive board and instruction in mental and nervous diseases in return for his services. As the asylum accommodates 1,500 patients, the opportunities for study and observation are very great. A gentleman possessing a qualification will be preferred.

Applications, with testimonials as to moral character, to be forwarded to me on or before the 10th inst.

J. CRIGHTON BROWNE, M.D.
West Riding Asylum, Wakefield, Medical Director.
January 4th, 1872.

SLIGO UNION.

SLIGO DISPENSARY.

AN APOTHECARY WANTED.—A Vacancy of APOTHECARY to the Sligo Dispensary having been created by the voluntary resignation of Dr. Loughead, the Dispensary Committee will proceed to elect a qualified Apothecary on Friday, 26th January, 1872, at a Salary of £75 per annum.

Candidates are requested to forward copies of testimonials, together with a statement of age, which must not exceed forty years, to the Hon. Secretary on or before the 19th January, 1872. Personal attendance will be required on the day of election.

DANIEL MACGILL, Hon. Secretary.
Sligo, 5th January, 1872.

PUBLIC SCHOOL EDUCATION IN IRELAND.

COLLEGE OF ST. COLUMBA, COUNTY DUBLIN.

VISITOR: THE LORD PRIMATE.

The College is intended for the Education of the Sons of the Nobility, Clergy, and Gentry, from the age of nine years and upwards. The course of instruction is similar to that of the great Public Schools in England, in which Classical Studies are made the chief foundation. Particular attention is also paid to Mathematics and English. French, German, Drawing, and Vocal Music are also included.

Boys are prepared for the Universities of Dublin, Oxford, and Cambridge; and to a considerable extent for the Military and Civil Service.

Terms—*Sixty Guineas*, inclusive.

There are Two Exhibitions attached to the School, tenable in the University of Dublin, worth £20 to £30 a year.

Applications should be made to the Rev. the WARDEN.

The Christmas Vacation ends on January 25th.

GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, 16 BRIDGE STREET, MANCHESTER.

THE OFFICE of RESIDENT MEDICAL OFFICER to the above-named Institution will be vacant on February 10th. The salary of the resident medical officer is £100 per annum, residence and board in the Hospital. Candidates must have their names on the General Medical Register, and must be unmarried. Applications and testimonials to be sent to the Hospital on or before January 23rd.

NOTICE OF EXAMINATION FOR ENTRY OF ASSISTANT SURGEONS IN THE ROYAL NAVY.

NOTICE IS HEREBY GIVEN THAT A COMPETITIVE EXAMINATION for the admission of Assistant Surgeons into the Royal Navy, will take place at the University of London, Burlington Gardens, on Monday, 12th February, 1872, and following days, at 10 o'clock.

Candidates must present themselves at this Department on Friday, 9th February, 1872, bringing with them the various Certificates of Qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for Examination.

A. ARMSTRONG, *Director-General.*

ADMIRALTY, SOMERSET HOUSE,
Jan. 3, 1872.

DISTRICT MEDICAL OFFICER.—ST. PANCRAS, MIDDLESEX. The Guardians of the poor of this Parish will, on Thursday the 18th January, appoint a Medical Officer for No. 7 District. Salary £100 per annum. The Medical Officer is required to attend at the Dispensary at Compton place, or elsewhere, as may from time to time be determined by the Guardians for one hour at the least daily (Sundays excepted). Drugs and medicines are provided by the Guardians, and a Dispenser is appointed for the Dispensary. Candidates must possess the qualifications prescribed by the Local Government Board. The Officer appointed will be required to reside within the district, and otherwise to conform to the orders of the Local Government Board.

Applications (which must be made on forms provided for the purpose, to be obtained at this office), accompanied by diplomas and other evidences of qualifications, must be sent to me not later than 2 p.m. on Monday the 15th inst. Candidates are expected to be in attendance at the Vestry Hall at 4 o'clock p.m. on the day of election, but no travelling or other expenses will be allowed. Persons writing for a form of application must send a stamped directed envelope.

By order, DANIEL FILDEW,
Clerk to the Guardians.
Clerk's Offices, Vestry Hall, King's rd., Pancras rd.
January 4th, 1872.

COOKESTOWN HOUSE, INSTITUTED FOR THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Carrick-on-Suir Station, with a like distance from Fiddown, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

CANCER HOSPITAL, LONDON AND BROMPTON.—There is a vacancy at this Hospital for a RESIDENT HOUSE-SURGEON. Candidates must be registered Members of the Royal College of Surgeons of England, and thoroughly conversant with the use of the microscope. Honorarium at the rate of Fifty Guineas per annum, with board and residence. Applications with testimonials addressed to the chairman of the Weekly Board, 167 Piccadilly, to be sent in on or before the 22nd inst.

By order, H. J. JUPP, Secretary.
2nd January, 1872.

MEDICAL DEBT RECOVERY OFFICES,

13A, Great George street, Westminster, S.W.

MR. W. T. PEACOCK, DEBT COLLECTOR and ACCOUNTANT, begs to intimate that he continues to devote his personal and careful attention to the RECOVERY of DEBTS.

MEDICAL PRACTITIONERS, in TOWN or COUNTRY, by availing themselves of Mr. PEACOCK'S services, will ensure an economical prompt, and efficient mode of recovering their outstanding accounts.

Terms and references on application, or sent post free.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1872

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
On the Occurrence of Syphilitic Gonorrhœa; or Urethritis, followed by Constitutional Signs. without the Formation of a Urethral Sore? By J. Morgan, M.D., F.R.C.S.I., Surgeon to Mercer's and to the Westmoreland Lock Hospitals, Professor of Surgical and Descriptive Anatomy R.C.S.I.	47
Clinical Lectures on Diseases of the Eye, delivered at the Adelaide Hospital. By H. R. Swanzy, M.B., L.R.C.S.I., Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin. Lecture V.—Cataract	49
Uterine Neuralgia and its Chief Complications: Their Pathology and Treatment. By John Chapman, M.D., M.R.C.P., M.R.C.S., Physician to the Farringdon Dispensary	51

TRANSACTIONS OF SOCIETIES.

Medical Society of London—

	PAGE
Drawings Illustrative of the Process of Cell Growth in the Operation of Skin-Grafting	55
Preventive Medicine or Medical Reform: Not Parliamentary, but Particular and Individual	56

Dublin Obstetrical Society—

On the Operation of Transfusion	56

LEADING ARTICLES.

Army Medical Service	59

NOTES ON CURRENT TOPICS.

The New Hotel Dieu	59
An Hospital Sunday for Dublin	60
Adulterated Bread, and Analytical Chemists	60
The late Professor Blyth, M.D.	60
Dr. Paget	60
Ligature of the External Iliac Artery	60
Professor Hughes Bennett	61
The late Mrs. Browne's Money	61
Poisonous Effects of Belladonna applied Externally	61
An Example for England	61
The University of Dorpat	61
On the Geography of Disease	61

SCOTLAND.

Edinburgh	62

FOREIGN MEDICAL LITERATURE.

Idleness a Cause of Suicide	63

LITERATURE.

	PAGE
Neumann's Skin Diseases. By Dr. Isidor Neumann, Lecturer on Dermatology in the Imperial University of Vienna	63
Phrenology, and How to Use It in Analysing Character. By N. Morgan	64
A Handbook of Therapeutics, By Sydney Ringer, M.D.	64

CORRESPONDENCE.

"Vindex" on The Arts of Secret Poisoning	64
John J. McKeogh on The Circulation of the Blood	65
R. G. Shell, M.D., on Twin Births	65
Charles Bell Taylor, M.D., F.R.C.S., on The Introspection of Women	65

MEDICAL NEWS.

Teetotalism in France	65
The Prince of Wales	65
Glasgow Infirmary	65
The Ladies at Edinburgh	65
New Lunatic Asylum for Kent	65
Notices to Correspondents	66
Vacancies	66
Appointments	66
Marriages	66
Deaths	66

Original Communications.

ON THE OCCURRENCE OF SYPHILITIC GONORRHŒA; OR URETHRITIS, FOLLOWED BY CONSTITUTIONAL SIGNS, WITHOUT THE FORMATION OF A URETHRAL SORE?

By J. Morgan, M.D., F.R.C.S.I.,

Surgeon to Mercer's and to the Westmoreland Lock Hospitals, Professor of Surgical and Descriptive Anatomy, R.C.S.I.

While indurated chancre apparently occurs in the urethra itself, yet it must be admitted that we want more direct proof (by absolute examination and inspection of the opened canal) of the formation of this sore. The induration, and the history, with the sequence of constitutional signs, leads to the conclusion that such an accident actually happens, where a "knob" in the urethra may be so distinct, that it can be projected by the patient, between his finger and thumb; though from the depth at which the sore may form, it may be difficult or impossible to inspect it, even with artificial aid. There are also other lesions with which this may be confounded, such as with a soft or chancroid sore, or with an inflamed follicle of the urethra, or with the induration sometimes excited by the frequent use of strong astringent injections.

The occurrence of a chancre in the urethra may be at all events suspected, when symptoms of gonorrhœa, of unusual mildness, occur in a patient who is affected for the first time; and if, instead of the pain being that of the urine passing over an inflamed region known as the "specific distance" confined to the last two inches of the urethra; the patient describes one fixed region or point which he can usually indicate with tolerable exactitude.

With this form of chancre or initial lesion, there is usually a more defined circumscribed hardness, the tumour is capable of being made prominent and pea-like along the urethral wall; the glands of the groin may indicate the constitutional advent of the poison by their enlargement and hardness, and a dense lymphatic may be found along the penis. The diagnosis of such concealed sores is by no means easy, for, though an indurated spot can be ascertained; in many cases no constitutional signs appear; while, on the other hand, from gonorrhœa, without any such palpable indication; constitutional signs beyond doubt occasionally do follow, as I can testify from my own experience. We have been too ready, it appears to me, to assume the existence of larval or urethral chancre as proved, and to lay aside the idea of a syphilitic or infecting gonorrhœa. As I have pointed out (*a*) that a purulent discharge in an infected female can produce, when inoculated, undoubted soft or chancroid sores, capable of auto-inoculation and *re*-auto-inoculation in syphilised subjects, and that this discharge conducts itself as other secondary products are known to do—it is not unreasonable to conclude that did such a secretion communicate a gonorrhœa, it might, as derived from a syphilitic source, be capable of conveying constitutional infection, or, it may be, of producing but the local effects of the chancroid or soft sore. How far, in fact, an indurated or tender spot within the urethral canal indicates the absolute occurrence of a concealed sore, is still (notwithstanding the power of such an authority as Ricord) dubious; any impartial observer who examines the drawings illustrating internal ulceration of the genito-urinary tract (*b*) will hesitate, I think, as to the nature of the ulceration being of a primary form, and as a gonorrhœa in a syphilitic female is undoubtedly fully capable of auto-inoculation, there is not much difficulty in supposing that should a male receive a gonorrhœa from such a source it could in its turn be capable of producing an auto-inoculation, a power which is now proved not *necessarily* to be confined to the chancroid sore; and if the not unusual occurrence of a tender and swollen spot, or lacuna in the urethra, be superadded, we have all the known phenomena of a larval or urethral sore. While it must be admitted that the exciting cause of gonorrhœa seems to depend not only on a specific inflammation, but on various leucorrhœal and acrid discharges; the question arises—is there a syphilitic gonorrhœa, without the ascertainable

---

(*a*) Medical Press and *Dublin Quarterly Journal.*

(*b*) *Iconographic Record*, plate 8.

existence of a chancre inside the urethral canal? or does the occurrence of a gonorrhœa followed by constitutional signs, entail the necessary occurrence of a urethral sore, the essential existence of which is so often fallen back on in dubious cases, as explanatory of the infection of the system.

It is remarkable that females who are admitted to hospital for primary syphilis, will have no discharge, yet after a few weeks, while *still* in hospital, when marked constitutional signs evolve themselves, a vaginal discharge is frequently complained of, and is copiously evidenced on speculum examination—synchronous with the formation of rashes, patches, and other constitutional evidences.

The question of specific gonorrhœa in the male has received lately much interest from certain experiments that have been performed by Mr. Hammond in America; and as they are confirmed by others performed by Wallace many years ago in this city, the chain of evidence connecting the formation of gonorrhœa in certain cases, with syphilis proper, or with chancroid (as, I believe, a derivative from syphilis modified by descent), becomes tolerably complete: and in the formation of gonorrhœa from the threefold sources of syphilitic, specific, and accidental female discharges, we have some explanation of the unaccountable difficulties that are experienced in the cure of some cases, in comparison with others, how it is that constitutional signs will *occasionally* follow a gonorrhœal discharge, and how it is that mercurials given at hap-hazard, have succeeded in curing what has defied other remedies. Hammond's (*a*) statements go to prove some very important facts.

1. That the virus of an infecting chancre deposited in the urethra, will originate inflammation and discharge, without the necessary formation of a sore, unless there be an accidental abrasion.
2. That this is a syphilitic gonorrhœa, capable of evolving constitutional signs.
3. That the virus of soft chancre when deposited in like manner, gives rise to an inflammation and discharge, without the necessary formation of a local sore; that this is capable of giving a similar discharge to another person, but is not followed by specific signs.
4. That discharges may originate from stimulating food, venery, acrid applications, injuries, ascarides, instruments, without specific character; (to this I may add what seems to me a cause; ulcerations of the uterus when irritated and secreting acrid discharges).

Hammond relates examples of syphilitic gonorrhœa, illustrated by observation and direct experiment, from the indurated sore, as in the following series:—

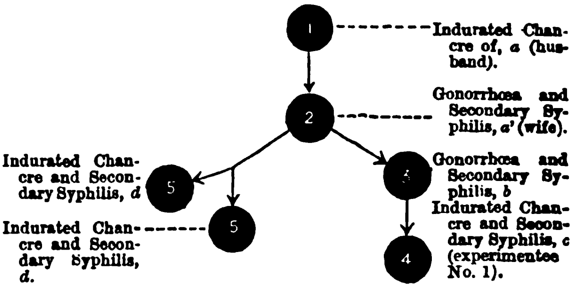
a.—A husband with indurated chancre of nearly four week's date communicates gonorrhœa to his wife, without indurated inguinal glands; she however became syphilitic.

b.—She has connection with another man, and gives him a gonorrhœa only, followed by constitutional signs, without indurated inguinal glands.

c.—A portion of this man's urethral discharge inoculated on a perfectly healthy person, who voluntarily submitted himself, causes an indurated sore, and constitutional signs.

d.—Two other healthy men inoculated with the vaginal discharge of this woman have indurated sores and constitutional signs.

As by the observations I have carried out, I show that the vaginal discharge of syphilitics can produce on syphilitics, a sore, which comports itself, as does also the indurated chancre, when inoculated on syphilitics, I see no difficulty in understanding that the discharge as transplanted from the female to the urethra of the male *b*, was capable of producing infecting sores in the admittedly virgin soils of cases *c* and *d*, the woman *b* being herself the syphilitic source. The subjoined scheme after Hammond well illustrates the chain of evidence:—


1
Indurated Chancre of, *a* (husband).
2
Gonorrhœa and Secondary Syphilis, *a'* (wife).
Indurated Chancre and Secondary Syphilis, *d*
5
3
Gonorrhœa and Secondary Syphilis, *b*
Indurated Chancre and Secondary Syphilis, *d.*
5
Indurated Chancre and Secondary Syphilis, *c* (experimentee No. 1).
4

The following direct proofs of soft chancre producing gonorrhœal discharge are also produced by Hammond:—

August 20, 1859.—J. H., suffering from soft chancre, and with suppurated bubo. With his own consent a catheter was introduced, into the *cul de sac* of which Dr. Hammond had put a quantity of pus from his chancre; an inch into the urethra, keeping it there some minutes, and allowing the matter to escape.

August 22.—Had pain in urinating and tenderness at a point one inch and-a-half down. Later in the day some drops of muco pus escaped.

August 24.—A discharge was well established, the urethra was then speculised, but no sore was detected. He was inoculated on each thigh, in one place from the sore, and in another from the urethral discharge. That from the sore produced a sore; the discharge was abortive.

August 30.—The bubo was opened, and produced a sore by inoculation.

August 31.—The urethral discharge had become profuse, inoculation again tried was negative.

September 4.—Inoculation repeated was also negative.

Another case, tested in like manner from a soft chancre of the prepuce, and another from the one on the dorsum of the penis, produced similar phenomena. The converse of this experiment he also performed, and from a gonorrhœa, produced by careful inoculation, a soft chancre.

Mr. Wallace, in 1835, also performed some very remarkable experiments on this subject, as in the following examples:—

Artificial Production of Gonorrhœa from Chancroid Sore.

M. Connor, Feb. 21, suffering from a primary sore on the prepuce and an ulcerated bubo. Passed lint dipped in the matter of J. Gavan's sore (phagedænic) and in his own matter (chancroid) into his urethra, followed by urethral discharge.

Feb. 24.—Much more urethral discharge.

Artificial Production of Gonorrhœa from a Secondary Ulceration.

R. Durham (a thoroughly syphilitic patient).—"All his symptoms well, except an ulcer on his leg, with white surface, edge nibbed and sharp, and its margins perpendicular."

Matter from this was introduced into the urethras of both

Feb. 18.—P. Fennell, æt. 16, with primary ulcer and large bubo.	Feb. 18.—P. Phillips, æt. 60. Not having had a gonorrhœa for years.
Feb. 21.—Does not complain of his urethra more than he did.	Feb. 21.—No effect. Repeated the matter.
Feb. 25.—Says there is no more running from the urethra.	Feb. 25.—Discharge from the urethra.
	April 15.—Discharge still continuing from the urethra.

The following case shows, on the other hand, that the result from secondary ulcerations was not invariable:—

Jan. 19th, 1835.—Joe Preston, æt. 14 (brother of James Preston, under treatment for rash and secondary ulcers)

(*a*) Page 296.

applied with a sore on left side of his scrotum, the size of a shilling, scarcely deeper than the skin—more pulpy in the centre—it commenced like a little blister, or as if the skin had come off it, the sore is granulating at the circumference so abundantly that it has a rim round, and a hollow in the centre. There is a tumour in the left groin, the cellular around it is engaged. The shape of the sore is oval, 1½ inch long, and ¾ inch broad, he has a rash, and there is beside on his head and lower back, several spots or scabs of a flat appearance (calls them superficial ulcerations). He has the sore and the spots about two months; he has not pains, or sore throat; he is of opinion he got the disease by sleeping with his brother.

Jan. 15th.—Primary and secondary matter together was passed into his urethra.

Jan. 23rd.—His urethra has not inflamed.

On Jan. 20th, the matter of his ulcer was passed into the urethras of four other patients. In two there is no further report, and in one it is stated, no effect was produced, and in another on Feb. 21st, the pipe of urethra felt hard, and there seemed to be an oozing. Feb. 24th.—His urine had some difficulty in getting out of the passage. (No further account.)

Jan. 25th.—Surface of the ulcer is above the surrounding level, says he has headache, on the surface of the body several scabs, which cause superficial ulcers, which resemble those of his brother.

Feb. 5th.—The sore may be said to be healed, mouth not sore.

Feb. 25th.—This boy now applies, with phymosis, pain in urinating, discharge; says these symptoms began about three weeks ago, being twenty days from the introduction of the matter. Scrotum is well, with exception of a little hardness; all the spots on his back and body are well, but one on his right hip, and it has the characteristic appearance of a superficial ulcer surrounded by a purple areola.

It is thus shown by direct observations that the purulent or mico-purulent discharge in a syphilitic woman is capable of producing a sore.

That chancroid or chancrous matter, passed into the urethra will produce gonorrhœa, and be in turn capable of inoculation.

That the matter from secondary syphilitic lesions when introduced into the urethra, can produce a gonorrhœa. This last experiment bears out a point not so unusually observed in practice, that a gonorrhœa appearing late after a suspicious intercourse is usually one specially refractory to treatment.

◆

CLINICAL LECTURES ON DISEASES OF THE EYE,

DELIVERED AT THE ADELAIDE HOSPITAL.

By H. R. Swanzy, M.B., L.R.C.S.I.,

Ophthalmic Surgeon to the Hospital, and Surgeon to the National Eye and Ear Infirmary; late Assistant to the late Professor Von Graefe, Berlin.

LECTURE V.—*Cataract.*

Gentlemen,—According as cases of cataract presented themselves here, I have taken occasion to direct your attention to those points in diagnosis and prognosis which each of them seemed most suited to illustrate. To-day we have before us a rather unusual case, and I wish now, in connection with it, to give you a *resumé* of what I have already said from time to time, and to add some remarks which may be of practical value to you.

The cataract of old age or senile cataract, is the most common form of this disease. It usually attacks persons over fifty years of age. In it the central portion, or nucleus of the crystalline lens is the most opaque and hardest part, while the cortical substance is much more translucent, even when the cataract has become quite ripe. This depends upon the physiological changes which take place in every crystalline lens with advancing years. In the youthful crystalline the central part is not more consistent than the cortical layers; but, before middle life is attained, a distinct nucleus of a firmer texture is found, which becomes more marked at later periods. In old age, too, the lens, and especially its nucleus, obtains an amber tint, which is sometimes of so deep a shade that you must be careful not to mistake it for a cataract. Senile cataract, indeed, appears to be one of those conditions which stand on the foundary of what is pathological and what is physiological. We may yet, no doubt, have much to learn as to the cause of the affection, but, so far, we know that cataract frequently makes its appearance in persons otherwise perfectly hale, and, therefore, when you find it in some who have suffered much from gout or rheumatism, it would be irrational to seek its cause in the latter or any other concomitant constitutional disease. Nor has the microscope been as yet successful in demonstrating changes in the choroid or vitreous humour, which would account for the alterations in the lens on the supposition of a locally impaired nutrition. We may, therefore, be not far astray in regarding senile cataract as an exaggerated physiological condition, a consideration which does not take it out of the category of diseases, interfering as it does with the functions of the organ. Similarly, a certain amount of chronic enlargement of the prostate gland is extremely common in old age, but is not regarded by surgeons as a disease until it attains such a degree as to impede the functions of neighbouring parts.

Senile cataract may commence in the nucleus, or in the cortical portion of the lens, or simultaneously in both. These forms, however, which commence with fine stripes in the edge of the lens, while the nucleus remains clear, are usually very slow in their progress, so much so, indeed, that if your patient be of an advanced age, it may be more judicious to refrain from mention of this condition of the eye, for he will be very apt to outlive this cataract. Broad stripes in the corticalis with accompanying opacities of the nucleus indicate a rapidly advancing cataract. In every elderly person who comes to you complaining of his vision, you must carefully examine the crystalline lens. You must do so by daylight, by the reflected light of a lamp with the mirror of your ophthalmoscope, and by means of the oblique illumination. According as the opacities in question, if they be present, are more or less intense, you will discover them best by one or other method. In using the reflected light to discover incipient cataract, it is a mistake to have it too brilliant, for then the more translucent opacities may escape detection. To examine the periphery of the lens which is concealed by the iris, you must direct the patient to look strongly to one side, or upwards or downwards, while you look into the eye from the opposite direction. When a senile cataract is quite ripe, the entire of the cortical portion has become opaque, and with the oblique light a yellow reflexion is obtained out of the centre of the lens from the hard nucleus.

This is the most favourable form of cataract for operation, fully ninety-five per cent. of such eyes being restored to vision by means of Graefe's peripheral linear extraction. By means of this method, which is you see practised here, the most infirm person may be operated on. In the days of the flap extraction many bodily infirmities afforded contra-indications to its performance, as it entailed confinement to bed in a horizontal position for a lengthened period. If the condition of the patient renders it impossible or undesirable that he should be confined to bed, he need barely lie down for more than a few hours after the extraction by Graefe's method; and in no case which runs a favourable course, need the patient remain in bed for more than three or four days. I do not now intend to take up time by a description of the various steps of the operation which you have seen performed, and which you will have another opportunity of witnessing in this case. To have a successful result, it is quite as necessary, in my mind, that the after treatment of the case be properly conducted, as that the operation itself be correctly performed. Graefe not only developed this method of extraction, but also the treatment best adapted to it; a circumstance which is very generally ignored.

Immediately after the operation the eye is carefully padded with fine charpie or French wadding, in such a way that no part of the globe is pressed on more than another; then, three turns of a narrow flannel roller are made with a gentle, but firm and equal pressure over the eye and round the head, in the manner with which you are acquainted. The patient is then comfortably settled in bed, and the room darkened. The pain of the wound should not be very severe, and should not continue longer than four or five hours; in either event you should administer about the eighth of a grain of morphine hypodermically in the corresponding temple. Pain, in all affections of the eye, is a symptom which, as a general rule, you must combat, for in itself it gives rise to irritation. In eight hours, or thereabouts, after the operation the bandage should be changed, with the object of removing the slight secretions, blood clots, &c., which are apt to collect between the edges of the lids, and which, if left there might, by their decomposition, afford the starting point for suppuration of the wound. It is not advisable, however, to open the eye or expose the wound at this early period. Between the twelfth and twenty-fourth hours is the period when you must be on the look out for anomalies in the process of healing. During this period when the course is normal, no pain or disagreeable sensation should be experienced by the patient, or at most, only an occasional and momentary "pricking." Any continued pain at this time, no matter how slight, must be regarded as a bad symptom, and be at once attended to. The bandage must be removed, any collection of tears under the lids given egress to, and if there be any swelling of the lids as counter-irritation, they should be lightly touched externally with mitigated lapis which is then immediately neutralised with a solution of salt. If the pain still continue, a hypodermic injection of morphine should be given, and if this does not attain the desired end, then in case your patient's strength admit of it, you should employ a venesection from the arm to the amount of four or five ounces, this should be followed by a calomel purge, and—if the interval since the previous one is long enough—another morphine injection, a very firm and exact bandage being applied. When the patient is not healthy enough to admit of a venesection, you must confine yourselves to the other means I have mentioned. With this aid you will, in a vast majority of cases, succeed in cutting short the suppurative process, which is just about being set up in the wound. But I must guard you against the fallacy of supposing that some delay in their employment is of no consequence. If you are to effect anything you must resort to them early, before suppuration has set in, for once it has done so your skill will be of little avail. You will not find that this treatment is one much adopted by ophthalmic surgeons; but, it was laid down upon the basis of a most extensive field of practice by Graefe, who was endowed with remarkable powers of clinical observation, and I can testify to its value myself. That which most surgeons would be likely to take exception at, is the changing of the bandage so soon after the operation, and yet Graefe considered this one of the most important points. After the flap operation the bandage used not to be altered for some days. The venesection, too, is likely to be regarded with disfavour by many, in consequence of its being now so out of fashion. In this particular instance, I have no doubt of its frequent efficacy; and further, I believe you will see a reaction in favour of venesection in general medicine and surgery before many years, but with more restricted and precise indications than formerly. Among the many advantages afforded by the peripheral linear extraction, is the short period during which the surgeon has to be on his guard against suppuration of the wound; from the twelfth to the twenty-fourth or thirtieth hour being the time when it occurs, and never any later. With the flap operation, the eye could not be pronounced safe from suppurative reaction for several days.

Previous to extracting a cataract, you should endeavour to ascertain whether the condition of the retina, &c., is normal; in senile cataract it will generally be found so. Complications, however, which are more common in these cases are conjunctivitis, and obstructions in the lachrymal canals and nasal ducts. These you should in every case look for, and, if present, you must endeavour to restore the normal condition, or something approaching it, before extracting the cataract; otherwise, the muco-purulent secretion collecting under the bandage is very apt to produce serious anomalies in the healing process.

I have told you that old age is the most frequent cause of cataract. The disease, however, is by no means rare at other periods of life. You will often find persons of thirty-five and forty afflicted with it, and you will not seldom observe that its occurrence at this age depends upon an hereditary tendency, some of the patients' forefathers having some fluid from the same cause, although perhaps later in life. The cataract then is generally of a softer consistence, with a small nucleus. Its removal cannot be effected with as good a prognosis as the true senile cataract.

In diabetes, as I suppose most of you know, the lens often becomes cataractous. There is nothing in the appearance of a cataract dependent upon diabetes to distinguish it from any other, and it is consequently a good general rule to examine the urine of every cataract patient for sugar. Diabetes cataract may be removed with success, and it will always be your duty to remove it unless a fatal termination to the general disease appear imminent. We know how long patients sometimes linger under this disease, and it surely would be inhuman not to afford them the boon of vision for the last few months of their existence, when it may be given them with so little pain. My own experience of extraction in diabetes cataract is not sufficient to form from it an estimate as to the percentage of successful cases. It happens that I have not yet seen an unsuccessful one. Graefe found that in twenty cases of cataracta diabetica, sixteen recovered their vision by extraction.

Cataract may be produced traumatically; the most common injury being that caused by the entry of a foreign body into the eye through the cornea, and then into the lens itself. When the capsule of the lens is opened, the action of the aqueous humour on the fibres of the lens is sufficient to make them swell and become opaque. The foreign body may have been a large one, which was again withdrawn from the eye, or it may have been a small atom of metal which continues in the eye. These are often most delicate points to decide, and they are of the utmost importance, as, in case of a foreign body lodging in the eye, the ultimate prognosis for the organ is very serious indeed. You will arrive at a conclusion by the history of the case and by an examination of the eye itself. Besides penetrating wounds, blows on the eye are sufficient to cause cataract, whether given by the fist or by the cork of a soda water or champagne bottle, or by the end of a billiard cue, the patient standing behind the player while he is making his stroke. It is probable that in these cases the capsule of the lens is ruptured in some place by the concussion, as otherwise it would be difficult to understand how such injuries could cause opacities of the lens.

Cataract may depend upon deep-seated disease in the eye, *e. g.*, detachment of the retina, certain forms of choroiditis, retinitis, and irido-choroiditis. In most of these cases the external appearance of the eye gives no clue to the condition of things lying behind the cataract. The ophthalmoscope of course is of no use, in consequence of the opacity of the lens; and it is by the state of the functions alone that we can determine whether the cataract be complicated or not. If you hold a muffed milk glass close before your eye you will be able to realise the disturbance to vision caused by a fine uncomplicated cataract, and at from one to two feet you will be able to distinguish the light of a gas flame turned down to the lowest, and to see the motion of the hand in a favourable light at a foot or so from the eye ; in a dark room you will also be able to tell from what direction the light from the lamp comes ; this latter we term the "power of projection." If in any of these particulars a cataractous eye be not up to the mark, you must be very suspicious of the presence of complications, especially so if the projection be incorrect or defective, for this shows that that part of the retina upon which the light falls is probably diseased. Under such circumstances you would either not extract the cataract at all, or, if you thought the disease in the fundus oculi to be of limited extent, you might do it, having prepared your patient for an imperfect result.

The patient before you is aged eight-and-twenty. In the right eye there is a cataract which is shrivelled with a thickened anterior capsule. The power of perception of light in this eye is very insufficient, and the power of projection is wanting in every direction, there can be no doubt, therefore, that there are extensive complications in the fundus, of what nature I am not prepared to say. There is the history of an injury to the eye some years ago, and, very possibly, both the cataract and the deeper complications depend upon it ; indeed, if it were not for the condition of the other eye, I should almost certainly be of that opinion. In the left eye she has a mature soft cataract of some months' standing, and, as well as we can make out by a functional examination, the fundus is normal. This is very remarkable in so young a subject, and is rendered still more so if the other eye be taken into consideration. The urine is normal, and there is no hereditary tendency. It is therefore indicated to operate upon the left eye, but not on the right.

Before I conclude I may mention two other forms of cataract which you will meet with—namely, lamellar or zonular, and congenital. The first affects only certain layers of the lens, the others being left quite intact. The layers affected are generally those around the nucleus, so that the latter and the cortical substance remain clear. If the opacity be not very extensive the patient may have very fair vision still, particularly with his back to the window, or when he shades his eyes with his hand, so that, the pupil dilating, he sees through the clear edge of the lens. This too suggests one mode of improving the vision of these persons, namely, by forming an artificial pupil in the nasal portion of the iris, through which the patient may now see in any light. But when the opacity is extensive an artificial pupil would do no good, and then you will generally find the best proceeding to be that called division or breaking up of the cataract. A fine needle is pressed through the cornea into the capsule, and the latter torn to a slight extent ; the anterior layer of the lens is broken up a little with the needle. In this way the aqueous humour is admitted to the substance of the lens, which gradually softens and becomes absorbed. This operation requires to be repeated frequently before the entire lens disappears, and the entire process, which occupied several months, is sometimes attended with dangers of which I shall speak to you when next I have a case of the kind under treatment. Zonular cataract most commonly appears after the first dentition, and it is a curious fact that the subjects of it have usually suffered from convulsions during teething. The affection may also be congenital.

Congenital cataract is not uncommon. It is a soft cortical cataract, and it is doubtful to what circumstances it owes its formation. Generally speaking these are favourable cases for operation by division, provided the patient be not too old, but by the sixth or seventh year the retina, from never having been used, becomes rather inert. It is advisable therefore to operate early, if possible before the first dentition. Much mischief is done by postponing the operation until the tenth or even fifth year. It is a remarkable fact, showing how necessary practice is for the development of the functions of a part, that if at ten years of age a cataract is produced by trauma, you may obtain very good vision for the patient if you operate even forty years afterwards, but in congenital cataract the result will be but very wretched in the fifth year after birth.

This, gentlemen, is a short sketch of some of the principal points in connection with the subject of cataract, which I shall endeavour to develop more minutely as circumstances permit.

◆

UTERINE NEURALGIA AND ITS CHIEF COMPLICATIONS:

THEIR PATHOLOGY AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farringdon Dispensary.

(*Continued from Page* 8.)

An instructive case of this kind is reported by Professor Bedford, of New York (a):—Mrs. H., æt. 23, the mother of one child, three weeks' old, complained of great distress in her womb whenever she allowed her infant to suck. She had been married about eighteen months; had always been a healthy woman, and never suffered from pain in her womb before the birth of her child. The pain left her on each occasion when the child finished sucking, and, as time advanced, it became less severe. It is probable that in this case the slight reflex cause of the neuralgia—viz, the child's irritation of the nipple—would not have sufficed to produce the pain had not the womb been in that state of excessive sensibility, consequent on parturition, only a short time before the pain was induced. We know that, as a general rule, suckling speedily after the birth of the child causes a perceptible reflex influence on the womb, and promotes or completes its contraction—pain, more or less severe, being in many cases associated with the process.

The pathology of irritable uterus or uterine neuralgia has engaged a large share of professional attention, but has received, as it seems to me, no corresponding amount of elucidation. "What is the nature of the irritable uterus ?" inquires Dr. Gooch. "It is not acute inflammation ; for that would run a far shorter course, and end in certain known consequences. It is not chronic inflammation ; for that is a disorganising process, and slowly but surely alters the structure of the organ in which it goes on. Both in chronic inflammation and in the disease which I am describing, there is a morbid state of the nerves, indicated by pain, and, sometimes, at least, a morbid state of the blood-vessels, indicated by their fulness ; but the substances effused by chronic inflammation show that in this there is something additional in their actions, and, consequently, in the state of the vessels. The disease which I am describing resembles a state which other organs are subject to, and which in them is denominated irritation. Thus, surgeons describe what they call an irritable tumour of the breast. It is exquisitely painful ; an ungentle examination of the part leaves pain for hours ; it is always in pain, but this is greatly increased every month, immediately before the menstrual period. Although apprehensions are entertained of cancer, it never terminates in disease of structure. It is represented as a very common disease. Mr. Brodie describes a similar case in the joints. It occurs chiefly among hysterical females : it is attended by pain, at first without any tumefaction, but the pain increases, and is attended with a puffy, diffused, and trifling swelling ; the part is exceedingly tender. This assemblage of symptoms, lasting a long time, and being often a little relieved by remedies, occasions great anxiety, but there never arise any ultimate bad consequences. 'The disease,' says Mr. Brodie, 'appears to depend on a morbid condition of the nerves, and may be regarded as a local hysterical affection.' These painful states of the breast and of the joints appear to be similar to that which I have been describing in the uterus; similar kinds of constitutions which they attack; similar in pain, in exquisite tenderness, in resemblance to the commencement of organic disease, and in proving ultimately to be only diseases of function."

(a) "Clinical Lectures on the Diseases of Women and Children." New York. 1856. P. 316.

Dr. Robert Lee, who quotes the above passage, says,—"Dr. Dewees, whose attention has been particularly directed to the pathology of this affection, does not consider this view of the subject correct, and it is certainly very difficult to discover any analogy between a tumour of the female breast, or joints, and an affection of the uterus, depending solely upon a morbid state of its nerves." (*a*) Dr. Lee regards the disease in question as "chronic congestion and inflammation of the uterus." Dr. Ashwell held a like opinion. Referring to Dr. Gooch's doctrine, which, he says, requires "more proof than has hitherto been adduced," he adds—"This accurate observer founded his views on analogy, and on the lengthened period of ten years, during which, having carefully watched the progress of certain cases, he found the uterine organisation still unaltered. The analogical part of the opinion is unsatisfactory, and must remain so till the nature of hysteria is developed, and till the affections from which this pathology is deduced are more clearly proved to be not at all dependent on inflammation. That the disease in question should be regarded as a modified inflammation of the cervix uteri, is a view, not only in accordance with symptoms, but with the results of the most successful treatment. It is difficult to understand that there shall be redness, which I have several times seen by the speculum, heat, permanent pain, and tenderness of the neck of the uterus, a glandular part, without believing that its vascular and nervous structures shall have undergone some changes." (*b*) The question at issue is, after all, simply a question of fact: Dr. Gooch, while freely admitting that, in one class of cases of irritable uterus, "congestion is an essential part," also maintains the existence of another class of cases in which no sign of congestion or inflammation is discoverable. We know quite well that pain of the most agonizing kind, persisting, with but slight intervals of relief, for years, and associated with extreme sensitiveness and tenderness—evinced by pressure on the affected part, may manifest itself in various parts of the body without any congestion or sign of inflammation; now, the recognition of this fact should, I think, not only remove any *primâ facie* difficulty in admitting the possibility of protracted uterine pain unassociated with inflammation, but should, in fact, lead us to surmise the existence of such pain; and, indeed, its existence is affirmed by several competent observers. Professor Bedford, commenting on a case of what he calls "neuralgia of the cervix uteri," makes use of these words:—"On an examination, *per vaginam*, I have recognised no change whatever in the position or structure of the uterus; the organ is in all respects natural, except in one particular—in pressing with my finger on the os uteri the patient complains of suffering." He adds,—"I have satisfied myself, by this mode of exploration, that the case before us is what is termed neuralgia of the neck of the womb, an affection oftentimes mistaken for some other disorder; *and there is no disease with which it is more likely to be confounded than chronic congestion of the uterus.* Uterine neuralgia is sometimes symptomatic of disease of the uterus, such as enlargement, ulceration, &c.; sometimes, also, of displacement. Again, it will occasionally present itself as a primary affection *entirely unconnected with any lesion of structure.*" (*c*) This statement I believe to be true, and I am confident that the views of the subject first formally propounded by Dr. Gooch are essentially correct. Moreover, a due consideration of the pathology of neuralgia which I hold to be alone consistent with all the facts of the disease, and which I have fully explained elsewhere (*a*) will, I believe, afford a ground of conciliation of his views with those of the eminent physicians to whose criticisms I have just adverted. For, by the light of that pathology, we see that in cases of neuralgia the symptoms of inflammation may be present as collateral or secondary phenomena, that they may appear in any case, that they ought to be carefully looked for in every case, and that in a large proportion of cases they are more or less decisively perceptible. Dr. Gooch needlessly weakened his own argument, and strengthened that of his adversaries, when he maintained that all the symptoms of inflammation of the uterus may be present without the existence of inflammation. He assumed this position because, while holding with other pathologists of his time that acute inflammation runs a short course, and that chronic inflammation is a disorganising process, he found that, as a matter of fact, neither of these conditions is represented by the disease he called "irritable uterus," which, as a rule, neither runs a short course nor "is a disorganising process," but which, nevertheless, is often associated with symptoms of inflammation. Had he understood what is the *rôle* of the nervous system in the production of all forms—and, what he deemed, semblances—of inflammation, he would have dismissed the idea that chronic inflammation is, *necessarily*, "a disorganising process;" and, so far as the question of inflammation is concerned, would simply have divided cases of "irritable uterus" into two classes—those presenting symptoms of inflammation, and those not presenting them.

The existence of uterine nerves was first demonstrated by Tiedemann, who published figures of them as he saw them in the case of a woman who died six days after delivery; but his description gives no adequate idea of the large extent to which the womb is actually innervated. Our present knowledge of the neural anatomy of that organ is mainly due to the elaborate researches of Dr. Robert Lee, and knowing as we now do, by his aid, not only that it is abundantly innervated, but also the mode of its innervation, we understand its physiology far more completely than before, while the flood of light cast on its morbid processes by what has been ascertained of its neural anatomy and physioloy has inaugurated a new era in the history of uterine pathology. The amount of Dr. Lee's contribution to it may be most fitly stated in his own words. "I have demonstrated," he says, "that the human uterus possesses a great system of ganglia and nerves, connected with the sympathetic and spinal cord, which enlarges with the coats, blood-vessels, and absorbents during pregnancy, and which returns, after parturition, to its original condition before conception takes place. It is chiefly by the influence of these ganglia and nerves that the uterus performs the varied functions of menstruation, conception and parturition, and it is solely by their means that the whole fabric of the nervous system sympathises with the different morbid affections of the uterus. If these ganglia could not be demonstrated, its physiology and pathology would be completely inexplicable. . . . I have demonstrated that every artery distributed throughout the walls of the uterus and heart, and every muscular fasciculus of these organs, is supplied with nerves upon which ganglia are formed.

"In amenorrhœa, chlorosis, dysmenorrhœa, menorrhagia, hysteria, hysteralgia, sterility, all the functional disorders of the unimpregnated uterus, and, in many of the diseases of the gravid uterus, the slightest reflection on the symptoms would lead us to conclude that these are nervous diseases. The local and constitutional phenomena of these diseases would be inexplicable, if we did not know that the uterus has an extensive system of ganglia and nerves, great nervous centres, connected with the spinal cord. The treatment of these diseases cannot, without this knowledge, be conducted upon sound physiological and pathological principles." (*b*) The existence of the uterine system

---

(*a*) "Clinical Reports." 1853, P. 123.

(*b*) "A Practical Treatise on the Diseases Peculiar to Woman." By Samuel Ashwell, M.D. London: 1845, Pp. 244-5.

(*c*) "Clinical Lectures on the Diseases of Women and Children," P. 478.

(*a*) See *Medical Mirror*.

(*b*) "Clinical Reports." 1858, P. 144.

of nerves is now becoming generally recognised, and the reality of Dr. Lee's discoveries, as described by himself, has been, more or less completely confirmed by the results of the independent researches of Tiedemann, Müller, Herschfeld, Boulan, and other inquirers in this important field.

But though, as Dr. Lee rightly observes, without a knowledge of the extensive system of ganglia and nerves of the uterus, "its physiology and pathology would be completely inexplicable," I am not aware that either he or any other physician has explained the precise *modus operandi* of those ganglia and nerves in effecting those numerous processes of the uterus comprised within the wide range of both its physiological and pathological functions. In so far as the pathology of irritable uterus, and of its associated disorders, is concerned, I shall therefore, attempt to explain in detail here what the *rôle* of the nervous system is, and will, in the first place, recur to the discussion of the question of the nature and significance of the symptoms of inflammation often present in cases of "irritable uterus."

The presence or absence of these symptoms in any given case of uterine neuralgia is determined by the conditions of those nervous centres immediately presiding over the textural nutrition, as well as over the blood-supply, of the womb: if the energy and excitement of the nutritive (positive-motor) nerve cells be predominant, the nutritive processes will be so intensified and augmented as to constitute uterine inflammation of some grade.(*a*) If, on the contrary, the energy of the vaso-motor (negative-motor) nerves be predominant, those processes will be relatively in abeyance, and the uterine arteries will be so contracted as, in fact, to produce uterine anæmia of some grade as a concomitant of the neuralgia; and, in either case, the condition mentioned being once established in the nervous centres in question, may, with slight fluctuations, persist for years; and hence, if the force of the positive-motor nerves be relatively the greatest, the phenomena of inflammation may, and indeed will, be equally persistent, and yet the intensity of the process may be so subdued as to continue for years without effecting any disorganisation. If these two forces are fairly balanced they may, I apprehend, be morbidly intense without producing in the womb perceptible organic change of any kind.

Having shown that the presence of congestion or inflammation in cases of irritable uterus is no bar to the consideration of such cases as are essentially neuralgic, and that, on the contrary, congestion or inflammation is likely to occur as a concomitant or secondary affection in a certain proportion of cases of uterine neuralgia, I now proceed to explain the symptoms of the malady *seriatim*.

Pain is, of course, as the name—neuralgia—implies, the chief feature of the disease. That the sensory nerve-cells related to the womb, and affected in these cases are cerebro-spinal is a proposition which may be admitted for the three following reasons:—(1.) It has been ascertained, anatomically, that cerebro-spinal nerve fibres are distributed to the womb; (2) prolonged uterine pain is generally accompanied not only by backache, but also by tenderness (made manifest by pressure) along the lower part of the spine]; (3.) consciousness of pain in the womb is impossible without the intervention of cerebro-spinal nerve fibres. Admitting this proposition, we are led at once to the conclusion that the chief seat of the uterine sensory nerve-cells is in the lower segments of the spinal cord. The chief point of morbid sensibility in the spinal cord in cases of uterine diseases, as well as in cases of disease of the male genital organs, I find to be about the juncture of the dorsal with the lumbar vertebræ. Now, if these statements be correct, it is evident that uterine pain may be induced by any agency capable of causing irritation, and consequent hyperæmia of that segment, or those segments, of the spinal cord containing the uterine sensory nerve-cells; and if so, the conclusion is legitimate that pain referred to, or localised by consciousness in, the womb may originate quite independently of any perceptible change in that viscus, and indeed in cases in which it is structurally and, but for the pain, functionally healthy. In short, the *proximate* cause of uterine neuralgia as, in fact, of all uterine pain, is hyperæmia of those segments of the spinal cord just indicated.

Dysmenorrhœa is the symptom next in importance to that of pain—in fact, pain is generally considered as being one of the elements of dysmenorrhœa. Certain it is that, in cases of uterine neuralgia, the pain, which during the menstrual intervals, is at all events, bearable, is so greatly increased and intensified during the menstrual process as, in many cases, to become a perfect agony. I will, therefore, premise a few words concerning this augmented pain. I incline to believe that two causes may be assigned for it—that in some cases it may be mainly due to one of those causes, in others to the other, and that in still other cases each of the two may be equally operative. (1.) During the menstrual period, which corresponds with the period of rut or heat in animals, there is a great afflux of blood, and, consequently, a tumultuous increase of nervous energy in those nerve-centres functionally related to the reproductive organs. The result is a great increase of vigour and intensity in the activity of those centres; and, of course, those of them which are sensory, feeling, as they do, with augmented acuteness, transform, in cases of dysmenorrhœa, the bearable pain, of which they were previously the factors, into the agony often associated with that malady. (2.) The second of the causes now adverted to is only a twin branch, with the one just mentioned, of a common stem: in the same way as the function of the uterine sensory nerves becomes exalted, so also does that of the uterine motor nerves, and hence the vigorous and often exceedingly painful contractions of the muscular substance of the womb. Now, these strong, slow, and involuntary contractions are of the nature of cramp, and causing pressure, as there are good reasons for believing they do, on the peripheral extremities of the uterine sensory nerves so irritate them as to cause severe pain.

But though pain is a constant element of dysmenorrhœa, and the one which commands by far the most attention, *difficulty* of menstruation is the characteristic of the malady implied by its name, and, in fact, this difficulty is two fold: there is difficulty in secreting the menstrual fluid into, and difficulty in discharging it out of, the womb. The nerves (positive motor) causing the secretory action of the uterine mucous membrane are, indeed, functioning with preternatural vigour, but they lack an adequate blood-supply from which to withdraw into the womb by the agency of that membrane, the normal menstrual fluid—normal alike in quantity and quality. That adequate blood-supply is withheld by the uterine vaso-motor (negative motor) nerves, which, also functioning with preternatural vigour, effect the more or less complete closure of the uterine arteries. Hence the difficulty in secreting the menstrual fluid, and its characteristic scantiness. The difficulty in discharging the small quantity which is secreted, and the fact that a considerable proportion of that small quantity is often discharged in successive clots, are both due to the preternatural contractile energy of the womb itself. Instead

---

(*a*) The potency of nerve-force in relation to textural nutrition is well exemplified in a case of neuralgia of the face, recorded by Dr. Handfield Jones, in which severe paroxysms of the disease "issued in actual extravasation of blood in the eye and cheek. The pain would continue very severely for forty-eight hours, then begin to remit, and, at the same time, a blush would appear in the part, which increased until there was actual effusion of blood." In connection with this interesting case, Dr. Jones mentions that "Dr. Cahen has recorded (*Arch. Géner.*, Oct., 1863) two cases showing the influence of ileo-lumbar neuralgia on the occurrence of uterine hæmorrhage." (*a*) Dr. Jones, and, if I understand him rightly, Dr. Cahen, also, regards these and like cases as evidence of enfeeblement or paresis of the vaso-motor nerves distributed to the affected parts. I am constrained, however, to dissent from this interpretation of those instructive facts. I look upon them as evidence of preternatural energy in the cerebro-spinal nerve-cells related to the affected parts—energy so potent as to cause the constituent elements of the affected tissue to attract blood faster than they could assimilate it through the peripheral arteries, notwithstanding that those arteries were more or less vigorously contracted by vaso-motor energy.

(*a*) "Clinical Observations on Functional Nervous Diseases." Pp. 4-556.

of allowing the fluid to pass quickly away as fast as it is secreted, the excited womb, violently stimulated by the nerves distributed to its muscular substance, closes its orifice with spasmodic energy, and thus shuts within itself, more or less completely, the fluid effused which, therefore, having slowly accumulated, exerts distending pressure on the uterine walls, and, at length provokes, by reflex action, such violent contractions as to effect at once the complete discharge of its contents by its expulsive efforts. If the quality of the fluid be such as to enable it to clot, or to be formed into a clot, its enforced accumulation in the womb favours and aids this process; and when it is accomplished, the expulsion of the clot involves the necessity of uterine action so vehement as to resemble very closely the throes and, indeed, in some cases, even the agonies, of labour. This remarkable phenomenon is, unhappily, a by no means uncommon characteristic of severe dysmenorrhœa.

Intimately associated, physiologically, with the symptoms just discussed is the kind of *inflammation* characteristic of uterine neuralgia: the mode of origin of this inflammation, and the determining causes of its presence or absence, have already been sufficently explained in the paragraphs criticising the divergent pathological views on the subject. I therefore pass on to the consideration of that very interesting pathological phenomenon frequently accompanying dysmenorrhœa—viz., the formation and expulsion from the uterus of what is called a "false" membrane. The immediate cause of the formation of this membrane is, I venture to assert, the intensely preternatural energy of the nerve-force distributed to the uterine mucous membrane, and presiding over its normal, as well as over its abnormal, actions. That glands and glandular surfaces (mucous membranes for example), secrete at the bidding of, and by virtue of energy derived from, the nervous system, is a proposition of the utmost possible importance by way of the elucidation of the origin of the false membrane in question, as well as of a symptom next to be discussed, and the truth of this proposition I regard as fully established. Now, I have already shown that in cases of dysmenorrhœa there is great hyperæmia of the nervous centres related to the womb—hyperæmia so great as to be morbid by virtue only of its intensity. During pregnancy there is also a like hyperæmia, but it is due to a normal cause, and results, in so far as the uterine mucous membrane is concerned, in a normal product—the decidua. In dysmenorrhœa there is a similar, but less perfectly constituted, membrane, and formed in the same way. In both cases, excessive and intense action of the nerve-force distributed to the mucous membrane supersedes its ordinary function of secreting mucus, and causes it, instead, to effuse plastic lymph: this is speedily organised, in cases of pregnancy, into the decidua; and, in cases of dysmenorrhœa, into an abortive likeness of it—the false, or dysmenorrhœal, membrane. The view here expressed concerning the nature and mode of origin of this membrane differs from that generally held by the eminent pathologists who have concerned themselves with this subject only in respect to the nature and mode of action of the force by which it is produced. Most, if not all, of them regard it as a consequence of inflammation. "We shall probably be correct," says Dr. Montgomery, "in referring such productions to any cause capable of exciting a certain degree of irritation, or perhaps of inflammation, by which a thin lamella of the lining membrane of the uterus may be cast off, or lymph poured out on its surface, which assumes a membranous texture, as we find happen in other hollow organs lined with a mucous membrane, as, for instance, in the intestines in cases of diarrhœa tubularis, and in the trachea and air-tubes; to use the words of Pouchet,—'Ce n'est q'une desquamation de sa superficie, analogue à celle qui se produit à la surface des autres muqueuses, mais pluse intense:' and hence we the more readily acquiesce in the belief that such concretions may form, quite independently of the specific stimulus of conception or of sexual intercourse, an opinion which is sanctioned by the experience of the best authorities" (*a*). In this view I entirely concur; but, while assenting to the doctrine that the dysmenorrhœal membrane is formed in the manner described in this passage, I supplement that doctrine by the important addition—viz., that the membrane is so formed solely by formative power exerted by the nervous system. It is incumbent on me to insist with especial emphasis on this supplementary doctrine because, while opening a new field of pathology, it reveals for the first time in the history of the discussion of this subject the therapeutical principle which can alone guide us to a really scientific and successful treatment of the malady in question.

Having adverted to the formation of sanguineous clots, as well as of the membrane just mentioned, I may point out that when both processes take place in the same patient, effusions of lymph and of blood may occur alternately, and that, in such cases, the patient may expel what have been described by Dr. Montgomery as "solid substances of a fibrous appearance externally, and varying in size, from that of a fig to that of an almond, which they resemble in form, being in fact moulded to the shape of the uterine cavity. These substances, when cut into, are found to consist . . . of layers of coagulum, between which there is interposed a thin, membranous-looking stratum of lymph; and others, again, are a combination of coagulated blood with the membranous production first described, around which blood is effused and condensed before its expulsion from the uterus, in which case, when a section is made through the centre of the mass, it is found to consist of an outer coat of condensed coagulum lined by the membrane, the smooth surface of which is thus laid open" (pp. 271-2).

Leucorrhœa, as is well-known, is an almost constant accompaniment of uterine neuralgia; and the explanations which I have already given will have fully prepared my readers for the announcement that this malady is really of nervous origin, and that it consists in nothing more than an abnormal augmentation of a normal process, viz., the secretion of mucus which, whatever be its quantity, is eliminated from the blood by the mucous gland-cells only when they are stimulated to action by nerve currents passing along nerve-fibres, generally, at all events, of cerebro-spinal origin, fibres directly innervating the gland cells, and conferring upon them their peculiar power, while attracting blood to themselves, of extracting from it the fluid they secrete. The function of the sympathetic in relation to the gland is, I hold, merely vasomotor or, through its action on the arteries distributed to the glands, regulative of their blood supply. Now, in reviewing the symptoms already mentioned as associated with uterine neuralgia, I have shown that they are all referrible to hyperæmia, and therefore, exalted function of the nervous centres governing the womb; and if the mucous glands work only by the agency of the nervous force and mechanism just described, it is evident that the vigour with which they work will be proportionate to the energy conveyed to them, and that if the nervous centres governing them are hyperæmic—as, in cases of uterine neuralgia, I have shown them to be—it is obvious that leucorrhœa is simply a result and expression of such hyperæmia. I am aware that this doctrine is revolutionary of the prevailing ideas and practices of the profession in respect to leucorrhœa, and therefore that powerful evidence will be necessary in order to substantiate it; this, however, I am able to give, in the shape of a considerable number of cases proving that by exerting a sedative influence on the nervous centres related to the reproductive organs leucorrhœa is rapidly cured. I may add here that though my explanation of the *mode of action* of the nervous system in producing leucorrhœa may be new, the conception that the nervous system does produce it is not

---

(*a*) "An Exposition of the Signs and Symptoms of Pregnancy, with some other papers connected with Midwifery." By W. F. Montgomery, M.D. Second edition. Pp. 272-3.

new; it was expressed by Mr. Teale in 1829 (*a*), by Dr. and Mr. Griffin in 1844 (*b*), and subsequently by several pathologists; in his "Clinical Lectures," published in 1856, by Professor Bedford, he says,—"The interesting tables of Marc D'Espine show very conclusively that a discharge of mucus from the vagina, more or less profuse, will be occasionally observed, constituting a species of leucorrhœa dependant exclusively, as has been proved, on a peculiar irritation of the uterine nerves. . . . This important principle in uterine pathology has been fully discussed by Reclaim, Mitchel, Malgaine, Beau, and others; and assuming it as a basis for their therapeutics . . . they have treated, and successfully, too, this particular form of uterine catarrh consistently, viz.: through revulsive agents applied to the lower portion of the spine, such as blisters, cauterisation with the red-hot iron, &c." Professor Bedford prefers "the insertion of a nitric acid issue on the side of the lumbar vertebræ," because, among other reasons, it "is more positive in its action than blisters." The fact of the notably slow spread of the doctrine of the nervous origin of leucorrhœa is, perhaps, partly accounted for by the unwillingness of patients to submit to these questionable and very uncomfortable remedies, and partly, I would fain hope by the unwillingness of physicians to prescribe them.

Another collateral, very common, and often very distressing, symptom of uterine neuralgia is *prolapsus uteri*, and many patients complain especially of bearing-down pains. Dr. Handfield Jones begins his chapter on "Uterine Neuroses" with these words,—"The uterus seems to come in for a fair share of neurotic disorder. This, indeed, might be expected, not only from its functional importance, and its extensive sympathetic connections, *but from the marked depression of nervous power with which its monthly evacuation seems to be almost constantly associated*" (*c*). And, again, in his account of the case, which he numbers 153, in which the patient complained of "violent pain at the lower part of abdomen and bearing down," he remarks,—"In this case the affection of the sensory nerves was complicated with paresis of the vaso-motor." It will be seen that this physician's view of the state of the nervous power, related to the womb during the menstrual period, is diametrically opposed to that which I have expounded, and I must now add that though, at first sight, his explanation of the "bearing-down" in the case just mentioned—viz., that it was due to nervous paresis—seems thoroughly reasonable, it is, in fact, as I am prepared to prove, erroneous, and the very opposite of the truth. Bearing-down or prolapsus of the womb in cases of uterine neuralgia, and, indeed, in a large number of other cases, is immediately due to extreme contraction of the arteries supplying blood to the uterine ligaments, as well as to the uterus itself. This contraction shuts off the blood to such an extent as to produce marked anæmia, and consequent feebleness of those ligaments which, becoming relaxed, permit of the prolapsus in question. This hypothesis I must also leave in this place without proof, begging my readers to suspend their judgment in the matter until they have read the evidence which I hope soon to publish, in the shape of a record of cases demonstrating the truth of my statement; meanwhile, I may say here that I have repeatedly proved that, by increasing the circulation of blood in the pelvic viscera, the prolapsus in question disappears. Now, if the explanation just given be correct; if, in fact, the immediate cause of the prolapsus be undue contraction of the arteries of the womb and its appendages; and if, as we know, such contraction is itself caused by preternatural energy of the vaso-motor nerves distributed to those arteries, it is certain that the real cause of this prolapsus is hyperæmia—instead of anæmia, and consequent paresis—of the vaso-motor nerve centres in question.

There are a few other symptoms occasionally presenting themselves along with uterine neuralgia which I shall be able to dispose of in a few words. The *tenderness of the vagina and intolerance of coition* occasionally complained of are obviously referrible to the condition of the nervous centres already insisted on. When inflammatory symptoms are present the tenderness in question is likely to be most acute; but intense hyperæsthesia, of course referrible to hyperæmia of the sensory nerve-centres only, is quite sufficient to produce both intolerable sensitiveness of the vaginal walls and that vehement spasm of the same, to which Dr. Marion Sims has especially called the attention of the profession under the name of vaginismus. The *frequent micturition* and *pale and abundant urine*, also often associated with uterine neuralgia, are, as I am prepared to prove, referrible to the same cause as the symptoms discussed above. *Sickness*, *nausea*, and *capricious enfeebled appetite*, as well as *constipation* and *flatulence* may also be shown to originate in hyperæmic disorder of the spinal cord, and collateral sympathetic ganglia; and, whatever may be the remote cause, the proximate cause of the *shivering*, *flushing*, and *feverish nights* frequently complained of by sufferers from "irritable uterus" or uterine neuralgia consists not less certainly in alternate hyperæmia and anæmia (the latter a result of re-action in the circulation) of those nervous centres.

(*To be continued.*)

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, December 18th, 1871.

Dr. Andrew Clark, President in the Chair.

Mr. Thomas Bryant made a communication and exhibited

DRAWINGS ILLUSTRATIVE OF THE PROCESS OF CELL GROWTH IN THE OPERATION OF SKIN-GRAFTING.

M. Reverdin when he made his communication on *this* important subject of skin-grafting, propounded the following questions:—

I. Was the skin-graft an exciter of skin action?

II. Or were the cells themselves of the graft proliferated?

Mr. Bryant contended that the grafts grew. The skin is *prolonged* from the graft, the borders also of the wound throw out growths. A white man was suffering from a large ulcer on the leg, a negro being in the hospital at the time, a small portion of his skin was transplanted, the ulcer decreased in size, and a piece of black skin the size of a grain of wheat increased very much in size. A little piece of black skin, which was well *isolated*, has assimilated to the white skin somewhat in appearance having become paler in colour. It was an interesting question whether the black skin would become paler or white. The cicatrix in the black man was darker than the surrounding skin. The author thought the practice of transplanting from one person to another was objectionable, it was better to take the grafts from the patient, even in children. Some skin taken from an amputated leg was placed in warm water and used for grafting. The grafts so obtained lived, but little more, they did not assimilate with the tissues round, but remained mere grafts. It might be possible to inoculate cancer or syphilis. In a case of *extroversion* of the bladder, a skin-graft lived, but nothing more, the mucous membrane did not become skin. An ingenious instrument for taking grafts was shown.

(*a*) "A Treatise on Neuralgic Diseases Dependant upon Irritation of the Spinal Marrow and Ganglia of the Sympathetic Nerve." By T. P. Teale. 8vo. London. 1829.

(*b*) "Observations on the Functional Affections of the Spinal Cord and Ganglionic System of Nerves, in which their Identity with Sympathetic, Nervous, and Irritative Diseases is Illustrated." By William Griffin, M.D. and David Griffin. 8vo. London. 1844.

(*c*) "Clinical Observations on Functional Nervous Disorders." 1864 P. 452.

Dr. Ogle (of Derby), read a paper on

PREVENTIVE MEDICINE OR MEDICAL REFORM: NOT PARLIAMENTARY, BUT PARTICULAR AND INDIVIDUAL.

Very much has already been done by Parliamentary Reform, but the time has come when some considerable modifications of individual action in our dealing with the public is demanded, the author had been physician to a London Dispensary, and found the system liable to many abuses, social, moral, and medical, he was also Hon. Sec. to a committee of inquiry, similar to the one that has just been sitting. The working of provident dispensaries did not satisfy us, but we discovered that the social principle of providence, has an exact counterpart in the medical principle of prevention. Prevention is the highest function of our profession. Mr. Haviland's maps show at a glance where the mortality in England is above the average. The Registrar-general's reports show what an immense number of preventible deaths take place yearly. A commercial traveller had sent for him to see a child suffering from scarlet fever, because he took his guinea and did not call again until sent for, the wife also took a fever. A second child, slightly ill with it, was taken out in a cold east wind, was chilled, became dropsical and died. This condition of things might be prevented. An errand boy but recently recovered from scarlet fever infected *this* family. Phthisis is one condition tending to disease, might be healed easily and much harm prevented. He then submitted the following arrangement:—1. So much per annum for all ordinary work, the amount being left open, to differ according to circumstances, and that II., charges per visit shall be restricted altogether to extraordinary acts of service. Physic should, whenever possible, be supplied by druggists, if not it must be charged for separately. He proposed further, that the *term* ordinary should include all visits for which request has been made before a certain hour, varying for different families according to circumstances. It might also be understood, that the doctor in answer to such application should be at liberty to call or even to send a substitute at any time in the course of the day most convenient to himself. On the other hand "extraordinary visits should be night visits, but of these only such as are specially requested." Sunday visits specially requested, and visits in obedience to messages to come "immediately" or at some particular time named by the patient. The doctor would become a health officer, and would enjoy a freedom to do his duty, which at present he does not possess, and the interests of the doctor would be identical with those of the patient. The doctor would be emancipated from all the trading accessories of the profession which are now so galling; he would have no pecuniary interest in the amount of physic consumed, and would have no trade stimulus to pay many visits. His domestic comfort would be much increased, as he would know at breakfast time what his day's work was. When a summons to come "immediately" was sent, he would be sure that it was not a mere whim of some inconsiderate or fanciful patient. Whims and fancies would be reduced to a minimum. Advice given to a young physician twenty years ago who was desirous of becoming a specialist was, if you wish to get on you must throw open your house and give advice gratis to all comers, and you must write a work. In the present day the columns of the *Times* set forth any number of books on special diseases, the public is often unable to distinguish between a doctor and a mere quack. If the family doctor occupied the position thus assigned to him, the tendency would be to encourage a greater number of first-class men to devote themselves to special practice. Consultation practice in the country is not what it ought to be, and it is a reproach to our profession, that consultations should be so seldom held, and that there should be so much mystery in holding them. In any other walk of life consultation with a friend is the rule, independent action the exception. One man will not meet another because he is his junior. A physician will not meet a general practitioner because it is *infra dig.* A general practitioner will not meet a physician in a question of surgery and so forth. The two doctors meet first to talk the case over, instead of taking special care to avoid a bias being given. It is not to be wondered at, that the patient takes the train to London, and unknown to the family doctor consults some one, and gets an independent opinion. The patient ought to have liberty to call in whom he pleases, and special provision is to be made so that the second opinion shall be formed independently before the consultation proper is commenced. As to difference of opinion, they are not marks of ignorance but the contrary. The bearing of the preventive plan among the poor was then considered. The fundamental error of Mr. Smith, the philanthropist, who invented provident dispensaries was, that he adopted a uniform and, therefore, a minimum scale of payment. Restriction in this necessitated restrictions elsewhere and other interferences, notably, that not more than a certain number of medical men shall be upon the staff, a manifest injustice to those who are excluded, and a withdrawal to the same extent from the patients of the benefit of competition; then there must be of necessity a committee of inspection to exclude members who ought to pay more than a penny a week, a duty so invidious, that practically it cannot be carried out. But the strongest of all the objections is, that these institution never aimed at, and therefore could never attain, a higher standard than that of mediocrity. Appeals to the public for subscription are wrong in principle.

A long and careful discussion followed the reading of this paper, in which the President, Dr. Routh, Dr. Crisp, Dr. Gibbon, Dr. Ford Anderson, Dr. Brunton, Dr. Symes Thompson, and Mr. Davy took part.

◆

DUBLIN OBSTETRICAL SOCIETY.

The second meeting of the Society for the present Session was held on Saturday evening (16th December), in the College of Physicians. **Dr. Kidd**, President of the Society, in the chair.

Dr. A. H. **Ringland** read a paper

ON THE OPERATION OF TRANSFUSION.

He gave an interesting sketch of the history of the operation and the controversies to which it had given use, and attributed much of the success which transfusion had had in the present day, to the practical ability of Dr. Blundel, who revived the operation after it had fallen into disuse, and proved by experiment that blood could be received into a vessel and passed through a syringe into the veins of another individual without losing any of its beneficial effect. Having detailed the subsequent progress of transfusion and quoted Graily Hewitt, Routh, Soden, and Brown-Séquard as authors on the subject. Dr. Ringland said that to render the operation safe, many instruments had been invented, but that for mechanical completeness, simplicity and safety, the apparatus recently invented by Dr. Robert McDonnell, surpassed all others. This apparatus had the advantage of dispensing with the use of the syringe so ill adapted to emergencies, a glass pipette being used instead of a syringe, and the blood going in by gravitation or by blowing gently into the pipette. Dr. Ringland then described a case in which the operation of transfusion had been recently performed. He was called to attend a woman in her tenth labour; and on his arrival found her in a state of extreme exhaustion from profuse hæmorrhage. The hæmorrhage was arrested, but in spite of the use of brandy, &c., she could not be roused from her prostrate condition. It was therefore determined to try transfusion. Dr. McDonnell's aid was sought for, and he performed the operation, the details of which, Dr. Ringland described. Unfortunately, the operation did not succeed, several ounces of defibrinated blood had been transfused when a deep gasping sound was heard, and the patient was dead—the inference drawn by Dr. Ringland being that they should be careful in certain cases of uterine hæmorrhage not to delay the operation until the patient's powers of reaction were paralysed:

At the conclusion of Dr. A. H. Ringland's communication, **Dr. Ringland** read a paper describing the particulars of another case of transfusion. On the 3rd of October he was sent for to see a lady, 23 years of age, who had been delivered of her third child. There had been violent flooding on the two previous occurencies, and on the completion of the third labour profuse hæmorrhage set in. By the use of perchloride of iron the bleeding was arrested, and brandy and ergot were administered with the effect of improving the circulation and causing contraction of the uterus. Nevertheless the pulse indicated great prostration; it was 120, and compressible, and at times not distinguishable. She was restless, with laboured respiration, and fatal issue was all but impending. Dr. Johnston who saw her with him, agreed that transfusion should be tried, and Dr. Robert McDonnell was sent for. It was twelve o'clock at night when the operation was proceeded with, the pulse at that time being wanting at the dorsum of the foot and at the wrist and arm, and the second sound of the heart being inaudible. An incision was made in the skin over the cephalic vein, and an acupressure needle passed under it to enable them to command the vessel. The operation occupied a considerable time, and great pressure had to be used to push in the fluid. Scarcely more than three or four ounces of defibrinated blood were transfused when a pulse was felt, and when not less than twelve ounces in all were introduced, the patient rallied considerably.

The subsequent treatment was then described: Opium was largely given to the extent of a pill containing one grain each hour. On the third day after the operation there was a slight hardness of the vein observed, but this yielded to the application of nitrate of silver. The lady recovered perfectly, and in Dr. Ringland's opinion had been snatched from death by the operation of transfusion, when all other means of saving her life had been adopted and failed.

The **President** said,—He had not himself witnessed any case of transfusion, but he had been on many occasions prepared to have it done, and had watched the cases carefully with Dr. M'Donnell's assistance, in order to perform the operation if necessary, and they had always, except in one case, postponed the proceeding. It is important to watch the right time to perform the operation, and he must say the case recorded by Dr. A. H. Ringland shows the importance of not delaying it too long. The first case in which he contemplated transfusion was a very sad one. It was that of a lady in the suburbs of Dublin, who had a miscarriage. When he saw her she had been bleeding from ten in the morning until four in the afternoon. He at once succeeded in removing the placenta and membranes, and there was no further bleeding, but the progress of the case was downward; she gradually became lower and lower. He sought the assistance of Dr. Beatty, and, when he arrived, at his suggestion, Dr. Robert M'Donnell, and the means of performing transfusion, were sent for. Everything was prepared, the husband afforded the blood, it was strained, and everything was ready, but, as they were about to open a vein in the arm, she breathed her last, and the case made a deep impression on his mind. The two successful cases now recorded by Dr. Beatty and Dr. Ringland should make us resort to the operation at an earlier period.

A remarkable paper appears in the *Lancet* of this day, giving an account of three cases of transfusion, two successful and one unsuccessful. There was this extraordinary feature about the unsuccessful case, that the defibrinated blood used had been drawn out the night before, and preserved for fourteen hours before being injected into the veins, but that does not appear to have had any influence on the result of the case. The operation was resorted to in that instance because of the exhaustion produced by a gastric ulcer. The other two cases were cases of poisoning, one by phosphorus and the other by carbolic acid, and in these cases a quantity of blood was withdrawn equal to the quantity injected. The cases are very interesting, but they are recorded in such a manner that perhaps implicit reliance could not be placed on them.

Dr. Robert M'Donnell said there were some operations, such as those for the removal of tumours and for aneurisms, &c., which could not be practised on the dead subject. There were others, of which transfusion was one, which could be thus practised; and that being so, it was inexcusable for any young surgeon not to avail himself of his opportunities to make himself familiar with the details of an operation which he might afterwards find necessary for the preservation of life. This was essentially an operation of detail. In the first instance, perfect cleanliness was indispensable. All the instruments, the tubing, the pipette, should be perfectly clean; the bowl in which the blood was received should be scalded with hot water, and the muslin used in straining the blood should be scalded also. In the second place, the only really difficult part of the operation when it came to be performed was the opening of the vein in the person into whom the blood was to be transfused. It was like taking up a vein in the dead body. There was this only difference between the dead and the living bodies—that in the latter, owing to the cold air getting at the vein, its muscular fibres contract, and it becomes very small. Hence the importance of passing a needle under it, so that one might always be able to find it when necessary. He believed that in both the cases that were detailed that evening the apparent difficulty found in putting in the blood arose from their natural anxiety to see it flow in quickly. You think the blood is not going in, when in reality it is going in, but very slowly. He had never found any instance, when practising on the dead subject, in which the weight of the blood was not of itself sufficient to make the blood run in without difficulty. The nozzle which had been described by him in the *Dublin Quarterly Journal* was an important part of the instrument.

It is of great importance to have a canula, with a probe point, and the eyelet hole at the side, not at the end. The probe point was best suited for entering a small opening. They could easily make sure that all air was expelled before they put it in, and if during the progress of the operation a bubble of air was observed, it was possible to withdraw it, and allow the air to escape without any serious interruption of the operation. There was another advantage in an apparatus of the kind exhibited, well illustrated in the case detailed by Dr. Ringland. There was some delay experienced in getting at the vein in the woman's arm when all was ready for making the injection. In such a case it was only necessary to place the nozzle in the top of the tube, and the pipette could then be placed in a can of hot water, and allowed to remain there as long as the operator wished. It was evident that this was a great advantage, inasmuch as everything could be got ready for use without undue haste, and the operation could be carefully and deliberately performed without fear of the blood getting cold. He believed this operation was capable of being applied to a large number of cases besides those with which the members of that Society were so familiar in obstetric practice.

He would mention an instance of a surgical case in which transfusion might have been applied with advantage. A man whose limb was torn off had come a long way from the country, and arrived at hospital exhausted from loss of blood; nevertheless it was deemed advisable to amputate, and he died within a day or two after the operation, but seemed to be run down by that kind of secondary fever which follows exhaustion from extensive hæmorrhage. Now he should think in such a case of saving the patient's own blood, unavoidably lost at the operation, and having it defibrinized, and then after the operation giving him back his own blood, thus giving him promptly what is equivalent to a good meal of nutriment to start him on his way to recovery. He belived the most important thing connected with this operation was establishing the desirability of introducing defibrinated blood. In former times it was held that fibrin was an important nutritive part of the blood; it was considered that the blood was deprived of its most essential element when the fibrin was taken away; but physiologists had now come to the conclusion that fibrin, instead of being an all-important nutritive element, was rather an excrementitious matter which was given to the blood as it returned from the tissues after doing its work, and that it was an advantage to get rid of it. His (Dr. M'Donnell's) physiological experiments had proved this to be the case. He observed this when repeating the experiments of Dr. Brown-Séquard on limbs of animals removed from the body, on animals deprived of the head, and on the head removed from the body, whereby the vital phenomena were reproduced by keeping up an artificial circulation. He placed on a tray the head of a dog which had been severed from the body, and with a double action syringe injected the oxygenated and defibrinated blood of a sheep into the veins, producing artificial circulation through the brain of the decapitated dog. The vital phenomena were produced—the jaw opened, the tongue was protruded, the eye moved, but the blood which flowed out through the veins coagulated. Defibrinated blood was thrown in, but there was carried out, taken away from the tissues, fibrin that coagulated, thus proving that the fibrin found in the blood is an excrementitious matter carried away from the tissues. This remarkable fact, coupled with what they knew of the liver and kidneys, which were blood-purifying organs, namely, that the blood in the hepatic vessels and in the emulgent veins after leaving the kidneys did not coagulate, left little doubt that the fibrin was not a nutritive element of the blood. Hence, physiologically speaking, the defibrinated blood was better for the patient. He need not say it was important also in a surgical point of view. The risk of trying to inject blood not defibrinated was very great, and he was of opinion that the deaths which occurred several days after transfusion occurred from embolism. He said then that, physiologically, the defibrination of the blood made it better for the patient, and surgically it disarmed the operation of most of its dangers and its risks. With regard to the difficulty experienced in Dr. Ringland's case in getting the blood in, he was inclined to think that in all these cases it arose from their being rather precipitate, and thinking that the blood should go in faster than it really should. He had contrived a simple apparatus, by which a good deal more force could be put on, as in Bellina's apparatus by an Indian-rubber bottle; but at the same time he did not recommend it. It was important that the blood should not flow in too quickly, and he believed that gravitation alone was sufficient to get it in—at least gravitation aided by the pressure of the mouth. Care should be taken not to have the blood too hot. The operator should be provided with a thermometer in every case, otherwise he ran the risk of producing coagulation of the albumen. The blood should be heated from 100° to 105°, at which there was no risk of coagulation, and this temperature could be easily maintained. There was one interesting point to which before sitting down he wished to allude. Some remarkable experiments, reported in the proceedings of the Royal Society, had been performed with the view of proving whether the breeding of rabbits could be altered by the transfusion of the blood of one kind into the veins of another. The experimenter transfused the blood of the lop-eared rabbits into ordinary rabbits, and bred from the latter to try whether they would give birth to a lop-eared progeny. The result, however, was negative. The transfusion did not bring the spermatic animalcules into harmony with the blood flowing through the veins of the animal. These experiments were brought forward in opposition to the theory of pangenesis of Darwin, and might at least serve to allay the fears patients had sometimes entertained lest they might partake of the peculiar character of the person whose blood was thrown into them. It was desirable of course that the blood should be taken from a healthy person, and, above all, they must take care that there was no syphilitic taint in the blood used.

Dr. Beatty had listened with great pleasure and instruction to the papers which had been read by Dr. Ringland and Dr. A. Ringland, and he congratulated the former on the successful issue of his case, and the latter on the diligence and skill which he had brought forward all the accumulated knowledge on the subject, and the very lucid manner in which he had described the operation. It was rather a remarkable thing, and one on which they were justified in congratulating themselves, that this very rare operation should now have been three times performed in a short space of time, and twice successfully in this city.

Dr. Johnston said that having seen fearful results from loss of blood after childbirth, he must corroborate Dr. Beatty's opinion that they should not wait too long to see the effects of the hæmorrhage, but at the proper time, when it was seen that all ordinary means had failed, they should interfere in this method, which Dr. R. M'Donnell had rendered so easy for their adoption. A short time since he was called to see a case of hæmorrhage in the fifth month. It was a case of abortion, and, he thought, owing to some oversight on the part of the physician, the whole of the membranes were not removed until a month afterwards, when severe hæmorrhage took place. Such was the state of exhaustion that when he (Dr. Johnston) arrived, he found the woman quite pulseless. He found part of the placenta remaining, which he removed, and, by the injection of perchloride of iron of the usual strength, he succeeded in arresting the hæmorrhage, and then by stimulating the patient by enemata of beef-tea, wine, and opium, he brought back the pulse. If, however, he had failed with the remedies he applied, he would have sought the aid of Dr. M'Donnell, and performed the operation of transfusion. Although he had been successful in the case referred to, he would not advise any gentleman to depend too much on perchloride of iron or any astringent mixture for arresting hæmorrhage.

Dr. Denham must express the intense satisfaction he felt in listening to the papers of that evening, and the discussion which they had elicited. He looked at it as the most important meeting the Society had ever held. He had listened with great interest to the details of Dr. Ringland's case, and it passed through his mind at first, as it probably did the minds of other members of the Society, that they had seen cases apparently quite as far gone recover. That idea, however, was largely dissipated when he came to hear the details and the result of the treatment after the operation. When he found the patient was able and required to take a grain of opium every hour for sixty or seventy hours, he concluded that the vital powers must have been at a low ebb. In that case the system was in the condition of a patient dying from cholera. Such a quantity of opium could not be introduced into a person in good health, and doubtless in this case a large portion of it was never absorbed, but passed down the alimentary canal without producing any effect on the system. The large quantity which had been administered, however, showed that the operation was called for. Every practitioner of midwifery, on looking back over his practice, must recall to his mind instances of valuable lives that might have been saved if they had been familiar with the operation of transfusion. He would mention one, a case which had made a great impression on him, of a lady who had bled to death simply from the application of six leeches. She was a person of delicate constitution, was confined safely, and went on well for some days. On the occasion of the milk fever there was some tenderness over the uterine region, and he ordered the leeches to be applied. The nurse ignorantly encouraged the bleeding by poultices. Another practitioner, not familiar with these cases, was called in, and he attempted unsuccessfully to stop the bleeding. He (Dr. Denham) was then sent for, after the bleeding had gone on for several hours. However he succeeded in commanding the hæmorrhage from every vessel. It happened to be the morning of the funeral of his lamented and esteemed friend, Dr. Mayne, and, being anxious to attend it, he left a friend with the patient during his absence, and on his return from the funeral the patient was dead. The bleeding had been completely stopped, but the vital powers going down, the woman died. He had not the slightest doubt that her life would have been saved if they had been familiar at that time with the operation.

Dr. Churchill said all present must have listened with great interest and instruction to the points recorded in the papers themselves, and to Dr. M'Donnell's very instructive observations on the operation. He (Dr. Churchill) remembered Blundel's operation, and the operation fell through then from the accidents that occurred; and he had a strong suspicion that a good many of them might have resulted from the fibrina in the blood. The most important point was the defibrination of the blood, for then there was no chance of embolism or other accident occurring. Blundell, he remembered, laid great stress on the blood being introduced very slowly. He set some one to watch the eye of the patient, and the moment he saw a flicker of the eyelid he stopped the introduction of blood. If the blood went in by gravitation, as Dr. M'Donnell said, it could not go in too fast. As to the free use of opium after large hæmorrhage, he thought three-fourths of it had no medical effect. Dr. Haughton examined some time ago the body of a person who died of cholera, and who had got more than twenty pills with a grain of opium in each, and he found all the pills in the stomach. He had heard of cases in which the effect of opium on the heart of the patient in cases of hæmorrhage was injurious, death having been caused in some instances. He thought, therefore, very great caution should be exercised in giving opium in cases of hæmorrhage, and he confessed he should be afraid of giving it to anything like the extent stated by Dr. Ringland.

Dr. Nuttall said the apparatus introduced by Dr. M'Donnell was so simple that any man with ordinary hands could use it, and it rendered an operation of great importance comparatively easy and safe. Some twenty years ago he tried the effect of injecting warm water, with salt and whiskey, into the veins of persons in collapse from cholera, and they were temporarily relieved; could sit up in bed and express themselves as being better than they were previously. Looking at this fact, it seemed to him that in cases where there might be a difficulty in getting blood, relief might be given in this way, with warm water, a little salt, and a small quantity of spirits. The object of using salt was, that it had a tendency to prevent coagulation of the blood.

Dr. Byrne also bore testimony to the great value of the instrument which Dr. M'Donnell had placed in the hands of the profession, and he had not the slightest doubt that when it came to be more generally known, it would be the means of saving many lives. These cases of hæmorrhage after delivery were often most formidable and rapid in their effects; and he could easily conceive a case where the transfusion of eight, ten, or fifteen ounces of blood, would save the patient's life.

In reply to Mr. F. T. Porter,

Dr. M'Donnell said the only surgical case in which he had performed the operation of transfusion, was one of tetanus. It did not exercise any control over the complaint, but after the transfusion the patient was relieved from the sensations of hunger and thirst, which she had previously felt very acutely, proving that the sensation of hunger which was transferred to the stomach, arose from the want of nutriment to the system generally. The patient was continually saying, through her clenched teeth, that she was dying of hunger and thirst; but an hour after the operation she was relieved from these sensations.

Dr. Ringland thanked the meeting for the manner in which his paper had been received. The subject all admitted to be one of great interest, and if his paper had produced no other benefit than eliciting the observations which had been made that evening, he thought he had done good to the Society. Dr. Denham said that it had struck him and others present that very probably the case might have recovered without any transfusion whatever, but that he was disabused of this notion when the subsequent details of the case were stated. He (Dr. Ringland) could only say in reply that it was the unanimous voice of Dr. Johnston, Dr. M'Donnell, and himself, that the time had come when nothing but the operation could save the patient.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2 6
„ If Paid in Advance 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh

Agents for the United States—
New York—Turner and Mignard, Nassau-street.
Baltimore—Kelly, Piet, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1872.

ARMY MEDICAL SERVICE.

There are few things in the duties of medical journalism more disheartening than the consciousness that great institutions like the Public Services may be full of men in a state of discontent, justified alike by their past history, their anxiety to deserve well of the country and the prospect that the future holds in store. We all know how slow is promotion—how swift old age and death. Those who have given up the best portion of their lives to their country, too often feel that they would have done better in any other career, and yet it is too late to change. What can they do but go on in the hope of better days, when as they say they are fit for nothing else.

We have often urged the claims of our brethren on those in power, and challenged the verdict of public opinion as to their services. Even last week, when speaking of the honours due to medical men, and which the country is prepared to seize an opportunity of paying, we pointed out that our brethren in the public services ought not to be passed over. Further we repeat that they form a noble part of the great profession, and we would once more urge that their just claims be recognised. Promotion and other honours are valued by medical as well as combatant officers, and while all is at a dead-lock, the service is discontented. Men who would glady be employed are eating out their hearts in sadness and vexation, as they see no honours distributed and no promotion going on.

Writing on this subject, the *United Service Gazette* considers that the state of things in the Army Medical Department is one that calls for the immediate attention of the Minister for War. There are eight or nine inspectors-general all on full pay, and giving no indication of any intention to retire and make room for their juniors. Formerly these officers had a five years' tenure of active employment, the same as other members of the staff, but of late years this limitation seems to have been completely ignored, and the inspectors-general hold on, making the first and greatest block in the way of promotion. The remedy for this is simple enough: let each inspector-general who has had five years' tenure of his appointment retire, as is the custom with other staff officers, a custom which we believe is now to be stringently enforced in the major portion of the other branches of the military service.

The deputy inspectors-general, about twenty-four in number, also require a revision of their grade. By the Royal Warrant of October, 1858, it was ordered that these officers should, as well as the inspectors, retire at sixty-five years of age. But as a matter of fact, some still remain on active service whose ages exceed that limitation. An examination of the *Army List* would not disclose this fact, but the manner in which the Royal Warrant is evaded is by taking the official instead of the real age of the officer.

The surgeons-major number more than sixty. Of that number at least twenty could now retire at their maximum of half-pay, viz., £1 per diem. They still, however, hang on for promotion, which under the present constitution of the department they can never obtain within the limit of their ages. And it is to be feared that unless some compulsion be used, they will continue to the end of the chapter, forming a third and greater block to promotion than either the inspectors or deputy inspectors-general. The surgeons come next, and we believe that in their case a great impetus and inducement to retire would be afforded by the simple expedient of allowing them to go at their own option as soon as they had obtained their surgeon-majority, on the same terms as they would have been entitled to if retired by a medical board. One thing is certain, and that is, that something must be done, and done quickly, if we do not wish the Army Medical Department to languish and become effete under a system of promotion which is known to be the slowest throughout the whole of Her Majesty's military service.

◆

Notes on Current Topics.

The New Hotel Dieu.

The physicians and surgeons of the Parisian hospitals met together last week to hear the report of a commission which had been appointed to view the new Hotel Dieu, and to examine its hygienic condition. The commission was composed of Messrs. Hardy, Broca, Marjolin, Giraldes, Heraud, Lallier, Trèlat, Vidal, and Lorain. Some of the proposals submitted suggested that the hospital should be retained for the special purpose of skin diseases, eye diseases, &c., to the exclusion of fevers, wounded patients, and lying-in women.

Others proposed to keep standing a part of the building, and reduce one-half the number of beds; while others demanded the total demolition of the building, on the ground that it was altogether unfit for the purpose for which it was intended.

After discussion of these various proposals, the conclusion unanimously arrived at was as follows :—

"The Hotel Dieu, as it has been constructed, does not fulfil the requisite conditions for a hospital conformable to our present knowledge of hygenic science."

An Hospital Sunday for Dublin.

We derive much satisfaction in hearing that a movement has been set on foot in Dublin by Dr. Eames for the establishment of an "Hospital Sunday," which has been attended with so much benefit to the charitable institutions of Birmingham and Liverpool. The following circular was issued by Dr. Eames, and we understand that the acquiescence of all the hospitals named in it is assured, with one exception.

> Dear Sir,—The aid which your hospital and others receive from charity sermons being spasmodic and uncertain, it seems well that there should be some more reliable means of obtaining the support for hospital funds now derivable from collections made in churches. The formation of what is termed an Hospital Sunday in this city, as has been already done in various towns in England, would afford a permanent source of income to those hospitals now receiving occasional assistance. The institutions which it is proposed to include in this scheme are :—The Hospital for Incurables, the Convalescent Home, the City of Dublin Hospital, Sir Patrick's Dun's Hospital, the Meath Hospital, the Adelaide Hospital, and Mercer's Hospital. Already a very considerable number of the clergy of the city and neighbourhood have declared themselves most favourably disposed towards this arrangement, and have expressed their intention of adopting it.
>
> Will you kindly lay this matter before the governors of your hospital, and inform me whether or not they accede to this proposal.—I am, dear sir, faithfully yours, Henry Eames.

We anticipate that the co-operation of the hospitals will be unanimous, and we are strongly of opinion that any institution standing aloof will be pursuing a mistaken policy. Setting aside the obvious liberality of such co-operation, it seems to us more than likely that the dividend of each institution will be, under the "Sunday" system, more than any one institution now receives from charity sermons.

Adulterated Bread, and Analytical Chemists.

The *Australian Medical Gazette* says that the value of the evidence of the analytical chemists who had been recently examined as witnesses in a number of cases in which bakers had been proceeded against for adulterating bread with alum, was subjected to a crucial test in the district police court.

To determine the reliability of the evidence of the analytical experts, one pound of pure flour mixed with a certain proportion of alum was given to each to analyse. The alum known as ammonia-alum was the kind mixed with the flour. Three chemists—two not having completed their examinations—gave the results of their analyses. The issue clearly shows how very little reliance, in this instance at least, can be placed on the testimony of chemical experts. Only one out of the three analyses approached correctness. The following is the substance of the evidence :—

William Johnson, the Government analytical chemist, into whose sample 20 grains had been put, stated that he analysed the flour, and found alum to the amount of 4 grains to the pound.

Sydney Gibbons, analytical chemist, into whose sample 10 grains had been put, said he found a proportion of 21½ grains of alum to the 1lb. By another process 25½ grains of alum to the pound.

John William Hood, chemist, whose sample contained 15 grains to the pound, said he found alum present to the amount of 8 grains to the pound.

The late Professor Blyth, M.D.

The death of Dr. Blyth, Professor of Chemistry in the Queen's College of Cork, is a great public loss, as he was one of the ablest practical chemists of his time, and one of the most amiable members of society. Born in Jamaica and educated in Edinburgh, he passed several years on the continent; and, as the favourite pupil of Baron Liebig, was the translator of his works into English, and the able expounder of his opinions. His numerous old pupils will receive the announcement of his sudden death with the deepest regret, and to the present students his loss will be irreparable; for he had a tact and method of encouraging the slow, and assisting and forwarding the exertions of the intelligent that was peculiarly effective.

His public service as an agricultural chemist was most useful; and in the more difficult criminal cases his analyses were so searching and accurate, and his logical deductions from them were so able, as to carry conviction with them. On this account his decisions are frequently quoted as an authority.

The loss of such an able professor is the more to be regretted as the increasing number of students that are sent out every year qualified for high offices prove the usefulness of these admirable Irish colleges, and the difficulty there must be in procuring the services of such professors as the late Dr. Blyth.

Dr. Paget.

The resignation of Dr. Bond creates a vacancy in the Regius professorship of physic, and Dr. Paget, the able president of the General Medical Council, is spoken of as likely to succeed him. No one doubts his fitness. He would fitly occupy such a post. His name indeed is one that the Government should not omit in a distribution of honours to medical men, about which so much has been written by political as well as medical journals.

Ligature of the External Iliac Artery.

On the 10th of this month, in the operating theatre of Sir P. Dun's Hospital, Mr. Butcher ligatured the external iliac artery high up, for a large inguinal aneurism extending above Poupart's ligament. The patient is aged 68 and the case is going on most favourably.

Professor Hughes Bennett.

The whole Profession will learn with regret that Dr. Hughes Bennett is unable from ill-health to complete his usual course of lectures, and will probably take rest in the South of Europe. We sincerely hope that rest and change of air will speedily restore him to health, and that Edinburgh may long continue to have the privilege of numbering him among her teachers.

If honours were distributed to medical men as freely as they ought to be in an old monarchy like ours, Dr. Bennett would not be without recognition. He has done good service to Science, and even those who most differ from him in matters of opinion will heartily join in our wish for his speedy recovery.

The late Mrs. Browne's Money.

This lady, worth some £10,000 a-year, is said to have died intestate, and without near relations; so that her wealth will possibly revert to the Crown. It is hoped by many that should such be the case some of the money will be applied to the erection of swimming baths in the London parks, it being known that the deceased lady had intended to dower London with those useful hygienic appliances at her own cost.

What a pity the lady did not make a will, and thus ensure such a benevolent intention being fulfilled. It is to be hoped that the duty of making a will may become less frequently neglected.

Poisonous Effects of Belladonna applied Externally.

In the *Revue Médicale de Toulouse* M. Giscaro records, says the *Pharmaceutical Journal*, two cases in which persons had suffered from the poisonous effects of belladonna, applied externally. In one case, where a small patch of belladonna, the size of a two-franc piece, had been applied to the temple for a neuralgic pain, the patient eight hours afterwards showed decided symptoms of atropia poisoning, which lasted two hours. In the other case, where an excessive quantity of ointment had been used for a uterine affection, similar symptoms came on in one hour, but quickly disappeared with the removal of the dressing.

An Example for England.

Professors Stanislaus, Cannizzaro and Charles Maggiorani, of the University of Rome, and Prof. Louis Porta, of the University of Pavia, have been raised to the dignity of Senators.

The University of Dorpat.

Hitherto the chairs of this university were filled by professors who had gained a name in Germany; and this seat of learning, though under Russian dominion, was extremely prosperous, and maintained its Teutonic origin. But the system of Russianising annexed provinces has at last reached Dorpat. The University is being transferred to Wilna, where, of course, the Russian language will be exclusively used.

University College Hospital and the Cancer Hospital, London, have received bequests of £500 each, by the will of the late Emanuel Mocatta, Esq.

On the Geography of Disease.

Mr. Haviland will commence a course of six lectures on the Geographical Distribution of Disease in England and Wales, on Thursday evening, February 1st, at Eight p.m., in St. Thomas's Hospital. The subject of the two first lectures will be The Distribution of Fevers (Typhus, Typhoid, and Continued) in England and Wales, the Geography of General Health, Phthisis, Cancer, Scrofula, and Heart Disease will form the subjects of the remainder of the course.

On Saturday evening the gigantic marine aquarium at the Crystal Palace was publicly opened to a select number of persons, chiefly members of the press, with a short address by Professor Flowers, F.R.S., "On the formation and habits of some of the most familiar species of marine fishes."

After March 31st the entrance fee to the Medical Club will be raised to fifteen guineas, and the annual subscription to six guineas. Until then the entrance fee will be ten guineas, and the annual subscription five guineas, and for members abroad one guinea.

A competitive examination for the admission of assistant surgeons into the Royal Navy will take place at the University of London, Burlington gardens, on Monday, 12th February, 1872, and following days, at Ten o'clock. Candidates must present themselves at this department on Friday, 9th February, 1872.

Mr. Samuel, a Member of the Council of University College, London, has announced his intention to at once present the authorities with the munificent gift of £4,000 towards the further extension of the buildings. This gentleman has previously given donations to the amount of £3,600, with several smaller ones for various college purposes.

The Medical Society of the College of Physicians, Ireland, will meet in the College Hall, on Wednesday, 17th January, at eight o'clock. The following communications are set down for reading:—1. Dr. Hayden, "To exhibit and describe a Stethometer." 2. Dr. W. Malachi Burke, "Observations on the present epidemic in Small-pox." 3. Dr. Laffan, "Observations illustrative of the use of the Pneumatic Aspirator."

In an additional article on the Pharmaceutical aspect of the Medical Declaration respecting alcohol, the *Pharmaceutical Journal* says:—

"Will any of our readers (east or west, no matter) pause to consider how often they, or their assistants, are asked for 'pick-me-ups' by their male, and for that popular composition commonly known as 'red lavender' by their female clients? Have they any idea at all as to what proportion of gentian, lavender and other tinctures, of eau de cologne, chloral hydrate, and compound spirits of ammonia sold is taken for really legitimate and beneficial purposes? These are questions well worthy of consideration, and we believe that those of our readers, who consider them carefully in all their bearings, will come to the conclusion that the sale of these articles for the plain purpose of producing an artificial stimulus to mental or physical exertion has during the past few years, increased in a most marked degree, and to a most pernicious extent. We believe that chemists could, if required, give most valuable evidence on this point; for it is perfectly well known to all medical men practising in London that many of their upper and middle-class clients of the other sex, not daring to keep a brandy bottle in their closets, find nevertheless a convenient and (as they suppose) a safe substitute in the imbibition of small and oft-repeated doses of lavender tinctures, eau de cologne, etc. And it is as patent that our readers must know a great deal about the way in which these articles are obtained, and can form also a tolerably correct idea as to the rate of consumption."

THE Rev. Mr. Watson has been found guilty and condemned to death. An effort was made to prove him insane, and since the conviction other steps have been taken in this direction. Dr. Blandford, Dr. Maudsley, and others, have signed a certificate to the effect that they believe him to have been insane at the time of the committal of the crime.

WE have received Mr. Tweedie's Temperance Year-Book for the year 1872. The recent Medical Declaration respecting the use of wines and liquors is prominent in this volume. It contains a general review of the temperance movement during the last year, and gives much curious information. There are several articles amongst the "Scientific Facts for Temperance Advocates," to which we would call the attention of our readers. In 25,376 inquests in 1871, 316 verdicts were found for death through excessive drinking, against 322 in 1869 with a less number of inquests, viz., 24,709. Respecting the United Kingdom Temperance and General Provident Institution, it is said that the bonus in the Temperance Department contrasted favourably with that in the General Department, so that temperance is supposed to contribute to longevity. If so, our profession might be a little less busy.

Two children have just died at Huddersfield from the effects of a sleeping mixture. They had been restless and screaming, and their mother was advised to procure a sleeping medicine. She sent to Mr. Geo. Hall, a chemist at Kirkgate, for a quantity of opium and aniseed, which were to be simmered in water and a certain quantity administered to the children when unwell. No directions were given to the mother of the children by the messenger who brought the medicine, and about four o'clock on Saturday afternoon, the 24th ult., she simmered some, and administered about a dessert-spoonful to one of the children, who became very ill in the evening and died at half-past nine. She had also given some to the other child, who also became so ill on Sunday, that Mr. Goodall, of Lockwood, was called in, who prescribed for it. It died at 5 a.m. on Monday morning. It is reported that no directions were given to the mother of the children respecting the medicine, and that there was no label on the box containing the opium.

The *Spectator* has the following :—

The medical journals are priding themselves, not without justice, on the science and skill shown by the physicians of the Prince of Wales in pulling him through his imminent danger, and are dwelling on the patience with which the regular and well-known course of the disease's development was watched without any even momentary hesitation as to the treatment. This pride is perfectly natural and just; perhaps even they may be right in quoting, with a sort of triumph in the imaginative force of the expression, the words "of one of the two great clinical authorities to whose care the Prince was entrusted," that "it is not so much that a man has the fever as that he *is* the fever" (though we should have thought it could not be more correct than to say that "it is not so much that a man is in health as that he *is* health," which surely wouldn't be quite correct); but we do think the theoretic science and skill of the profession might have been more merciful to us in point of grand words. Why were we told, when the temperature of the Prince was gradually becoming lower, that "the process of the defervescence continued satisfactorily,"—when the pain above the hip-joint followed the fever, that it was one of "the sequelæ of typhoid," and that it was aggravated by "the long accubitus,"—*i.e.*, in plain English, the lying-down? And why does the profession so acutely enjoy imposing on us with big words that it tells us that in typhoid the fever-process "is a species of pathological paraboloid, which describes a curve for an average of twenty-eight days?" A paraboloid is a solid figure generated by the revolution of a parabola round its axis; now, what conceivable meaning can be expressed by saying that a fever-process is a solid figure at all? Still more that it is the special kind of solid figure caused by the revolution of a parabola, and most of all, that it is such a solid figure *as describes a curve for an average of twenty-eight days?* It is all very well for learned medical writers to practise upon the weak nerves of us laymen with their grand technical terms, but at least let them themselves understand the words they use, and not invent them *merely* to hurl them at and astonish us, as the *British Medical Journal* uses this unfortunate "pathological paraboloid" that is guilty of describing curves, as if it were a sort of moon, in a periodic time of twenty-eight days.

◆

SCOTLAND.

EDINBURGH.

A REQUISITION has been presented to the managers of the Royal Infirmary by 286 of the contributors, asking that a special meeting of the contributors be called to re-consider the motion of Professor Masson, which was carried at the meeting held on the 2nd, relative to the admission of lady students to the Royal Infirmary. The memorial states, that the motion was proposed without due notice, in the face of a protest by nearly one-half of the meeting, and that in its results it may prove prejudicial to the interests of the hospital. The managers have resolved to delay consideration of the memorial until after the adjourned meeting of contributors on the 15th. The requisition is signed by several ladies and by many of the most influential members of the court of contributors. The following resolution was adopted by the University Court at a meeting held on the 8th:—

> The University Court have had under consideration the letters of Miss Jex Blake and Miss Louisa Stephenson, of 21st November, 1871, and other relative documents laid before them, on behalf of the women who have been admitted, by the regulations of the Court of November 10, 1869, to study medicine in the University.
>
> In these papers it is stated that certain professors of the Faculty of Medicine have declined to give separate courses of instruction to women; and the Court are asked either—1. To extend, in the case of female students, the privilege granted, by ordinance of the Universities Commissioners, to lecturers, not being professors in a University, of qualifying for graduation by their lectures, which privilege is now restricted to four of the prescribed subjects of study; or 2. To authorise the appointment of special lecturers to give, in the University, qualifying courses of instruction in place of those professors who decline to do so; or, 3. To ordain that the professors se-

ferred to shall themselves give the necessary courses of instruction to women.

The second course suggested it is not in the power of the Court or other University authorities, singly or jointly, to adopt.

The third course was equally beyond the power of the Court. The Act of 1858 vests in the Court plenary powers to deal with any professor who shall fail to discharge his duties. But no professor can be compelled to give courses of instruction other than those which, by the use and wont of the University, it has been the duty of the holders of his chair to deliver.

The first of the proposed measures would imply an alteration in one of the ordinances for graduation in medicine (No. 8, clause vi. 4.) Such alteration can be made by the University Court only, with the consent, expressed in writing, of the Chancellor, and with the approval of Her Majesty in Council. But to alter in favour of female students rules laid down for the regulation of graduation in medicine would imply an assumption on the part of the Court that the University of Edinburgh has the power of granting degrees to women. It seems to the Court impossible for them to assume the existence of a power which is questioned in many quarters, and which is both affirmed and denied by eminent counsel. So long as these doubts remain, it would in the opinion of the Court, be premature to consider the expediency of taking steps to obtain, in favour of female students, an alteration of an ordinance which may be held not to apply to women.

Though the Court are unable to comply with any of the specific requests referred to, they are at the same time desirous to remove, so far as possible, any present obstacle in the way of a complete medical education being given to women, provided always that medical instruction to women be imparted in strictly separate classes.

The Court are of opinion that the question under reference has been complicated by the introduction of the subject of graduation, which is not essential to the completion of a medical or other education. The University of London, which has a special charter for the examination of women, does not confer degrees upon women, but only grants them "certificates of proficiency." If the applicants in the present case would be content to seek the examination of women by the University for certificates of proficiency in medicine, instead of for University degrees, the Court believe that arrangements for accomplishing this object would fall within the scope of the powers given to them by section 12 of the Universities (Scotland) Act. The Court would be willing to consider any such arrangements which might be submitted to them.

According to the return furnished by the medical officer of health, the cases of small-pox are decreasing. On the 7th the number of cases in hospital was 158, as compared with 163 on the corresponding day of the previous week. Since the opening of the hospital on the 5th of December, 288 cases have been admitted, of which 42 have resulted in death.

Sir Robert Christison, having entered on the fifteenth anniversary of his appointment as a professor in the University, the event is to be celebrated by a banquet on the 25th.

Foreign Medical Literature.

IDLENESS A CAUSE OF SUICIDE.

(Translated by JOSEPH COUTANCEAU.)

MAN has the mission of working for himself, his relations and others. His existence and his family's are only secured in comparison with it, and yet one could not imagine the prodigious number of individuals who feel an unconquerable reluctance for work. It has been said that if, instead of overwhelming children with laborious works which are not at all in harmony with their tastes, aptitudes, and inclinations, study may be rendered agreeable to them, their idleness would be subdued. The remark is just, but the immense majority will prefer play, dissipation and idleness to any study whatever, even if tasteful to them. The streets and public places are crowded with children, who contract from their very youth the habit of doing nothing and the abhorrence of superintendence. Go into the public or other offices, you will be struck with the carelessness and the ease with which many clerks perform their duties. Go through the manufactories, and you will soon be well aware of work being a burden, which most bear but impatiently. When history speaks of our period, there will be a page for the National Workshops? How many fellows have I known who spent their time at the *café*, talking, loitering, although waited for at business appointments! They had been informed that an excellent opportunity occurred, and that they must make haste; in spite of need, they were not in any hurry for it, and never arrived in time. It may be said, without any fear of being mistaken, that with anything short of an immense reformation, the world will not do otherwise than still belong for a long time to those who have an active aim towards which they resolutely and perseveringly proceed.

Fifty-six individuals, nearly the eighty-secondth part of the general number, have committed suicide on account of their impossibility of living without working, and of the disgust inspired in them by work. Some were fond of pleasure and of women, but would not do anything to give satisfaction to these propensities; others, without energy and courage, only got up very late to go to their office or place of business in spite of the reprimands, and even often in spite of the corrections. This one, lazy and greedy, coveted all he saw, spent his life in front of the shops, often bought without being able to pay; that one, without stability in his mind, but his unconquerable reluctance for any regular occupation, being by turns a traveller, a soldier, a deserter, a clerk, a servant, haunting the public houses, the girls and gambling, fell in the most frightful distress and ended by suicide.

Most of them manifested from their youth the utmost reluctance for all that required some work. They were thoughtless, giddy, and careless. There is especially a class of men among whom idleness seems innate; they are the servants. It might doubtless be wished that their masters would give them better examples, and would not forget that they are men and Christians like themselves; but it must be admitted that most of the servants assume that condition by weariness of regular work.

Mobility in the mind existed with many of those individuals, they continually proceeded from one scheme to another, and changed their places as their clothes. One of these wretched beings answered his parents who induced him to assume a profession, that he would rather die than be wearied by going and spending his days in a manufactory. It has been already remarked, that very few men like their condition; we admit that many have not been consulted on their choice, but we believe also that we are right in saying that it also depends on the fact, that a great many would not have any.

Literature.

NEUMANN'S SKIN DISEASES.

WE are glad to welcome the text book of the learned Vienna teacher in our English tongue. Dr. Pullar has, with the special permission of the author, translated into English, Neumann's text-book (a) which is in constant use in the Vienna school, and contains an accurate account of German research in Dermatology, and is especially full in the microscopic department. While dermatologists are so much divided it is scarcely to be expected that the opinions of Hebner and Neumann will find general acceptance, but we think it a good sign that a translation of a representative German work should be brought out, and we tender our thanks to Dr. Pullar for the great care with which he has executed his by no means easy task. Here and there we naturally expect to find some of the indications of the peculiarities of the original, but these are not so numerous or so unhappy as to interfere with the general result. In fact, the translation is a success. It is an important point that the translator has had the privilege of working with the proof sheets of the new edition, as this contains much new matter, especially that part in relation to parasitic diseases, and to some changes in the skin in old age. We have therefore a first-class text-book of German Dermatology brought down to the latest time by one of the most accomplished teachers of the great Vienna school.

(a) "Text-Book of Skin Diseases." By Dr. Isidor Neumann, Lecturer on Dermatology in the Imperial University of Vienna. Translated by Alfred Pullar, M.D. London, 1871. R. Hardwicke.

◆

PHRENOLOGY (*a*).

Here is a very elegantly got-up book about Phrenology. Its author is evidently a firm believer in the so-called Science of Phrenology, and therefore proportionally conscious to diffuse it. We doubt whether he will gain many disciples in the nineteenth century. The volume's chief attraction consists in a series of portraits, phrenologically designed, of eminent men, underneath which the author has placed in order their mental characteristics as considered from a phrenological point of view. It is manifest, however, that any newspaper reader of average ability could have constructed the analyses of character in question. The author has not given us much that is new. He commences with the fundamental principles of Phrenology, giving an outline of the labours of Gall, Spurzheim, Comte, and other enthusiasts. Regarding Phrenology from a retrospective point of view, it certainly does not seem to have repaid the time and labour bestowed upon it. Its disciples have changed their texts several times, and it is still unsettled which organs, or rather which bumps, are to be assigned to particular functions. The author goes on to treat of the brain as the organ of the mind, about the temperaments, and the relations of the brain and nerves. Having expounded the principles he applies them. We cannot afford space for a quotation from his book, and all we can say in addition is that on reading the book conscientiously there does not appear to be any more in phrenology than in physiognomy, palmistry, or any other exploded so-called sciences. Nevertheless, there are some persons weak-minded enough to believe in Phrenology, and to such people this volume may perhaps be welcome. It is certainly well got up, and the illustrations make it appropriate as a table volume.

◆

NEW EDITIONS.

Ringer's Therapeutics.

When a man has achieved success he is too often prone to rest on his laurels. For this reason the second edition of Ringer's Therapeutics (*b*) has somewhat disappointed us. The reviewer of the first edition in this journal spoke very favourably of it, and it was so well received by the Profession that we hoped to find in this a full account of the progress made in therapeutics during the interval that Professor Ringer has had. It is true that this interval has not been long, but much has transpired that ought to have been noticed. We opened the volume at the first page, and find it begins with Oxygen, but strange to say, the half page devoted to this agent tells us nothing of recent researches. But worse still, its statements are positively erroneous. We could scarcely believe our eyes when we read the first statement of this handbook, that is "Oxygen is at present rarely used in medicine, as no ready way of preparing or applying it has yet been devised."

For a professor of therapeutics in a large London medical school to give expression to such a mis-statement, was, to us, so amazing, that we naturally turned to a few other articles to see whether the revision had been more careful elsewhere. The article on nitrous oxide gas, which was good enough when the work first appeared, should have been re-written. Then there would have been no difficulty in describing the newest modes of administration. The articles on Digitalis and on Aconite, as well as many others, remain substantially what they were, although in the former particularly, we should have looked for further information.

Bismuth and its preparations are dismissed without amendment. We must confess too, that we are greatly disappointed, considering the very important investigations that have lately been made, with the article on Opium.

Nitrite of Amyl makes no appearance, but perhaps this part of the book was printed off before the author had noticed that this drug was coming into use. We are surprised, however, that Bichloride of Methylene is with other bodies, relegated to a foot-note quotation from Dr. Richardson's lecture on Anæsthetics. This reminds us that Dr. Ringer seldom condescends to give authority for anything—a fact we can only account for by his intending his work as a class-book. Still it looks as if no credit were to be given to very earnest workers in therapeutics, and we confess that we should have been glad to see a few names mentioned. Iodoform is fortunate enough to get half a page, and Chloral Hydrate obtains four pages. There is a good nosological table, an index of remedies, and an index of diseases. The work is well got up, and does credit to Mr. Lewis. With the drawbacks we have mentioned, it is a useful work, but we hope the next edition will be brought up to date.

◆

Correspondence.

THE ARTS OF SECRET POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Nearly twelve months since, you gave publicity to a few observations on the art of secret poisoning, that then attracted some attention. Since then, a retired colonel in the army, long resident in India, has informed me of the use of a certain preparation, the effects of which are well known to many old residents in the East, as practised by the Thugge with such deadly certainty, that they could calculate the deaths of their intended victims, whether at the expiration of one, two, or three months, from the time the aroma (which he designated *tophayne*), was inhaled either through the ordinary mode of breathing or smelt through the nostrils, and that with such unerring and destructive effects, that when this poison had once entered into the system, escape with life was impossible, as there was no certain antidote known to the medical faculty in the East, capable of neutralising its malignant as well as deadly influence.

In immediate connection with this subject, the author of Waverley in the notes to Kenilworth under the Title Letter G, Dr. Julio, states that the Earl of Leicester's "*Italian Physician*, was affirmed by his contemporaries to be a skilful compounder of poisons, which he applied with such frequency, that the Jesuit Parson extols ironically the marvellous good luck of this great favourite in the opportune deaths of those who stood in the way of his wishes,' and then proceeds to give 'a curious passage' from that writer's, Leicester's "Commonwealth," p. 23.

As the paragraph there cited most graphically as fearfully illustrates the art of poisoning, as practised not only by The Mèdèci in Italy, but also in this country during the reign of Queen Elizabeth, and still more recently in our own dominions, with such fearful certainty and precision, I trust you will pardon its republication from vol. 2, p. 878 of the recent edition

---

(*a*) "Phrenology, and How to Use It in Analysing Character." By Nicholas Morgan. Illustrated by numerous portraits and other engravings. London: Longmans, Green, and Co.

(*b*) "A Handbook of Therapeutics." By Sydney Ringer, M.D. Second Edition. London: H. K. Lewis.

of Sir Walter Scott's works, by Messrs. Adam and Charles Black, 8vo. Edinburgh, 1867.

"Long after this he fell in love with the Ladye Sheffield, whom I signified before, and then also had he the same fortune to have her husband dye quickly, with an extreame rheume in his head (as it was given out), but as others say, of an artificiall catarre that stopped his breath."—Parson's Leicester's "Commonwealth," p. 33.

From a well founded suspicion that this very malignant and infernal art of *tophayne* is not confined to India alone, but has extended to other parts of the British Empire, nearer home, and also that the medical faculty may sometimes be led to attribute to ill ventilated water-closets, diseases that may very possibly ensue from other more malignant causes, of which they may not have the most remote suspicion, is the very best apology I have to offer for now recurring to this subject, subscribing myself Yours faithfully,

"VINDEX."

London, 1st January, 1872.

⁂ We insert this paragraph in deference to the very distinguished position of our correspondent; but we are not of opinion that we are in such danger as he seems to suppose.—ED.

◆

THE CIRCULATION OF THE BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I beg to thank you for your kindness in publishing in your Journal of the 29th ult., my communication regarding the real authorship of the circulation of the blood. As in your issue of the above date there are, in the Greek quotations, some typographical errors I shall be much obliged by their being corrected in your next. The first Greek quotation should run thus: *καὶ πηγὴν τον περιφερομένον σφοδρῶς ἅιματος* and the second, *τὰ τῶν φλεβῶν ρεοι νάμοτα.* In the P. S. the word should be *φλεβῶν.*

I am, Dear Sir, yours much obliged,

JOHN J. MCKEOGH.

Thurles, 1st December, 1871.

◆

TWIN BIRTHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Where, or in what part of my *first letter* (as quoted by Dr. Luther), that after the birth of the first child "the midwife called me aside," what I did say, was, 'having been taken aside (the child of course) by a nurse tender, &c. Now in some out of the way place, the terms nurse-tender and midwife may be considered as synonymous. We in the north, however, make a wide distinction, then follows the imaginary consultation, the phantoms of Dr. Luther's own brain.

It would be an utter absurdity, not to speak of a waste of time, which I have not at command, to reply to such a production. It is quite clear that my letter of the 20th has hit the mark, and brought out your correspondent in his true colours. No further words of mine could add to the condemnation his letter of the 27th inst. carries on its own front, and must produce the same condemnation in the minds of your readers in general, and obstetricians in particular. Of one thing I am certain, he will in future "evince" a less "predilection" to take up the pen of the critic? Would that as much could be said of the forceps.

I remain Sir, truly yours,

R. G. SHEIL, M.D.

Killyleagh, 28th December, 1871.

◆

THE INTROSPECTION OF WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your impartial conduct in inserting former communications on both sides of this subject and the persistent suppression of evidence emanating from scientific opponents of the Contagious Diseases Acts by the *Lancet* and *British Medical Journal*, have induced me to ask again for a small modicum of space in order to place before your readers the ground on which many of our best men and women, both in and out of the profession have consistently opposed the introduction into this country of any system analogous to that of the Contagious Diseases Act. It appears to me established beyond question, that the Contagious Diseases Acts violate the first principals of morality, namely, equal laws. That the effort to promote the salubrious practice of fornication, which all truly religious people regard as a deadly sin, is calculated to raise the most bitter opposition from all such persons, while the gross violation of the fundamental laws and sacred personal rights, hitherto guaranteed to every British subject,—the employment of spies, and the process of self-incrimination which they involve, must necessarily alarm all those who believe as I do, that, "The dearest interests of this country are its laws and its constitution, setting aside however, all these important considerations, it appears to me, Sir, that the authors, promoters, and would-be extenders of laws, like these are bound to show,—First, that there is an undeniable necessity for exceptional legislation; Second, that the means proposed are certain to attain the end in view; and lastly, that no less disgusting measures will suffice. I believe that on every one of these ground these laws utterly, undeniably, indefensibly break down. First, as to the necessity for exceptional legislation, it is a fact that of the men who voluntarily incur the risks of illicit intercourse in this country, a large proportion escape disease altogether. I know gentlemen who in spite of habitually repeated risks, repeated during several years, escaped disease altogether, and very many more who have suffered only from one or two slight attacks of gonorrhœa, which have not only failed to entail any ill consequences but have really, on the principle that a burnt child dreads the fire, effected much good by the fright and annoyance they have occasioned; moreover no man of experience will question the fact that the vast majority of those who inoculate themselves with venereal diseases, suffer only from affections of no great consequence either to themselves or others. Dr. Balfour in his evidence before the Commons' committee remarked that, even so far as soldiers are concerned and regarded as a financial question, it would not be worth while to legislate for either gonorrhœa or non-infecting sores—mere local accident, which did not infect the system, and yet it is a fact that 75 per cent. of all cases of venereal diseases are cases of gonorrhœa, and that of the remaining 25, nine out of ten are simple sores not followed by secondary symptoms and even of less consequence than gonorrhœa, while it is well known that of the remaining 8 per cent. of true syphilis, the vast majority are readily and permanently cured, never suffering again themselves or entailing disease on their offspring.

Fournier says only 5 per cent. of those cases of constitutional syphilis, if judiciously treated, suffer seriously, a point on which Lancereaux and other great authorities are agreed, and which most men who have had any experience in the treatment of such cases can confirm. In country towns and districts gentlemen who have practised for many years inform me that they hardly ever see a case of true syphilis, that inherited syphilis is rare, and that such cases as have come under their notice, many of whom from residing in the locality have remained under observation for many years, are permanently cured by ordinary remedies and have healthy offspring. Dr. Druitt, President of the Association of Medical Officers of Health for the Metropolis, has remarked that cases of syphilis in London are few and soon got over. Mr. Acton says death is never heard of, and that surgeons may practise in that special branch for many years in London, a centre to which all bad cases gravititate, without meeting with a single case of mutilation. Mr. Skey and Mr. Jonathan Hutchinson, both declare that the public entertain grossly exaggerated notions on this subject, ideas which have been studiously fostered by members of our own profession, while the latter whose authority on this special point is unquestioned, declares that inherited syphilis does not affect 1 in 5,000 of the innocent children we are so pathetically called upon to protect. Not long since twenty of the leading general practitioners in London, each with a visiting list of from thirty to forty families daily, met to discuss this question. "Do you see the effects of syphilis manifested in the cases which habitually come under your care?" Eighteen replied in the negative, and it is stated that the remaining two practised in the lowest districts. When the North York Militia were in training at Scarbro' last year an order came down from the War Office for the inspection of the men; this was carried out, and the surgeon assures me that there was not a single case of sore or syphilis, and only three cases of gonorrhœa in the regiment. A similar fact is recorded in the *Lancet* by the surgeon of a regiment of the line quartered in a manufacturing town where the Contagious Diseases Acts were not in force, who declared that there was not a single case of venereal disease among the men under his care. Dr. Balfour's tables show that at the very time when an outcry was raised by the Contagious Diseases Acts promoters, about the appalling prevalence of venereal disease, that this class of affection had actually been falling off among the troops so satisfactorily that had it occurred after instead of before the enactment of these measures, the authors would have pointed to the results as conclusive evidence of the efficacy of the system. It is needless to multiply such instances, they are in full accord with the experience of every man who has had any experience on the subject, indeed, it is a fact that scarlatina and numerous other diseases which occur in daily practice from which patients suffer through no fault of their own, and for the prevention of which there has never been any attempt at outrageous legislation, each can use more devastation in one year, than syphilis in twenty. I am well aware Sir J. Paget, Sir W. Jenner, and others, have described syphilis as a most serious malady, and I am not disposed to deny for one moment that it is in some instances a cause of relapsing illness to the original sufferer and a source of detriment to the offspring, but such cases are exceptional and rare, and as to the terrible cases which the unthinking public and many Parliamentary men have been led to suppose are fair types of all cases of venereal disease, they bear about the same relation to the mass of cases, gonorrhœa, soft sores, and mild syphilis, that fatal hydrophobia does to innocuous dog bite. So much for the necessity for state interference. Now let us see how far such measures either have diminished or are calculated to diminish the evils with which they profess to deal. One of the most interesting facts in connection with this branch of the subject is furnished by the tables of Messrs. Puche and Fournier, quoted in Lancereaux' last edition, translated by the Sydenham Society. These gentlemen anxious to trace syphilis to its source conducted a series of most elaborate enquiries, and whenever a patient suffering from this affection presented himself, they, wherever possible, ascertained the source of disease, and it was discovered that of 873 syphilitic patients, positively 625 contracted this worst form of venereal affection from public prostitutes, declared clean for safe usage by the examining surgeons. Dr. Macloughlin, who practised 27 years in Paris, adopted a similar plan and confronted wherever possible the patient and his infector, and arrived at similar conclusions, while Dr. Vintras, in his evidence before the venereal commission stated that, at least two-thirds of the cases of syphilis were derived from the registered prostitutes of Paris. It is plain, therefore, that the practice of inspecting women, does not guarantee freedom from disease. Many however say, well! it does no harm. This I believe to be a serious error, the fact that a woman has been examined and declared free from disease, is the greatest temptation a man can possibly have to incur the risk of infection, and moreover, no one acquainted with the history and pathology of syphilis can doubt that women who are introspected repeatedly one after another, many of whom although diseased appear free from disease, with the same instrument, are exposed to great risk from mediate contagion, as to detection of disease. Mr. Simon, and Dr. Aitken, the Editor of the *Medical Times and Gazette*, and every authority who has ever written on the subject, all concur in stating that, the poison of syphilis is so insidious and lurks where least expected that, it is almost impossible to keep it out, in fact the condition that communicates true syphilis in the female is in *so many* instances to be known *only by its effects*, that inspections not only fail but aggravate the evil. Thus, I believe, government fail in their object, by creating a false security, by spreading infection, and also by fostering a class of clandestine women who evade the police, and when diseased, decline all means of cure, from fear of being forced by police spies, into the ranks of notorious prostitutes. What is true of syphilis, is true also of the minor affections. It is impossible to say whether soft sores are of venereal origin or not, and the merest tyro in medicine ought to be aware of the fact that leucorrhœa, from which most women suffer, is perfectly indistinguishable from various stages of gonorrhœa. Mr. Jacob Bright, has shown that a number of women suffering from no form of venereal disease had been imprisoned in the Royal Albert Hospital. If I am told that the Acts have effected great good in our garrison towns in reforming women and diminishing disease, I reply that the Government tables show that 97 per cent. of the women treated in hospitals resume their former habits, and that the tables which are supposed to show the beneficial effects of these Acts among our soldiers, although made on a superficial view to show beneficial results, demonstrate on analysis that no good results have been attained. This fact I shall be happy to demonstrate to the satisfaction of your readers in a future letter, if you will accord me space.

I am, Sir,
Your Obedient Servant,
CHARLES BELL TAYLOR, M.D., F.R.C.S.

Medical News.

Royal College of Surgeons of England.—The quarterly meeting of the Council was held on Thursday last. Mr. Erichsen's motion, that vacancies in professorships or lectureships should be advertised, and candidates invited to apply for vacancies, was carried. Sir James Paget's motion —"That it is desirable, before proceeding to any nomination of members for election to the Fellowship, under the 5th clause of the Charter of 1852, that the Council should determine the conditions under which the election should take place"—was carried, but considerable discussion arose on a proposal to restrict the honour to men of science not in practice. Eventually it was determined to postpone the nomination of candidates for a twelve month, and refer the whole matter to a sub-committee for report. The President announced that, in consequence of the serious illness of Mr. Partridge, it would be necessary to fill up the vacancy in the Court of Examiners caused by Mr. Cock's retirement without delay. Sir J. Paget, Mr. Prescott Hewett, and Mr. Charles Hawkins announced their intention of not becoming candidates for the office, Mr. Simon gave notice of a motion requiring the Examinerships to be advertised in the same terms as the motion relating to the Professorships.

Glasgow Infirmary admitted during last year 6,014 patients, being 248 fewer than in 1870, owing to the subsidence of the relapsing fever epidemic. The daily average of patients in the hospital was 482, as against 513 in 1870. The total expenditure was £18,802 6s. 10d., the extraordinary revenue including a donation of £5,000 from Mr. John Freeland, of Nice.

Dr. Liebreich having been consulted in respect of an inflammation of the eye from which the French President has been suffering for some days, has declared that there is no cause for uneasiness.

Teetotalism in France.—The French anti-tobacco association is widening the field of its operations, and now includes alcoholic liquors among the abuses which it aims at remedying. This is the first temperance society established in France.

Dr. Frederick T. Hulke has been placed on the Commission of the Peace for Deal.—Mr. D. P. Maurice, F.R.C.S., was qualified as a County Magistrate for Wiltshire at the last Quarter Sessions held at Devizes.

The Prince of Wales :—The Last Bulletin :—The following official bulletin was issued on Sunday last: "Sandringham, Jan. 14:—His Royal Highness the Prince of Wales continues to make satisfactory progress, and is daily gaining health. Some time must yet elapse before the strength is fully established. No further bulletin will be issued."

WE understand that an important division has been taken within the last week in the College of Physicians as to the future admission of Fellows; the former law on the subject having been annulled by the decision of the judges in Dr. MacSwiney's case. If we are correctly informed, it was proposed that, for the future, the names of candidates for admission should be submitted to the College, who should elect two of their number, and that the sense of the College as to the admission of one or other of these two persons should be taken at three meetings of the College. This proposal was very vehemently opposed by Sir Dominic Corrigan, on the ground that, as a great majority of the Fellows are Conservatives, it would inevitably close the door against the admission of candidates of the political views which Sir Dominic Corrigan may be supposed to represent. After a succession of animated debates the vote was taken on the subject last week with the result of the rejection of the motion by a majority of one.

NOTICES TO CORRESPONDENTS.

Communications have been received from:—Sir Henry Holland, London. Dr. Birch, London. Dr. Blake, Leamington. Dr. Mitchell, Bothell. Dr. Pritchard, Northampton. Dr. J. M. Harrison, Audlem. Dr. Nottingham, Liverpool. Dr. Black, Cockburnspath. Dr. Morgan, Dublin. The Surgeon-General, Washington. Dr. Mapother, Dublin. Mr. Grove, Dr. Bayes, London. Surgeon-Major Logie, Dr. Langley, Dr. Aston, Wadingham. Dr. Burt, London. Mr. Bell, Morecambe. Dr. Pearse, Plymouth. Dr. Cayley, London. Dr. Kelly, Rotherhithe. Mr. Alfred Cooper, London. Dr. Fowler, Brixton. Dr. Scale, Landport. Dr. Ready, Liverpool. Mr. H. Grace, Mr. M. Duke, Dr. Marshall, Chard. Dr. Clark, London. Dr. Carson, Coleraine. Mr. H. Nelson Hardy, London. Mr. Carleton, Crossakeel. Dr. Dudgeon, London. Dr. Dwyer, Louisburgh. Mr. Fox, Mr. Hyslop, Mr. Hobson, Ballylinan. Surgeon-Major Beach, Dr. Nelson, Dr. Harris, Montserrat, West Indies. Dr. Powell, Dublin. Dr. Malcomson, Banbridge. Dr. Humphreys, Welshpool. Dr. Kraus, Banagher. Dr. Henderson, Malvern. Dr. Diamond, Rasharkin. Dr. Fryer, Fenagh. Dr. Balthazar Foster, Birmingham. Dr. Anderson, Newtownhamilton. Dr. Letheby, London. Major Borrowes, Gilltown. Dr. Gordon, Edinburgh. Dr. Peppard, Piltown. Dr. N. Pascal, Paris. Dr. Emmson, Kilkenny. Dr. Johnson, London. Dr. Fisher, Mountrath. Dr. Chapman, London. Dr. Brew, Wicklow, &c.

Surgeon Beach.—At Mr. Lewis's, 136 Gower street, London.

F. E. M.—You had better apply to the publishers, we have not even heard of the work you mention.

Dr. J., Liverpool.—It is usually so at this time of the year.

Dr. Hicks.—Letter received, and will be attended to.

Mr. Duke.—No address on your last letter, or would have obliged.

Dr. R. E.—We forwarded them through a friend, and have little doubt they will soon arrive—or have already arrived. In reference to the other matters we fear it could be of little use. We do not anticipate success, but will make some careful enquiry and inform you of the result.

Dr. Hind.—We shall be glad to hear from you.

Gant's Surgery.—This new and magnificent work on surgery, supplies all that can be required, whether for the most complete study, or for constant reference in practice.

Mr. T. H. U., Hamburgh.—We shall be happy to receive and report upon the subject, if properly authenticated.

◆

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

Practical Lessons in the Nature and Treatment of Affections produced by the Contagious Diseases. By John Morgan, M.D., F.R.C.S. London: Baillière, Tindall, and Cox.

Report of Surgical Cases in the Army of the United States.

Approved Plans and Specifications for Post Hospitals. From the Surgeon General's Department, United States of America.

Braithwaite's Retrospect of Medicine, Vol. LXIV. London: Simpkins.

The Year Book of Pharmacy, and the Transactions of the British Pharmaceutical Conference, 1871.

On Chronic Hypertrophy of the Hips. By Dr. R. W. Taylor.

Five Speeches on the Liquor Traffic. By George O. Trevelyan, M.P.

Notes on Syphilis. By S. M. Bradley, F.R.C.S. London: J. and A. Churchill.

Diseases of the Hair. By B. Godfrey, M.D. London: J. and A. Churchill.

Typhoid Fever: Its Treatment by Baptisia Tinctoria, By W. Bayes, M.D., L.R.C.P. London: Baillière and Co.

The Prince's Illness, its Lessons. By Balthazar Foster, M.D.

Psychic Force and Modern Spiritualism. By Wm. Crookes, F.R.S.

On the Mechanism of Accommodation for Near and Distant Vision. By R. E. Dudgeon, M.D.

Hospital Out-Patient Reform. By H. Nelson Hardy, M.R.C.S.

The Quarterly Journal of Microscopical Science; The Monthly Microscopical Journal; Science Gossip; The Practitioner; La Presse Médicale Belge; British Journal of Dental Science; Nature; The Westminster Review; The Indian Medical Gazette; The Birmingham Medical Review; The Doctor; Union Medicale de Paris; L'Avenir des Femmes; Gazette Medical de Paris; Journal of the Society of Arts, &c.

◆

VACANCIES.

Cancer Hospital, London. House-Surgeon. Salary £50 per annum, with board and residence.

General Hospital for Sick Children, Manchester. Medical Officer. Salary £100 per annum, with board and residence.

St. Pancras, Middlesex. Medical Officer for No. 7 District. Salary £100 per annum.

Christchurch Union. Medical Officer. Salary £70, with fees.

Chester Infirmary. Visiting Surgeon. Salary £80, with board and residence.

Blackburn Infirmary. House-Surgeon. Salary £80.

Tonbridge Union. Medical Officer. Salary £60, with fees.

St. George's (Hanover square) Dispensary. Physician-Accoucheur.

Westham Dispensary, Essex. House-Surgeon. Salary £100.

King's College, London. Chair of Forensic Medicine.

Naas Union, Kilcullen District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Jan. 17.—Epidemiological at 8 p.m. Dr. James Christie, "On Kidinga Pepo, a peculiar form of Exanthematous Disease recently epidemic in Zanzibar."

Royal Institution of Great Britain.

Thursday, Jan 18th.—Professor Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, Jan. 19th.—Professor Odling, "On the new Metal Indium."

Saturday, Jan. 20th.—Wm. B. Donne, Esq., "On the Theatre in Shakespeare's Time."

Harveian Society, 8 p.m.—"On Syphilis as it affects the Tongue." By Mr. Fairlie Clarke.

Saturday, Jan. 20th.—Association of Medical Officers of Health, 7½ p.m.

Monday, Jan. 22.—Medical Society, 8 p.m. "The Pathology and Treatment of some Diseases of the Liver." By Dr. Habershon.

Tuesday, Jan. 23.—Royal Medical and Chirurgical Society, 8·30 p.m. Ordinary.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Jan. 17.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Jan. 18.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Jan. 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, Jan. 20.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, Jan. 22.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, Jan. 23.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Braye, H. H., M.R.C.S.E., Medical Officer for District No. 4 of the Whitechapel Union.

Cooke, E. J., M.B., L.R.C.S.I., Resident Medical Officer and Secretary to the Newark Hospital and Dispensary.

Hughes, E., M.D., Medical Officer to the West Derby Union.

Jones, H. M., M.D., F.R.C.S.I., Extraordinary Physician to the Cork Fever Hospital and House of Recovery.

Ledgard, W. E., Medical Officer for District No. 3 of the Ripon Union.

M'Kellar, P. H. M., M.B., C.M., Resident Medical Superintendent of the Stockwell Fever Infirmary.

Nind, P. P., M.R.C.S.E., Medical Officer of Health and Public Analyst for Torquay.

Pringle, J. M., M.R.C.S.E., Medical Officer for the Whittingham District of the Rothbury Union, Northumberland.

Roberts, J. D., M.R.C.S.E., Surgeon for the Blackfriars District of the Royal South London Dispensary.

Robinson, A., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Nuneaton District of the Nuneaton Union.

Rossiter, D., M.R.C.S.E., Medical Officer and Public Vaccinator for the Dunham District of the East Retford Union, Notts.

Schuster, E., L.R.C.P.Ed., Medical Officer for the newly formed Barrow District of the Ulverstone Union, Lancashire.

Speirs, J., L.F.P. & S. Glas., Medical Officer and Public Vaccinator for the Parish of Old Kilpatrick, Dumbartonshire.

Stanley, W. E. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for District No. 1 of the Sudbury Union, Suffolk.

Trollope, T., M.D., Physician to the Hastings Infirmary.

Staff Surgeon Grant has been appointed to take over medical charge of the Provost Military Prison at Aldershot, in succession to Staff Surgeon Kendall.

◆

Marriages.

Barrie—Findlay.—On the 10th inst., at Gilmore place, Edinburgh, Andrew David Barrie, M.B., C.M., L.R.C.S., of Dumfries, to Emily, relict of Thos. Wm. Finlay, Esq., of D'Urban, Natal, and youngest daughter of the late John Stiven, Esq., of Glasgow.

◆

Deaths.

Bearpark.—On the 27th ult., G. E. Bearpark, F.R.C.S.E., of Leeds, aged 66.

Collinson.—On the 30th ult., A. Collinson, M.D., of Oxford terrace, Hyde park, aged 56.

Cranfield.—On the 9th Jan., of heart disease, at Lymington, Enniscorthy, Thomas George Cranfield, M.D., J.P., aged 60.

Edwards.—On the 8th inst., J. Edwards, M.R.C.S.E., of Uppingham, Rutlandshire, aged 54.

Malloch.—On the 1st inst., J. Malloch, L.R.C.S.Ed., Assistant-Surgeon R.N. (half-pay), of Kirriemuir, Forfarshire, aged 88.

Mingaye.—On the 6th inst., at Brompton road, C. P. Mingaye, M.R.C.S.E., formerly of Dedham, aged 48.

Williams.—On the 11th inst., at Bethlem Hospital, London, Anne, widow of J. Calthrop Williams, M.D., aged 69.

Robinson.—On the 8th inst., at Stepney Green, H. C. Robinson, M.R.C.S., aged 64.

Ward.—On the 12th inst., at the residence of his eldest son, Saltburn, Twickenham common, Dr. Martindale Ward, of Markham square, Chelsea, Surgeon-Major South Middlesex Volunteers, for 21 years Assistant-Surgeon Royal Military Asylum, Chelsea, aged 62.

PURE TASTELESS COD-LIVER OIL,

Imported by BEWLEY and DRAPER.

IT is this OIL, the use of which is directed by the MEDICAL COUNCIL, and which is ordered by the BRITISH PHARMACOPŒIA Dr. PEREIRA says, "The FINEST OIL IS THAT WHICH IS MOST DEVOID OF COLOUR, ODOUR, and FLAVOUR."—"No other Livers but those of the TRUE COD can be obtained for the preparation of Oil at Newfoundland," a fact which is the best guarantee of the GENUINENESS OF THIS OIL.

In bottles, price 1s., 1s. 6d., 2s. 6d. and 4s. 6d.

Sold by BEWLEY AND DRAPER, 23 Mary Street, Dublin.

May be had from all respectable Apothecaries in Town and country.

CHOCOLAT-MENIER.

(Manufactured only in France.)

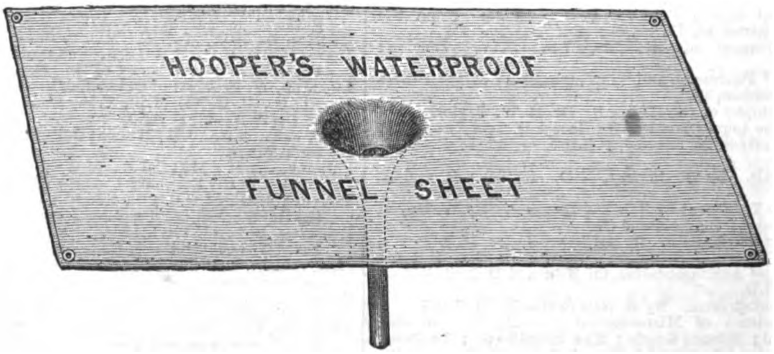
ANNUAL CONSUMPTION EXCEEDS 5,000,000 lbs.

The healthiest, best, and most delicious Ailment for Breakfast known since 1825; defies all honest competition, unadulterated, highly nutritious, and pure.
Sold in Half-pound Packets.

Wholesale, MENIER, Southwark street, and Worcester street, Borough.

Retail by all respectable Houses.

HOOPER'S WATERPROOF FUNNEL SHEET.



FOR CONVEYING MOISTURE, &c., FROM BED-RIDDEN PATIENTS.

To be used on ordinary Bedding, and on HOOPER'S WATER BED with corresponding Funnel.

PRICES:

Full size Sheet, 36 by 72, with Eyelets for securing to Bed, 17s. each.
Three-quarter size, 36 by 48, do. do. 13s. each.

Liberal Discount is allowed to Hospitals, Asylums, and Unions.

DR. EDWARD SMITH, Medical Officer of the Poor-law Board, in his "Guide to the Construction and Management of Workhouses," says:—

"The following articles will be needful in every Workhouse, viz.:—Air or Water Bed and Cushions; Waterproof Sheeting, with and without a Funnel, for the use of dirty cases."

"Mr. Hooper, of Pall Mall East, supplies Medical Appliances of the most durable kind, and has arranged a Water Bed with depressed centre, and a tube by which excrement may be at once washed away from bed-ridden patients."

HOOPER,

MNUFACTURER OF WATER OR AIR BEDS AND CUSHIONS, &c.

7 PALL MALL EAST, LONDON.

MEDICAL DEBT RECOVERY OFFICES,
13A, Great George street, Westminster, S.W.

MR. W. T. PEACOCK, DEBT COLLECTOR and ACCOUNTANT, begs to intimate that he continues to devote his personal and careful attention to the RECOVERY of DEBTS.

MEDICAL PRACTITIONERS, in TOWN or COUNTRY, by availing themselves of Mr. PEACOCK'S services, will ensure an economical prompt, and efficient mode of recovering their outstanding accounts.

Terms and references on application, or sent post free.

OPHTHALMOSCOPES, CLINICAL THERMOMETERS (compared with a standard verified at Kew),

MAGNETO-ELECTRIC MACHINES.

J. SPENCER & SON,
Opticians to the Board of Public Works,
19 GRAFTON STREET, DUBLIN.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. II.—Secondary Mortification from Disease of the Arteries.............. 69
Lectures on the Treatment of Chronic Skin Diseases, delivered at St. Vincent's Hospital. By E. D. Mapother, M.D., Professor R.C.S., late Examiner in Surgery, Queen's University. Lecture III. 72
On the Sense of Hearing. By John P. Pennefather, Surgeon to the Royal Dispensary for Diseases of the Ear 76
Lateral Lithotomy. Under the care of Dr. Laffan, Medical Officer to the Union Hospital, Cashel 78

HOSPITAL REPORTS.

King's College Hospital—
Removal of Fibrous Tumour from the side of Face.............................. 79
Metropolitan Free Hospital—
Clinical Uses of Faradisation 79

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—
A Case of Complete Recovery after Removal of the Body of a Cervical Vertebra. By William Ogle, M.D., Assistant-Physician to, and Lecturer on Physiology at, St. George's Hospital 80
Case of Tracheotomy in which the Tube having become detached from its Shield, escaped into the Trachea, and was removed by a second operation fourteen months afterwards. By John W. Ogle, M.D., F.R.C.P., Physician to St. George's Hospital; and Henry Lee, F.R.C.S., Surgeon to St. George's Hospital.................... 80

SCOTLAND.

Edinburgh—
Royal Infirmary 80

LEADING ARTICLES.

Medical Honours 81

NOTES ON CURRENT TOPICS.

Royal Free Hospital 82
Prosecution for Illicit Practice 82
Injection of Ammonia as an Antidote to Chloroform Poisoning........................ 82
The Prince's Physicians........................ 83
The Lessons of the Prince's Illness 83
Dr. Arnt on Electricity in Insanity 83
Infectious Diseases 83
Annual Report of the Surgeon General, United States Army, 1871.................. 84
Foreign Bodies in the Larynx 84
Professor Alfred Swayne Taylor, M.D., F.R.S. 84
Army Medical Department 84

FOREIGN MEDICAL LITERATURE.

Chemistry of Aconite. (Translated for the Medical Press.) 85
National Fencing. By Edward Carcenac. (Translated for the Medical Press, by B. Bertrand, Professor of Gymnastics to The Orthopædic Hospital).............. 86

CORRESPONDENCE.

J. J. McKeogh, L.R.C.P., &c., On the Influence of Ergot in Midwifery Practice 86
R. Hanslip Sers, M.R.C.S., on Small-pox Contagion and Infection, how Medical Attendants may reduce the risk of becoming carriers thereof 86

MEDICAL NEWS.

Habitual Drunkards 87
Australian Meat Preserving 87
Pure Water.. 87
Sir John Rose Cormack, M.D. 87
Notices to Correspondents 88
Vacancies... 88
Appointments 88
Marriages 88
Deaths.. 88.

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

II.—Secondary Mortification from Disease of the Arteries.

Changes of various kinds are found after death in the coats of arteries. These consist chiefly of steatomatous and atheromatous deposits, and of cartilaginous and bony thickening. When the curdy atheromatous deposit occurs between the internal and middle coats of an artery, or the pulpy changes take place in the internal coat, which has been denominated the steatomatous condition, the internal coat becomes separable with morbid facility from the middle, it is thickened, and presents often a dull opaque colour. As the disease advances, the altered internal membrane gives way, and the deposit, whatever its composition, is exposed to the current of the circulation. If the deposit has, as often happens, undergone fatty degeneration, it will be generally found softened to a greater or less extent, and to consist of oil globules, cholesterine, amorphous fragments, and earthy crystals.

The following cases, collected from different authors, illustrate some of the most interesting facts of this most important disease :—

G. L., æt. 62, was admitted into the hospital at Florence. She is a peasant from the Appennines, accustomed to live on bread, beans, chesnuts and weak wine. She only eats meat twice or three times in the year. About sixteen days ago she experienced severe burning pain in the whole of the left hand from the wrist to the ends of the fingers; the latter acquired a black colour in the course of four or five days, and the gangrene has ever since gradually extended; the pulse is very visible in both carotids, 120 in the minute; pulsation is distinct in the outer side of the right subclavian, not so in the left; the arteries of the right arm and forearm pulsate well, those on the left side cannot be felt; the left posterior tibial artery pulsates indistinctly, the right one does not do so at all. The same remark applies to the dorsal arteries of the feet, both lower limbs as far up as the knees are œdematous; the fingers of the left hand are semiflexed, cold, motionless, senseless, black, and somewhat shrivelled. This condition involves the whole hand as far as the wrist. The following temperatures are ascertained with the centigrade thermometer, care being taken that all the parts are similarly circumstanced as to covering :—

Ward...		18½	degrees.
Inside of cheeks		24	„
Both arm pits		24	„
Bend of elbow	left	21	„
	right	23	„
Palm of hand	left	20	„
	right	23	„
Dorsum of foot	left	22	„
	right	20	„

Strength gradually diminished, the gangrene extended a little up the forearm, but did not appear in any other part of the body. Death occurred at seven p.m. on the 7th of October. Treatment adopted was bark and opium, with tolerably good diet.

Examination forty hours after death.—The abdomen contains about two pints of turbid, greenish fluid, with flocculi of lymph floating in it; the viscera of this cavity are healthy; about one pint and a half of limpid serosity in the chest; lungs healthy; heart small and flaccid, orifices healthy, with the exception of some calcareous deposit at the insertion of the aortic semi-lunar valves; atheromatous degeneration manifest in the arch and descending portion of the aorta, especially around the orifices of the intercostal arteries; there is one patch of calcareous degeneration near the origin of the subclavian artery, and another above the origin of the cœliac axis; firmly adhering to the last one is the lower half of a blood clot measuring two inches and three-quarters in length, half-an-inch in breadth, and a little more than a line in thickness; the upper half of the clot is loose, of dark red colour and rather soft, but the lower half is adherent, of reddish yellow colour and firm; the right, common and external iliac arteries are almost completely obliterated by a blood clot, the upper half of which is of darker colour, more uniform shape and softer consistence than the lower half; the middle portion of the clot, including some of the dark red and soft, and some of the light red and consistent portions, is firmly adherent to the arterial coats, which appear healthy; a fine clot is continued into the right external iliac for rather more than an inch; the left subclavian artery is decidedly redder than are the other great vessels springing from the aortic arch. On careful examination, the redness is seen to be due to capillary injection (?); this is most marked along the concavity of the artery. This injection extends to five inches beyond the origin of the superior intercostal. As far as this point the colour of the arterial coats is deep red; beyond it they are of normal colour, but very much contracted. On comparing the brachial, radial, and ulnar arteries of the two sides, those on the left prove to be decidedly the smallest. On slitting open the left subclavian artery from its commencement onwards, an obliterating clot seven inches in length is exposed; at its proximate extremity the clot is of dark red colour, smooth on the surface, non-adherent, of moderate consistence; a little further on it is softer, especially near the surface. Towards its distal extremity it regains consistence, acquires a lighter colour, and is so firmly adherent to the artery, that on attempting to detach it, it breaks up. Just beyond the coagulum the artery contains a whitish, rather dry, grumous substance, which adheres to, but admits of being detached from, the artery. Under the microscope it is found to consist of imperfect granular and pus (a) corpuscles.

M. C., æt. 85, admitted into the female clinical ward at Florence, on the 10th of February, 1852. Her mental faculties being somewhat impaired, she is unable to give a detailed history of her disease, but is positive that the gangrenous foot has never been black, but has, on the contrary, preserved its native colour. On admission, the right foot was of *dirty white colour*, shrivelled up and hard, almost completely separated from the leg at the ankle joint by the effort of nature.

February 18th.—The foot was removed on the 10th by cutting through a piece of skin at the anterior part of the ankle, it being the only remaining bond of union with the leg. The stump, which then looked red, has now a grey aspect; the tips of all the toes of the left foot are black and horny; they may have been so several days, but no complaint having been made, attention has not been directed to the part. Since admission the old woman has gradually grown weak, and is to-day moribund. I made the post-mortem examination on the 20th of February, death having occurred on the 18th, an hour after taking the foregoing report. No rigor mortis, a good deal of tympanitis, considerable œdema of right thigh and leg, none of left lower limb or of upper ones. The aorta, slit throughout its whole extent, is found to be extensively atheromatous, the deposit being comparatively limited to the neighbourhood of the mouths of the vessels which branch from the trunk, the aortic coats having undergone the calcific degeneration at three different spots, each in the vicinity of the point where the left sub-clavian, cœliac axis, and inferior mesenteric are given off. Innominate and common carotids, with their branches on both sides, notably atheromatous, but only one small point of calcification on each side. On the right it is situated at the bifurcation of the innominate, and on the left at the bifurcation of the common carotid. Atheroma, but no calcification in subclavian, axillary and brachial arteries on both sides. In the last-named it diminishes with the increase of distance from the heart. Both radial and ulnar arteries perfectly healthy. Atheroma and calcification in both common iliacs. The former but not the latter degeneration exists in both external and in the left internal iliacs. Right internal iliac healthy. In dissecting the femoral vessels on the left side, nothing peculiar is seen externally. A good deal of atheromatous degeneration is discovered on laying open the left common femoral, and also a small calcareous patch an inch above the origin of the profunda, which, on being slit up, proves to be perfectly healthy. There is slight atheromatous degeneration in the upper inch and a half of the left superficial femoral, but none in the remainder of its extent. On laying open the left popliteal artery, numerous calcareous patches are discovered in different parts of it. The upper portion of the artery is obliterated by a red blood clot, but lower down by a firm white clot, which extends down into the upper two-thirds of the posterior tibial. The remainder of this vessel is pervious; the corresponding anterior tibial pervious and healthy; the peroneal and plantars not examined.

Right Lower-limb Arteries.—Unusual difficulty is experienced in dissecting the femoral vessels owing to adhesions between them and the adjacent tissues. There is a marked vascular net-work in the cellular coat covering the common and superficial femorals in their whole extent. Its meshes are not very close, but of bright red colour. On removing the cellular coat, the artery remains pale. This red net-work contrasts strongly with the external pallor of the left femoral. On slitting open the common femoral artery, no atheroma, but just above the origin of the profunda it presents a *rectangular calcareous patch*, measuring a quarter by half an inch. In the superficial femoral is a little atheroma just below the origin of the profunda, and a small patch of it on the posterior wall of the vessel just about its middle. Deep femoral artery healthy; right popliteal artery contains numerous calcareous patches in its coats; at about its middle, the whole circumference of the vessel is calcified. Corresponding to this spot the artery is partly *occluded* by *a firm adherent whitish clot.* In dissecting this artery, I have found it decidedly more adherent than usual to the surrounding tissues. On its exterior, which looks white, are more vasa vasorum than usual. Anterior tibial artery healthy; it is pervious except in its last inch, when it is occluded by *white adherent clots* (this is the side from which the foot separated). Peroneal artery healthy. Posterior tibial looks normal externally, but on cutting it open, it contains a whitish firm cord; on cutting this across, it proves to be hollow; on slitting it open longitudinally, its interior is found lined by the inner coat of the artery. On examining the exterior of the cord, atheroma (proved microscopically to consist of *fat* and cholesterine) is seen in it. This examination, carefully conducted, proved to me that the cord was due to longitudinal splitting up of the middle coat of the artery. Contraction of the inner part of the said coat, including the lining membrane, so as to form a cylinder, which appeared in the cavity of the artery, but what was at first taken to be the whole artery, proved to be nothing more than the outer coat, with a part of the middle coat lining it.

Venous System of the Right-lower Limb.—The common and internal iliac veins are perfectly healthy. On slitting up the external iliac vein, its coats are of normal colour and consistence; in its interior is a conically-shaped, non-adherent, but consistent clot, extending from half-an-inch below the origin of the internal iliac down into the femoral vein. On laying open the common and superficial femoral veins, which have a slate colour externally, with a fine net-work of very small vessels ramifying on them, I find their coats decidedly thickened throughout, but especially so the upper inch of the common femoral, where the tunics feel and cut almost like cartilage, and are very closely adherent to a firm reddish clot in the interior of the vein; this clot effectually closes the terminal orifice of the saphena. From the entrance of this vein downwards the superficial femoral vein contains a clot, which becomes irregularly smaller and less adherent as it descends; it ceases completely about its middle, whereas above the orifice of the saphena the clot is quite dry; below it, it is bathed by a fluid in colour and consistency very much like chocolate and milk. Below the part where the clot ends the vein is filled with a fluid of this kind. Opposite the termination of the said clot the femoral is joined by a venous branch, on tracing which into the triceps extensor, its first part is found to contain more of the chocolate-like fluid, but further on it contains a fluid like good pus. On sponging this away, the lining membrane remains rough, in consequence of white matter remaining adherent to it. On removing the fluid from the superficial femoral, its lining membrane presents a similar appearance. Both these veins are preternaturally red where the white pus-like matter does not adhere to their inner coat. The deep femoral vein at its upper part is occluded by an adherent clot, which becomes softer and acquires more the character of a healthy venous clot as it descends. The muscles of the thigh are healthy. The external and internal saphenous veins in the right leg are perfectly healthy; their orifices on the face of the stump are closed by adhesive matter. The popliteal vein is of a purplish colour, with very close vascular network on its exterior, and is quite round, and feels solid. On slitting it open, it is found completely occluded in its whole length by a firm adherent clot. The anterior and posterior tibial veins are healthy; one of the peroneal veins is healthy; the other is occluded by a tolerably firm and slightly adherent clot (*a*).

(a) "Surgica Researches., By J. S. Gamgee.

In the body of a female 70 years of age, of small stature, emaciated person, and with œdema of the lower extremities, Professor Tidemann found the end of the trunk of the abdominal aorta above its division into the common iliac arteries very firm and completely closed. The length of the closed portion amounted to two inches, immediately above the closure the trunk of the aorta was something corded, and so also at the origin of the two common iliac arteries, the solid mass which produced the closure was a dark red incompressible, leathery-like fibrinous clot, which was firmly attached to the inner coat of the artery, and extended into the beginning of the iliac arteries; the arterial walls showed concretions or ossifications and the same were observed in the walls of the iliac arteries; the inner coat was in various points lacerated, and the scaly concretions projected into the canal of the artery. Bony patches were also found in the abdominal and thoracic arteries, and in the trunk of the femoral arteries the fibrinous clot was so firm that it could not be cut by the knife, and it consisted of solid layers placed on each other. It closed not only the aorta and the common iliac arteries, but the lower lumbar and the middle sacral arteries; the upper lumbar arteries were enlarged. The circumference of the heart was considerable, the left ventricle was enlarged and its walls were thickened. No lesion of the valves was found, and no morbid changes in the other organs were observed. This female had been admitted into a poor-house several years' previously on account of the debility of age. She had often complained of violent palpitation, constriction of the chest, and sleeplessness; her latter years she had spent mostly in bed, and she died with symptoms of marasmus.

A soldier, æt. 43, of a Swiss regiment, in the service of the Netherlands, who had been ill with asthma, and who, after labouring under symptoms of great oppression in the chest, irregular pulse, abdominal pulsation and dropsy of the abdomen, and œdema of the feet, died. Besides serum in the chest and abdomen, the heart was enlarged and its trunks were larger than usual; the aorta was enlarged from its origin and the arch was dilated aneurismally; the first intercostal arteries were narrowed and contracted, and then unusually dilated; the innominate was dilated and gibbous, the left carotid and subclavian appeared enlarged, the right auricle and ventricle were enlarged, the left ventricle was enormously enlarged; its walls were thickened and the muscular bundles on the internal surface were strongly developed. The muscles attached to the mitral valves were threefold larger than usual, the semi-lunal valves of the aorta were most degenerated; all were large and broad, and occupied with lobulated growths and appendages. From the mitral valve which is opposite to the orifice of the left coronary artery, projected a membranous lobulated appendage, one inch long and three-fourths of an inch broad, terminated by a long small fringe. The other edge of this valve was thickened and gibbous. From the uneven surface of the second valve depended a long fringe-like appendage. The third valve, lying over the surface of the right coronary artery was thickened, and its edge beset with fringed lamellæ. All these growths and appendages hung free into the aorta and contracted its orifice; the inner surface of the aorta and all its branches as far as the aneurismal dilatation extended was irregular, and occupied by the *steatomatous* degeneration, the walls were thickened to more than double.

In a case described by Dr. Thompson, the brachial artery was at the elbow imbedded in a hardened mass composed of the surrounding cellular tissue, veins and nerves, all adhering firmly to each other, and to the artery. The artery was impervious before dividing into radial and ulnar branches, its calibre was also contracted, and its channel was filled by a cylindrical clot of firm lymph which extended about one quarter of an inch upwards from the point of division and adhered firmly to the inner surface of the artery. The orifice of a large branch was situate immediately above the termination of this clot of lymph, the radial artery was obliterated for nearly one inch and a quarter, its canal was much contracted and filled with lymph adhering firmly to its internal surface, and terminating in small conical processes about two lines long, which projected downwards into the tube of the artery. The obliteration extended only to the commencement of the ulnar artery; the coats of the arteries in the obliterated space were hard, thickened, of a whiter color than natural, and adhered inseparably to the surrounding parts. In the leg the muscles were dark in colour, very flaccid and lacerable, and in the course of the incision copious clots of blood were brought into view, considerable hardness and adhesion were observed where the femoral artery perforates the tendon of the triceps, and in the upper part of the ham, the course of the artery immediately after perforating the tendon was found an ovoid sac, which contained a hard solid substance resembling lymph, of the size and shape of a nutmeg, and with its surface covered with *thick greyish-coloured fluid like purulent matter*. This coagulum adhered firmly only to the upper extremity of the sac, immediately above the sac; the tube of the artery was obliterated to the extent of half an inch, its coats were much thickened and its parietes, were in contact and mutually adherent. From the obliterated portion, a large conical coagulum extended up the vessel for three inches, for more than an inch and a half below the sac, the coats of the artery were thickened, and its canal was filled with a firm coarse line of lymph adhering strongly to the external surface, and sending a conical process half an inch long downwards. The sac consisted of several layers, the inner apparently composed of the dilated external coats of the artery, and the other layers of the surrounding cellular substance. Beyond the obliteration the popliteal artery was pervious and empty for the space of about two inches, its coats appeared sound, except that there was opposite the origin of a large branch a small conical rent or fissure of the internal coats. Below this point the artery was again obliterated to the extent of one inch and a half by lymph effused within its cavity, and adhering, though not firmly, to its walls. The closed portion terminated in a thin sac of the capacity of a small bean, containing *purulent* matter, and similar to that found in the sac of the femoral artery; this sac was lacerable, and its internal surface ragged and whitish. To the middle of its parietes was attached the origin of

---

(*a*) "Surgical Remarks." By Mr. J. A. Gamgee.

the anterior tibial artery, the coats of which were so much thickened, that its canal was nearly obliterated; below the sac the posterior tibial artery was filled for nearly two inches with lymph adhering to the vessel, and terminating in a conical clot where the peroneal artery is given off. The peroneal artery was for a short space natural, but its coats became suddenly hard and thickened, and its canal almost closed; beyond this point its internal surface was of a dark purple colour, and the coats of the vessel had lost their elasticity. The femoral vein adhered to the femoral artery, opposite to the dilated part of the latter; the coats of the vein were here thickened, and its diameter diminished. Below this, its cavity was, in several parts, filled with clots of blood, the aorta and femoral artery above the closure were healthy.

A mariner, 24 years of age, tall, of strong constitution and sanguine temperament, had spent three days in a very cold snow-storm on board a vessel. Mostly engaged at the pumps, he was violently chilled, and was thereafter attacked with intense fever, attended with much heat, thirst, great headache, sense of constriction in the throat, and great anxiety. The skin was the seat of a sense of burning which passed into itching. On the 17th of January, the third day of his disease, he applied to Meli, who found the face flushed, the eyes suffused and the pulse hard and tense, and the patient complaining of a pain in the throat, dfficulty in swallowing, and rheumatic pains which were felt sometimes in the chest, sometimes in the abdomen; the patient lost some blood, and laxatives and antimonials were prescribed. Though on the 18th of January the patient was better, yet on the 19th all the febrile symptoms were more intense. The skin was in several places red, and in others presented effusions of blood, as after beating, the pulse was very rapid, vibrating and in the left arm dicrotous; the patient complained of great thirst, anxiety, throbbing headache, and strong pulsation over the whole body. The skin was painful especially in the region of the large venous trunk, and the slightest touch and pressure aggravated the pain. The blood drawn the previous day was covered with a thick buffy coat, the serum was very scanty, and the clot was firm and tough. As Meli considered the disease to be inflammation of the vessels, from the quick and violent beating of the arteries, and the redness and tenderness in the course of the veins he ordered another blood-letting, and the use of fox-glove. Next day, the 20th, the patient was rather better, but the night had been very restless, the symptoms also continued, and on the 21st the extravasations on the skin were more numerous and larger; pure blood was discharged from the throat, and blood and bloody mucous from the bowels. It is, however, unnecessary to pursue the minute details. The symptoms persevered notwithstanding the use of blood-letting, general and local, and fox-glove with laxatives till the 29th of January. In the night between the 29th and 30th the patient had a violent fit of shivering, he became very restless and anxious, and was convinced of the near approach of death. Meli who was sent for, found him with shrunk features and dark blue complexion, the pulse tremulous, intermitting, and scarcely perceptible; the abdomen tense and burning and the extremities cold, with violent and agonizing oppression; the patient soon after expired. The body was inspected anatomically with the greatest care on the 31st of January and the 1st of February, the surface was emphysematous, and in different parts of the cellular membrane reddish serum was effused and there were ecchymoses. The nostrils and the rectum contained much blood, all the superficial and deep-seated veins of the lower extremities were filled with blood, and their walls were hard, thickened, and red coloured internally. The arteries were in the same state, the trunk of the femoral vein and artery was highly inflamed, thickened, and solid, and their coats were covered with thick fine network of capillaries filled with blood. Their inner coat was lined with a layer of adherent plastic lymph, which in different points presented consistent purulent matter, the abdominal cavity was filled with much reddish serum, containing bloody clots, the peritoneum was much reddened and covered with numerous fine red vessels; in several parts of the intestines and mesentery there were ecchymosed spots. All the vessels of the abdomen, veins as well as arteries, were reddened and felt hard, as if they had been injected with the usual injection matter; and externally and internally contained plastic lymph. In several places they were closed and united by the effusion of lymph, and in few places did they contain blood. In the anterior wall of the aorta, two inches above its division into the iliac arteries, there was found an opening smaller than a lentile, but no laceration was seen in the trunk; the arterial walls were swelled and much thickened, the calibre of the vessel was diminished, and the inner coat was of a brown red colour. At the point where the cœliac artery arises from the aorta there was a circular cording of the vessel which extended to the division of the vessel into the gastric, hepatic, and splenic arteries; this consisted of effused plastic lymph which resembled a false membrane, and could be detached by the handle of the scalpel. The inferior vena cava was in like manner inflamed, much contracted in its calibre, and to its inner coat were attached patches of false membrane which were like valves. The part of the vena cava ascending behind the liver contained purulent matter, the arteries and veins of the mesentery were inflamed, red, and hard, and the vessels of the intestinal mucous membrane were much filled with blood. A similar condition of the blood-vessels of the stomach, the liver, the spleen, the pancreas, the kidneys, the urinary bladder, and the sexual organs were observed. Their inner membrane was covered with thick fine net-work of capillary vessels, the arteries and veins of the upper extremities were greatly inflamed, and quite in the same state as those of the lower; the pulmonary arteries and veins were also inflamed, especially the trunks, though less than the arteries and veins of the abdomen. In the intercostal, bronchial, and œsophageal arteries, the walls were firmer and thicker than usual, and their inner membrane was inflamed. The heart had partaken in the general morbid changes of the vascular system, its chambers were enlarged and its walls were hardened and firm, the trunks of the coronary arteries and thin small ramifications, as also the coronary veins were inflamed, and externally covered with lymph which had exuded from the cellular membrane. The walls of the auricles and ventricles, as also the trunks of the arteries and veins were covered with numerous capillary vessels. The inner surface of the left ventricle was lined with a coat of lymph, which stretched over the columnæ carnæ and partly hung far into the cavity of the ventricle, and the layer extended into the left auricle, and into the beginning of the aorta. The inner surface of the superior cava was lined with coagulable lymph, the inner surface of the throat was reddened, the velum was swelled, the uvula enlarged, and the whole were covered with numerous capillary vessels. Some clots of blood adhered to the mucous membrane, the vessels of the brain and its membranes also presented marks of inflammation.

◆

LECTURES ON THE TREATMENT OF CHRONIC SKIN DISEASES.

DELIVERED AT

SAINT VINCENT'S HOSPITAL,

By E. D. Mapother, M.D., Professor R.C.S.;

Late Examiner in Surgery, Queen's University.

Lecture III.

To-day we will begin by speaking of that dry scaly eruption of constitutional origin which is commonly called Psoriasis (ψωρὰ itch), although itching is not a usual or long-continued character. The term lepra, which really indicates the same disease, is still less appropriate. You must be very familiar with the cuticular scales of a whitish, sometimes pearly tint, lying heaped on a rough red cutis, which mark the affection. In an early stage the scales on several spots of the skin present the appearance of drops of mortar. These scales are most abundant and most easily removed by scratching or by the rubbing of the clothes during the first few months of the case, and if the disease is general a handful may be taken from the patient's bed in the morning. The derma is thickened slightly, and its capillaries are enlarged, so that some of the characters of a chronic inflammation are presented. The papillæ are likewise greatly enlarged. Several unnecessary names are applied to the forms of the disease accordingly as the shapes and extents of the patches vary. Dr. Anderson names one form rupoid, as the scales heap into cones, but this I have never seen.

The extensor aspects of the knee and elbow are the most usual sites where in many people the cuticle is rough and crusty naturally, and where the bones are near the surface. The thighs, bony prominences at the shoulder, neck, and face, are the next most frequented sites, and from the two last named it generally creeps to the scalp.

There is a most remarkable symmetry between the patches on each side of the body which marks the systemic nature of the disease. In corresponding parts the distribution of the blood must be more like than in other parts.

It occurs in very healthy subjects, hence the popular prejudice against having it cured. Neither fever nor any other systemic condition attends the eruption with sufficient constancy to be regarded as a symptom. When it is widely diffused, diarrhœa and bronchial catarrh are frequent. The evolution of carbonic acid from the lungs is also much increased.

The etiology of this common affection is still as obscure as in the days of Willan. Many believe that it is connected with dyspepsia, and that the diseases may alternate. Want of animal food has been assigned as a cause, but I am inclined to think the want of fresh unboiled vegetables as a more probable one. Either error of diet, if discovered, can be readily corrected. It is not in any degree contagious. Its frequency may be learned from the fact that it forms 831 out of Dr. Anderson's 11,000 cases of cutaneous disease, being one-third oftener in the private than in the public cases. This able author regards it as a disease showing debility, from having seen it often in women nursing.

The sexes are prone to it in nearly equal numbers. The only serious fact you have to bear in mind when asked for a prognosis is, that seven or eight out of ten cases will relapse. If habits of daily bathing be acquired, not half that proportion will suffer from subsequent attacks.

It may interest you to know what treatment was pursued in Dublin forty-five years ago. It is described as follows by two of our most famous physicians.

"Venesection was twice performed; she was put on low diet, and in the course of the first three weeks leeches were repeatedly applied to the most inflamed parts of the surface. During this time she took daily a pint of decoction of sarsaparilla, and about two drachms supertartrate of potash. When the violence of the cutaneous inflammation was subdued by these means, we had recourse to the use of sulphur internally, together with warm baths containing sulphuret of potash. . . .

"As yet we have met with no case of scaly disease which has resisted this simple method of cure, and have not therefore found it necessary to have recourse to the internal use of either arsenic or corrosive sublimate."

The most famous remedy is arsenic, and if given for about three months in gradually increasing doses, most cases yield. Veterinarians give this drug freely to horses, and it especially improves their coat, and some specialists assert that it will bring out hair on scalps long bald in the course of old age. Dr. C. H. Jones regards it as a powerful stimulant to the vaso-motor nerves, and if a full dose be taken, the cutaneous capillaries contract so much that even a Turkish bath will not bring out perspiration.

It has been stated that arsenic brings out herpes, but I have no evidence in favour of it, and some against it. To-day you saw at the Dispensary James Brien, a boy aged nine, whom I have known to suffer herpes for each of the last three years, and he has never taken arsenic. Its recurrence in this instance also contradicts the new theory that it attacks only once in life; and although it appeared always in the area of the distribution of the external cutaneous nerve of the lumbar plexus, I never could discover any source of irritation of the roots, which is said by many observers to be present.

Arsenic should be pushed to the production of its specific effects, just as we do with mercury, and anything short of this must be useless.

I have found the compounds of iodine, arsenic, and mercury (that which is commonly called Donovan's solution) more efficacious than pure arsenic, as given in Fowler's solution. The solution prepared by that most able pharmacist is the best possible form. It is praised highly by German authors, but has been left out of the last edition of our Pharmacopœia. Authors who regard arsenic as a panacea for most skin diseases do not like it, as the sole credit of cure is robbed from their favourite. It should be given in 20 drop doses thrice daily in a couple of ounces of water about an hour after each meal, as it is then less likely to disagree. Pain over the stomach, a pricking feel in the eyelids, or conjunctivitis, point to the constitutional action of the drug, and the need for stopping its administration for a few days. It certainly failed in the case of a gentleman last year, to whom I gave it for three months. I then ordered half a grain of the protiodide of mercury in pill thrice daily. He did not return for nearly three weeks, instead of one week as directed, and he was then slightly salivated. As the eruption, which was most widely diffused, was quickly throwing off the scales, and the true skin had a red but smooth surface, I continued the mercury and kept up salivation for a week. The diseased surface became free from scabs, but red and most tender, so that movements of the body were most painful; indeed he might be said to suffer from a general dermatitis. He gradually recovered, and the disease has not returned. The cases are much less liable to relapses if treated by mercurials than by any other drug.

Black pepper, copaiba, cantharides (used 100 years ago by Dr. Mead), and such matters, which irritate the alimentary and urinary mucous surfaces, and thus derive from the skin, have been much praised, but we have not tried them in this hospital. The free use of mustard as a condiment might act thus. Carbolic acid in grain doses thrice daily has been said to cure recent cases by lessening the local hyperemia. Powdered liquorice makes a good pill mass for it.

The alterative and curative value of sulphur has been much talked of, but beyond the fact that it permeates the system and stains the silver worn on the body, we know little of its action. There is no branch of our art which is less worked than the really scientific investigation of the action of medicines, because it does not "pay," the learned therapeutist being quickly outrun in profitable practice by the empirical practitioner.

As a means of checking salivation, sulphur given in a drachm dose, rubbed up with mucilage or two or three drachms of the sulphur electuary, I have found to have great power.

In cases of pyrosis with the vomiting of matter containing the sarcina ventriculi, the evolution of sulphurous acid by giving five to ten grains of the hyposulphite of lime or soda proves a most prompt and sure mode of killing this cryptogam. Sir W. Jenner has found the solution of sulphurous acid most potent in the cure of skin diseases due to vegetable growths. The sulphur waters at Lisdoonvarna, Harrogate, Moffat, and Bareges are undoubtedly useful in some forms of psoriasis, especially if the syphilitic or gouty poisons can be assigned as causative. Dr. Anderson praises most highly the baths of Leuk. There, a promiscuous crowd of every kind of ladies and gentlemen sit for four hours under water, clothed in woollen dresses, taking meanwhile breakfast, reading, playing a game of chess, or chatting with bystanders, who are freely admitted.

Iodide of potassium is also a remedy, which I generally use if I have the faintest suspicion of syphilis. I often add to the mixture two or three drachms of liquor potassæ, and with this chemical alone Dr. Bellingham cured many cases in this hospital twenty-five years ago. It would act as an antacid most clearly useful if there were gouty symptoms, and as a diuretic. The dryness and scaliness of the skin in diabetes results from the excited action of the mucous lining of the kidneys, so that the indication for exciting it in psoriasis is not evident. The salts of potash with citric, acetic, or tartaric acids, are converted into the carbonate in the blood, and in the nascent state they are very active. The alkaline treatment, so far as I can find, was original with my distinguished predecessor.

Both hospital and private patients with psoriasis, and indeed most other chronic skin diseases, should take free outdoor exercise. The lungs, liver, and digestive organs are then stimulated by muscular work in what some would call a sun and air bath.

Warm or tepid baths of soft water, with free use of soft soap, that admirable agent we have spoken of so often, constitute the best part of the local treatment. The scales are softened, the infiltration of the derma is lessened, and the healthy skin is made to do double duty. Many writers speak highly of wet-packing as the hydropaths use it, and of covering the parts with india-rubber clothing, but I have no experience of either. In the intervals of the baths the body should be smeared with carbolic acid ointment.

When there were very thick layers of cuticle to be removed, I have preferred the simple vapour bath, which we use here by placing a spirit lamp (having a vessel of water) under a cane-bottomed chair, on which the patient sits, surrounded well by blankets.

The tars from various woods (especially oleum cadini from juniper) are largely used on the continent, and high fever, with dark-coloured fæces and urine, have arisen from its excessive application.

Hear Professor Wilson's remedy for psoriasis, or as he appears to consider it, squamous eczema. "Daniel Turner, the first of English dermapathologists (1710), left behind him a reputation for his—cerate, and we hope to be able to leave behind an equal reputation for the benzoated ointment of oxide of zinc, at last and apparently with some reluctance provided with a place in the British Pharmacopœia, upon whose pages it sheds unwonted lustre!" The compound described in this and many other grandiloquent sentences is made with oxide of zinc and lard, to which benzoin has been added to prevent rancidity. The eccentricities of this author are capped by the concluding pages of his recent "Lectures on Eczema."

Mercurial ointments, the blue, the white, the red, and the citrine, have all been vaunted, but if they do any good it is by their lard, for their mercury is not absorbed.

The only fact which has shaken my belief of the constitutional nature of psoriasis and the need for external treatment is, that I have seen Dr. Neligan suppress many cases where the eruption was very limited, by painting it over with fluid blister. The fluid of that kind in the Pharmacopœia is the safest. We often use Burt's Vesicating Fluid, but having lately caused severe inflammation on the skin of a private patient of mine, I will discontinue its use.

The skin is the favourite seat of the first manifestation of constitutional syphilis, as it is the most superficial of tissues and the effects of the disease gradually appear in the deeper. That poison does not give rise to any eruption wholly peculiar—that is to say, any of the rashes we have been considering, and many others may be or may not be syphilitic. Antecedent or concomitant symptoms, and some slight points of colour and form, however, usually enable us to make the diagnosis, a matter of vital importance. The great chronicity, tendency to relapse, the dull coppery hue, rounded form, proneness to appear on the face, and absence of itching, may be taken as generally diagnostic. The concurrence of periosteal pains, sore throat, or iritis, make the nature of the case quite certain. Tenderness on and under the sternum is often present, and has been said to be pathognomonic. The general surface of the skin lessens insensitiveness in some cases. The polymorphism or variety of forms also characterise the syphilitic rashes.

You all know the doctrine so long accepted on the authority of our illustrious Carmichael—viz., that there were four varieties of syphilis, each peculiar in its primary characters and secondary eruptions. They were the papular, the pustular, the phagadænic, and the scaly, respectively preceded by a soft fungous sore, "the ulcer with elevated edges," the sloughing and ulcerating sore, and the hard chancre.

This theory is not correct, but its practical deductions to separate the cases fit and unfit for mercury, have rendered Carmichael one of the greatest human benefactors. Diday protects him from envious critics as "Ce profond observateur si méconnu si travesti."

Bassereau says: "I have seen only six patients affected with syphilitic rupia; five of these have had as a primary lesion phagadænic chancre, which might have foretold even then the form and the severity of the possible consecutive symptoms."

The most common rash appearing in perhaps over half the cases, and the mildest, is the erythema, or rose rash. Its red patches are not raised, disappear on pressure, and result eventually in a brownish stain. It follows in about six weeks the primary sore, sooner in warm weather, is ushered in by pyrexia, the temperature rising a couple of degrees for a day or two, and then comes out chiefly on the face and warm parts of the body, chest, loins, and abdomen. When the skin is exposed while examining the patient on a cold day, the patches keep their red tint, while the rest of the skin becomes paler. The mucous surfaces which we can see with the unaided eye or the laryngoscope, especially the back of the mouth, show increased vascularity as well as the skin. This circumstance has caused the case to be mistaken for scarlatina. It is less like measles, for the conjunctival and bronchial surfaces are seldom or never engaged, and from copaiba rash it is known by the latter being limited to the wrists, knees, and other joints. Children who inherit syphilis usually develop when about a month old an erythema about the nates, accompanied with condylomata about the arms. The emaciation and croaking senile cry are most characteristic. Jaundice often accompanies roseola.

Next comes perhaps once in four cases the papular eruption which, although noticed for the first time by Carmichael, is even more generally distributed than the rose rash. It often follows six weeks after the rose rash, but in some few cases it is the first eruption. The glands at the back of the neck are always enlarged, and there are usually low spirits, malaise, and pains like those of rheumatism in the fibrous tissues and bones, the patients feeling, as Ambrose Paré remarked, as if they had been beaten all over with sticks. The papules are larger and darker in colour than those of lichen. From proneness to suppurate and scale at the top they are more like those of acne; but we have seen how much localised to the face and neck that disease is, and how usually combined it is with seborrhœa and comedones. The papules brought out by taking iodide of potassium are not unlike those of syphilis. I am at present attending, with Dr. Jacob, a lady for otorrhœa, and two grain doses of the iodide have brought out a free papular rash on the face accompanied by the special catarrh.

The pustular eruption, sometimes described as a distinct form, is most usually a stage of the papules very quickly developed. Even with rose rash on the body there will be very often pustules on the hairy scalp, for reasons which I have mentioned when describing eczema.

We very often see here a pustular disease, ecthyma, on the legs of weakly ill-fed men about forty years of age, but the history of syphilis is often not proven in the cases. There are from three to twelve pustules on the front of each leg, each separate and about half an inch in diameter. The scab is brownish, sanio-purulent and irregular on the surface; when poulticed off, the scab leaves a superficial ulcer behind. This disease and rupia occurring from syphilis are often called tertiary symptoms, but the limits of secondaries are by no means clearly defined. The production of gummy tumours occur at the tertiary and quarternary periods, and gradually in the deeper parts the poison being centripetal.

Scaly venereal eruptions appear either as the first after the infection or more frequently as a sequela of the rose rash or papules. They are however rare in either way, and some described them only as a stage of the papular rash. The scales are much less copious than in ordinary psoriasis, the patches are more rounded, the edge being higher than the centre, and the usual coppery red tint is present. The extensor aspects of the limbs are not the exclusive seats of the disease. Baldness is a more frequently concomitant of this than of any other eruption.

For the two last years we have had no case of true rupia here, so that none of you may have seen it. It is so characteristic an eruption that if you ever meet it you will recognise it if the following points are present—A conical scab from half an inch to an inch in diameter at the base, with fluted marks round it like those on a limpet shell. If you twist this scab round a few times it will come away, leaving a conical ulcer as deep in the skin as the scab was in height. Successive scabs form quickly, even in a night, and rising up, give the conical shape. Depressed round scars about the size of a sixpence result, and they have been sometimes pointed to by boastful warriors as bullet wounds. They have been gained in conflicts other than martial, and as Sir D. Corrigan used to tell in his lectures, they are mostly on the posterior aspect of the body, and therefore evidence a timely retreat more than a dauntless advance.

The treatment of syphilitic eruptions is more fully agreed upon than that of any other class of skin diseases we have talked about. There are, I conceive, few, if any, who would not mercurialise a patient with any syphilitic rash if the drug had not been fully given before, and if the patient were not cachectic in the greatest degree. Diday indeed says "With roseola—wait, with a vesicular squamous or pustular syphilide—give mercury, with a papular syphilide wait, but watch." Age has really more to do with it, a man of 25 will often throw off any poison syphilis or typhus for example, without treatment; a man of twice that age will be crushed by them unless most skilfully treated. The extreme on the mercurial side must be set down as Ricord, who declares six months of mercurial treatment, *plus* three months of treatment with preparation of iodine, is the method which affords most permanent cures, and succeeds in a vast majority of cases in really neutralising the poisonous influence, that is curing the syphilis or most of its manifestations.

Salivation is best produced by the protiodide of mercury, first used by Biett. It should be given in doses of ¼ or ⅓ of a grain thrice daily.

I never could understand the advantage in such cases of inunction, baths with solutions of or fumigation with vapours of mercury. Infants indeed are best treated by the ointment spread on a flannel swathe. On the treatment of syphilis by mercury I would, however, advise you to learn Colles's book, sound and most practical as it is. Let me say parenthetically, that he was *the* surgeon of Dublin worthy of State honours, and that as he has a most worthy son and successor it is not too late to compliment our College of Surgeons in the person of its ablest councillor.

Donovan's solution in 20-drop doses is most serviceable in the more obstinate of the syphilides, as is also a compound of biniodide of mercury with iodide of potassium. However, we have the great authority, Hunter, teaching us that all mercurial preparations act in like manner, for they are all changed in the system into one compound, which I have striven to prove, is the bichloride (MEDICAL PRESS AND CIRCULAR, April, 1870). As there stated, I believe the copper and lead salts would act equally well with mercury in coagulating the low form of fibrin which abounds in the blood of syphilitic patients. Purgatives, or other eliminants, would be required to remove the effete matter.

In weakly patients with ecthyma or rupia, and already drenched with mercury, good diet, and wine or beer, are the best medicines, but bark preparations, with nitric acid or iodide of potassium, give aid. The value of the salt was first proved by Wallace, of our College, where so many proofs of his ability are preserved.

The sulphur waters, Lisdoonvarna in our country, Harrogate in England, Moffat in Scotland, and Barèges and Aix on the Continent, often work wonders in removing old scaly venereal rashes, as well as other evils from that fearful taint.

Syphilitic diseases of the nails are not infrequently seen, but we have not time to discuss them now.

Although ingrowing toe-nail is not a specific disease, I cannot forbear from reminding you of the treatment you have seen in this hospital very effectual. The patient's sensibility being dulled by a 30-grain dose of chloral, or by a few whiffs of chloroform, shove a strong scissors under the nail quite beyond the fold of cuticle which covers it; then clip the nail in two for its whole extent. Next insert a strong forcep under each half, or under the half to which the disease is limited, and roll it from the centre outwards. This mode I have never known fail, which I cannot say of two cases treated by excision of the matrix and nail, which I performed with the aid of two senior consultants.

Hæmorrhage from the vessels of the cutis occurs as a symptom of typhus, of small-pox (unhappily too often in our present epidemic), and of scurvy, but the only form which is treated of as a separate skin affection is named purpura. Willan placed it along with the contagious rashes or exanthems, and there it is retained to this day in the work of one specialist, who treats it with arsenic, purgative doses of calomel or emetic doses of antimony.

In all a vitiated state of the blood is the primary change, and I believe that in no case do the blood cells escape without rupture of the capillaries. It is the dissolved hematin which oozes through their walls and stains the true skin without raising the cuticle. A septic fitness of the blood is indicated by the fearful rapidity of putrefaction of the body after death. The white of the eye and the skin often show a jaundice hue. When the blood spots are small, in size varying from that of a pin's head to a pea, they are named petechiæ, from their likeness to flea bites, but the central wound distinguishes that mark. Those in the form of streaks are vibices, and larger effusions, like the masses of blood extravasated by blows, are called ecchymoses. Blebs of true clotting blood are only formed by direct violence very deeply bruising the skin and soft parts below it.

The dark blue, red, and yellow tints so well known to successively appear in the blood of a bruise, are also seen in the various states of purpura spots, which never coalesce.

In the uncomplicated form of purpura the mucous surfaces pour out blood, especially that of the nose, bowels, and kidneys.

Owing to gravitation the spots are most frequently in the lower half of the body, and in old people in whom the capillaries are weak, there is a further reason for the exudation of blood. In some old people the least blow will cause a great ecchymosis.

Chemists have not made out any special alteration in the blood. The same erroneous diet which will cause scurvy, I feel sure may cause purpura, which is so closely allied. It is said to occur in families marked by hæmorrhagic diathesis, owing to deficiency of fibrin in the blood.

I have never seen purpura accompanied by rheumatic pains, which is often described by continental writers, but I have often heard purpura patients complain of muscular and nervous aches, and Romberg calls "pain the prayer for healthy blood." Inaction of the vaso-motor nerves no doubt causes the stagnation of the blood which precedes its effusion. The occurrence of purpuric spots in cases of terrible disease, cerebro-spinal meningitis, render this highly probable, as I endeavoured to show in an account of the the Dublin epidemic of 1867, which I drew up for the Epidemiological Society. Pressure often brings out fresh spots in purpura, but did not in the above-named nervous lesion. Herpetic spots frequently appeared during the convalescence of those who escaped death, giving evidence of peripheral effects from central disease.

Among medicines used in purpura I should mention ergot of rye in 5 to 10 grain doses, and it acts by contracting the muscular coats of the vessels, and the muriated tincture of iron which is astringent, and then blood restorative.

If, as I have stated, the nervous system is the real seat of lesion, phosphorus, strychnia or other neurotonics seem worth trial.

Turpentine seems of use by astringing the capillaries as well as stimulating the heart and the muscular coat of the intestines.

I have often seen Dr. Neligan give an ounce of it or even a wineglassful when the bleeding from the alimentary surface was severe.

It frequently intoxicated the patients as much as a couple of glasses of whiskey would do. From such large doses I never saw strangury arise.

I will not detain you with any account of the anatomy and functions of the skin, for I hope you have learned all about them in your physiological course. Its extraordinary vascularity, secretion of three pounds daily and breathing power in aid of the lungs will occur to you in support of the assertion that the neglect of its functions must lead to serious diseases of internal organs. No hygienic habit is equal in value to the daily sponge bath, which I am glad to say is coming into increased use among the richer classes. Crowded together in a single tenement room, without complete separation of the sexes, our poor find complete ablution impossible, and although we have the softest and most copious of waters we are the most unwashed of citizens. The only cheap baths for the poor we had were those connected with the Mendicity Institution, Usher's Island. In 1866, the number of baths given was 18,000, of which forty-eight were gratuitous. They have just opened them at reduced prices, and they are admirably conducted; but in such a city as Dublin we should have a dozen public baths, not one. The closure of those in Abbey street and Westland row would indicate that the taste for clean skins is decreasing, for no good substitutes have been opened.

In 1866 over a million of baths were given, and 400,000 women washed clothes in the baths established in London under the Baths Act (9 and 10, Vic. cap. 74). The corporation of every town is empowered to erect such baths.

In the Ragged Schools of that city it has been found that great cleanliness, sweetness of the air, and freedom from contagious skin diseases have resulted from obliging each child to take a bath as they enter school.

Well-made yellow soap containing soda is hurtful in very few skin diseases, and for all is a necessity for cleansing the healthy skin. The alkali is required for the softening of the cuticle and removal of the sebaceous fat. Substitutes such as wash powder, do harm, and as Professor Wilson says, "they cannot follow the innumerable apertures of the skin, nor enter the mouths of the pores otherwise than to obstruct them. A skin cleaned in this manner may always be detected by a certain kind of shining, not to say greasy polish, and the whole complexion looks mellowed into a kind of *tone*, as we say of pictures in which dirt and time have softened and chastened the tints."

Very few words will inculcate what is desirable in the way of dress for skin patients. If the disease be chronic and indolent, such as psoriasis, let flannel be always worn, if it be irritable or inflammatory such as eczema, the softest and longest worn cotton will suit best.

◆

ON THE SENSE OF HEARING. (a)

By John P. Pennefather,

Surgeon to the Royal Dispensary for Diseases of the Ear.

Perhaps there is no subject or structure in connection with the human organism that has been more closely investigated by the few and neglected by the many than the subject of sound and the structures by which it is conceived. By experiments with the air-pump, first publicly demonstrated more than a century and a half ago, it was proved that a vacuum surrounding a body rendered that body incapable of originating sonorous vibrations, and thus an important fact in the theory of acoustics was established. That sound is conveyed by atmospheric undulations communicated by the vibrations of a sonorous body, and that these undulations reach the nerve of audition is no doubt generally known, but with this most shadowy idea of the realisation of a sense, and the composition of a structure so simple, yet so efficiently perfect and beautiful in its minutest details, it is too much the habit to rest content.

Sound is produced primarily by the vibrations of a sonorous body, but two circumstances govern the power and extent to which these vibrations may be transmitted, namely, the composition of the body as to its vibratory faculty, as well as the atmospheric condition by which it is surrounded. Thus incohating vibrations of equal power and from equal bodies as well as from equal gradations of distance, but initiating on an immediate surrounding atmosphere of unequal elasticity, strike on the ear with differing force, the vibrations from one quarter may be distinctly audible, while those from the other are scarcely perceivable.

Sound is conveyed by undulating aerial waves, and the manner by which the atomic atmospheric particles convey the sonorous pulses, has been illustrated by placing a number of glass balls in contact, by applying force to the last of the row at one end, it is transmitted from one to the other, until, reaching the last ball at the other end, it shoots it away. A far better illustration of the mode by which the sonorous pulses are propelled is to be gathered in the displacement of water by dropping a substance into it; we here see the circular undulations gradually expanding until the original force imparted is expended, at the outset the centre of the wave will be always observed to have the greatest volume. So in the vibrations of sound the undulations though spread out are most powerful in a direct line from the centre of their origin. Again, if we observe the sea beating against a cliff in which there is an inlet, the increased power with which the water rushes into the opening will be obvious; this may be accounted for in this way, the wave rebounding from each side of the entrance is met by the advancing undulation, and the body of water at each side is thus rendered more dense than that which is flowing into the cavern, to which it acts as a boundary. Thus in the undulations of sound as they strike on the surface of the side of the cranium the pulses are forced with augmented power into the meatus auditorus externus which is necessary for that actual physical impression by which alone the auditory nerve is stimulated to action. A curious circumstance is detailed by Professor Tyndall which proves that the undulatory waves embrace any object within the sphere of their action on coming into contact with it. The explosion which occurred at Erith in 1864 broke all the windows of the town though miles distant, fracturing those that were in a contrary directon as well as those which were facing it. In Erith Church, where the window sashes are constructed of lead, being partly flexible they escaped, but every window in the building was forced inwards without breaking a single pane of glass. Yielding at first to the shock the windows received the support of the air contained in the church and were thus saved from damage. This will show us the value of the air contained in the cavity of the tympanum in supporting its membrane from undue external pressure. For the mere perception of sound, without variation of tone, the vestibule is the only part of the organ essential. In zoophytes and in animals of still lower creation where even the rudimentary structure of a hearing organ is entirely absent, there is no perception of sound, and among the insect tribe comparative anatomists have pronounced it absent, but that insects are influenced by aerial undulations eminent zoologists allow, and attribute the faculty to the exquisite sensibility with which the antennæ of insects are endowed, the sonorous pulses agitating these appendages communicate the sensation. In the Molluscæ the auditory organs consist of small membranous vesicles. In the next order Crustacæ, the lowest of the Articulata, we find the vestibule covered at the base of their antennæ by a membrane analogous to the fenestral membrane of a higher creation, the vestibule contains a fluid in which are expanded the terminal extremities of the auditory nerve. In fishes there is a vestibule and three semicircular canals, but the entire organ is contained within the walls of the cranium ; it must be remembered that fish live in a fluid which is a powerful sound conductor. Anglers are well aware how necessary it is to cast their fly or bait gently in the water.

(a) Read before the Medical Society of London.

In Reptilia we find a rudimentary cochlea and imperfectly formed tympanum, which is described by Edwards as a dependence from the pharynx. In the class Reptilia we arrive at a formation which though imperfect is capable of perceiving different degrees of sound in rhythmical order. Of this power the snake charmers of India take advantage and by means of harmonic vibrations succeed in charming the most venomous of the class. In birds we arrive at another step in the formation of a perfect auditory structure in the addition of an external auditory canal. The tympanum of birds communicates with the diploe of the cranial bones which are filled with air instead of medulla. It contains also a single bone which adheres to the vestibular membrane and may be considered as the rudimentary ossicula of the mammalian order.

In Mammalia we find the organ of hearing complete, consisting of an auricle, external meatus, perfect tympanum, and perfect internal ear, The only difference observable in the class is that man from his higher sensorial development has a more perfect realisation of the sense, and that the organic structure is somewhat modified to suit the different requirements of the animals composing the order. Thus in aquatic mammals the auricle is necessarily small, and among the Carnivora it is smaller than among the Herbifera. That the auricle is of much value among quadrupeds for the acute action of the sense of hearing there can be little doubt ; who can have seen any of the equine tribe at some sudden noise casting the auricle backwards and forwards and turning its concavity in the direction from whence the sound proceeds but must allow that be it sense or be it instinct, the animal is aware that nature has provided him with the means of concentrating to a greater degree the sonorous undulations on the auditory nerve by the formation of the auricle. In man, though many authors have sought to disprove it, I entertain no doubt that the auricle unquestionably, in a much minor degree than among quadruped mammalia, is essential to the full and exquisite development of the sense of hearing. We thus trace the auditory mechanism, where lies the sense of hearing, through the different orders of creation, finding each part added according to the requirements of the animal. The ariel undulations having reached the auricle of a healthy organ are collected in its sinuosities, the channels of which will be all observed to lead into the cavity called the cochlea, where they are concentrated and discharged through the external auditory canal on to the membrane of the tympanum, which vibrates in ratio to the force communicated to it. This membrane which is composed of fibres radiating from its centre to its circumference, is peculiarly adapted for its office which is to intensify and communicate the pulses of sound which it has received to the ossicula auditus by means of the close attachment which it has to the malleus, one of this chain which consists of four bones, so articulated that their vibration becomes a multiple of that received from the membrane. They in their turn act on the membrane of the fenestra ovalis by the stapes which is in intimate relation with it. I contend that it is by this agency and by this alone that the sonorous undulations are conveyed to the internal ear. Writers on this subject, even of recent date, state that the bony parietes and the air contained in the tympanum are also mediums of transmission. Were the bony parietes capable of transmitting the pulses of sound to the nerve of audition, the external and middle ear were superfluous appendages, as the surface of the cranium would afford ample means of conduction. Unless the sonorous body be in actual contact with the bones of the skull, and its vibrations are thus imparted to them, the bony parietes have no other action in the sense than that of affording lodgment and protection to the mechanism by which the auditory nerve is aroused into activity. Nor can the small amount of air in the drum, a chamber which in its normal condition during life is scarcely capable of containing a pea be supposed to perform any other act than that of supporting the membrana tympani from undue external pressure, for not only does the air contained in this cavity speedily lose its elasticity, but inasmuch as the membrane of the fenestra ovalis is covered and the entrance to the internal ear blocked by the base of the stapes, its only means of action would be by lateral force on the ossicular chain, its quantity would however negative the idea of its possessing such a power. Some authors have suggested that the cavity of the tympanum is a reverberating chamber, and that in this way the impulses of sound are transmitted, but this idea is entirely untenable, for probably no formation could be worse constructed for such a purpose than the irregular chamber of the tympanum with its numerous spines and processes. That the waves of sound are capable of being focussed in a particular direction, is a well-known fact which we see every day applied, but the structure of the tympanum forbids such an hypothesis in connection with it.

We now come to the internal ear or labyrinth, the true seat of the organ of hearing, it is divided into three parts ; but to enter into a minute and particular description of this wondrously beautiful and complex structure would infringe too much on the time of the society. Hitherto, elastic air has been the physical power by which the vibrations have been so far conducted ; but, having arrived at the internal ear, they require, in such a confined space, a more powerful medium of conduction, consequently, we find the internal ear filled with fluid. In the windings of the labyrinth, are sacculi and tubes containing aqueous matter, in which are expanded the terminal extremities of the auditory nerve, and these sacculi and tubes are themselves surrounded by fluid. Thus, when the membrane of the fenestra ovalis is set in motion by the vibration of the chain of ossicles, the impulse is communicated to the fluids in which the terminal extremities of the nerve are expanded, and by the irritation of these nervous bulbous expansions, the sense of hearing is brought into action ; but, without the semi-circular canals and cochlea, it would be merely the perception without the distinction of sound, and further, were the vibrations of the ossicles imparted to the dense fluid confined within the unyielding walls of the labyrinth, unless some means of expansion were provided. Not only would the violent undulations be transmitted to the nerve with the same force they were received from the chain of bones, but all sonorous undulations would be without any distinguishing character. But the simplicity of Nature's provision for this is as in all her works, but in keeping with its efficiency. If we call to mind that a glass tube of even a mile in length, filled with water, cannot lose one drop without the whole column being agitated, the nature of this provision will be the more readily comprehended. As the impulse is received at the fenestra ovalis, it is transmitted from body to body in one unbroken wave throughout the windings of the internal ear, until it arrives at the opening of the foramen rotundum from a scale of the cochlea, into the chamber of the tympanum. This opening is guarded by an elastic membrane, which admits of the fluid contained in the labyrinth, expanding in proportion to the violence of the agitation communicated to it, and thus the nerve is protected from the effects of undue vibrations. We here recognise again the important part the air contained in the tympanum plays in supporting this elastic membrane from over-expansion and rupture. It is in the advance of this aqueous wave, if I may so use the term, that the gradation of sound are perceived, and how contained within the cochlea, is a perfect musical instrument discovered by Corti, and consisting, according to Kölliker, of three thousand strings or fibres, through the kindness of Dr. Pritchard, who has placed these very beautiful microscopical preparations at my disposal, I am enabled to show you a section of the cochlea, two sections of the bamuna spirales with rods, and a section of the canal with the membrane of Reisiner. By first looking at these plates, lent by Dr. Rutherford, of King's College, you may perhaps more easily understand the preparations under the microscope, which are most admirably prepared, and reflect great credit on Dr. Urban Pritchard. The nervous fasiculæ are further irritated to action by minute sharp pointed bristles, discovered by Max Schultze, and again we have minute bodies called Otolithes laying among the nervous filaments, these bristles of Schultze's, and cretaceous particles are probably provided for the reception of those minute vibrations which would be otherwise so evanescent in their action as to be scarcely appreciable. There are many different degrees and power of hearing. Helmholtz states its entire range to embrace eleven octaves, and the practical range of musical sounds to be embraced between forty and 4,000 vibrations a second. It is a well-known fact that all people do not possess musical ears, and that some are unable to distinguish one tune from another. A plausible way of accounting for this would be by some deficiency in Cortis fibres; but this is negatived by the fact that authentic cases are detailed where patients affected by violent fevers in which the brain became engaged, on recovery found that from not being able previously to distinguish a note of music, they now possessed a perfectly musical organ. No doubt all these fibres have each their minute nervous filament, and it may be reasonably supposed that the irritation of the nervous centre communicated vitality to its dormant terminal extremities. This, however, involves many speculative theories which, when sifted well, no doubt, prove of practical value; but they are too crude to at present enter upon. My endeavour has been in a brief manner to trace the sense of hearing from the mere perception of sound, capable by animals having only a rudimentary organ, through the different classes of creation to perfect man. We see that the whole action which brings the sense into play, is one of physical force, and we must recognise how essential it is to the perfect action of the sense of hearing to retain in all its perfect efficiency that agency, by which these physical impressions are imparted to the auditory nerve. Those specious arguments which are used to prove that the auricle is useless, and those which deserve far greater condemnation in their endeavour to show that the membrane of the tympanum is nearly, if not, altogether valueless, are dangerous sophisms calculated to mislead the practitioner who, not having time to closely investigate a particular subject adopts the opinions, and imitates the practice of those who, from their special application to the subject, are looked upon as pioneers who may be safely followed. I believe it to be fallacious reasoning and faulty surgery that, because there are some few cases in which the loss of heavy power has been proved to be very slight, though there was considerable loss of structure in the membrane of the tympanum, that this membrane should so frequently be perforated by the surgeon's knife for the sake of experimental practice; the argument sometimes used in support of the operation, that this membrane is gifted with superlative powers of reparation is a mere begging of the question. It resolves itself into a simple query and reply. Is the vibratory power of this membrane affected by an aperture in it, or by the exudation of plastic-lymph, which must attend the process of healing after an incision, necessarily leaving a cicatrix? I assert it is not so efficient a medium for the transmission of physical impressions to the nerve, as it would be in its normal state entire, and without a cicatrix. There are certain cases, particularly in scarlatina, where the perforation of this membrane is attended with the happiest results, both in its immediate effect in mitigating the head symptoms, and in obviating the after consequences of ulceration. But, I believe, with the other appliances at our disposal, puncture of the membrana tympani for treatment of the cavity of the tympanum is contrary to the principles of conservative surgery.

◆

LATERAL LITHOTOMY. (a)

(Under the care of DR. LAFFAN.)

Medical Officer to the Union Hospital, Cashel.

J. C., æt. 6½ years, was brought to me in September last, complaining of pain and undue frequency in making water.

From his previous history it appeared that he was healthy up to the age of 1½ years, when having been put to sleep in a damp bed, he was noticed to have become ill, and his abdomen to be tumid and painful. This swellling lasted off and on for about twelve months, at the end of which time the symptoms now complained of first attracted notice. There were frequent calls to pass water, which came in drops, and with such violent paroxysms of pain as to make him look like one possessed. As time wore on these symptoms increased in severity, sometimes however they intermitted for a month or two, and once for six months, and to such an extent as to lead the little patient's friends for the time to believe that he had shaken off his terrible ailment. While his sufferings were aggravated by change of weather, they were (curious fact) on the other hand much ameliorated by active exercise. He was in general better while up than while in bed. All this time his appetite and general health were excellent, his bowels were regular, and his sleep was good, save when he was attacked. Further inquiry elicited that the pain preceded the act of micturition, that the urine was clouded, and that no blood had at any time been noticed in it. On testing the urine it was found to be of alkaline reaction, to contain large quantities of mucus and phosphates, and to present traces of albumen. These symptoms pointing in the direction of a calculus, Thomson's sound was passed with the result of establishing the presence of at least one stone. The instrument was again used on the succeeding day, and on this occasion the existence of three calculi was made out, and an approximation arrived at as to their size.

(a) Read before the Surgical Society of Ireland.

The necessity for an operation being clear, and lateral lithotomy being indicated, the little patient was subjected for a few days to the usual preparatory treatment. On the 16th September, his bowels having been previously opened by an enema, he was secured in the usual position, and chloroform administered by my Hospital Dresser, Mr. W. Hourigan. A free incision was made in the superficial parts, and this was carried deep enough internally to allow the knife at once to come in contact with the groove in the staff. A small vessel was wounded, but the bleeding was almost *nil.* A limited cut was made in the left lobe of the prostate, and more room was found by slightly notching the right side of that organ with the probe pointed bistoury. The bladder was reached with ease. Some difficulty was experienced in seizing the calculi owing to the escape of two of them into an unusually well developed *basfond*, and of the third into the portion of the viscus above the pubes. This difficulty was overcome by pressing on the *basfond* through the rectum, and on the superior portion through the abdominal parietes. The three calculi having been now one by one extracted, search was made for any more which might be present. The organ was then carefully washed out; the tube inserted, and the patient untied and removed to bed. A hot poultice was ordered to be laid over the abdomen and renewed every hour, and mucilaginous drinks and small doses of Dover's powder directed. He showed no unfavourable symptoms during the rest of the day. Next morning I was informed that he had slept well, that he had taken all his drinks, and that he felt no pain anywhere save in the wound. His pulse was a hundred and twenty, and the water had passed entirely through the tube.

He continued to go on favourably in every way. On the night of the 17th the urine came through the urethra for some six hours. On the morning of the 18th the patient anticipated me by removing the tube, and the water now came entirely for five days through the wound. It then came through wound and urethra up to the 4th October, after which it passed in drops only through the wound. All this time matters progressed so well as to leave little to note. By the 24th October the urine ceased to come even in drops through the wound, which was now nearly closed. The urine continuing to deposit phosphates and mucus in quantity, an injection containing acetic acid was thrown into the bladder, and nitric acid and Pareira Brava exhibited internally. Under the influence of this treatment the urine regained after a few days its normal character and reaction. All traces of mucus and phosphates have now disappeared, the wound is entirely healed, and the child restored to perfect health.

Two of the calculi are now exhibited to the Society. I am indebted to my talented friend and former pupil Mr. Thomas MacKenna of the Catholic University School of Medicine for having made a complete analysis of the third.

He informs me that it consisted exclusively of urate of ammonium. If we might hazard a speculation from the facts before us as to the cause of these lithic deposits, we might attribute them to the suppression of the cutaneous and renal secretions which probably followed from the damp bed. This would tally with the view of Dr. Marcet mentioned in Golding Bird's "Treatise on Urinary Deposits." The phosphatic deposits on the other hand were probably derived, not from any constitutional lesion, but were the result of local vesical irritation.

◆

Baby Farming :—At a meeting held last week at the offices of Mr. Manning, coroner of the Queen's Household, in Great George street, Westminster, it was resolved to petition in favour of a compulsory registration of all births and deaths within a limited period of their occurrence, and of licensing and inspecting houses in which children are taken in to nurse.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Removal of Fibrous Tumour from the Side of Face.

(Under the care of SIR WM. FERGUSSON.)

SIR WILLIAM removed a large fibrous tumour from a man's face by the process he has for some time past advocated, and one which he fully believed to be the correct method, notwithstanding there were still many surgeons who obstinately persisted to admit the correctness of Sir William's views.

The operator was of opinion that the knife should be used as little as possible in cases of this kind, and that such tumours should be lifted out as it were of their sheath or sac by the aid of the elevator and the operator's fingers, and he felt certain that with practice and the recognition of healthy from diseased structure, that this method of removing tumours would be found to be not only easy but of the highest advantage to the patient. Again, Sir William said, look at the dangers that were avoided by this method, the bleeding (which by the old, and as Sir William believed, wrong method), not only was it great, but in some instances fatal, whereas, as the class had seen, in the present instance, it was so slight as to be scarcely worth noticing. Again, when a large extent of surface was cut, as there would have been in the present instance, had not pathology taught us to recognise a simple fibrous tumour such as the one before the class from the so-called parotid of the older school of pathology, nerves would have been divided, and on more than one occasion the portio dura had been divided. Such a serious complication as this could never happen by the operative procedure he now advocated.

◆

METROPOLITAN FREE HOSPITAL.

(Under DR. C. DRYSDALE, reported by MR. WM. KIPLING.)

Clinical Uses of Faradisation.

Previous History.—Joseph Johnson, æt. 45, occupation a baker, never had any serious illness. A year ago a sack of flour fell on his back, he was bruised a good deal at the time, and has had pains there more or less ever since.

Present attack.—Came on last May with pains in his arms, the left one worst, followed in a day or two by inability to hold anything, no numbness or diminished sensation; his legs were affected the same way, so that he could not walk unless he was able to hold on to something; never had any fits or any difficulty in micturition or defæcation, he has not been able to follow his occupation.

November 4th.—Arms feel heavy; a little numbness in them; no pain or coldness; can only hold small things; sensation good; can raise his arms but not to meet above the head; on his left side when his wrist drops, he cannot raise it; never had anything to do with lead; can walk pretty well for a short distance, but if he goes very far his legs ache at the back; cannot stand on one leg without support, the left being the worst, they sometimes swell a little; has occasional headache; all the five senses good; appetite good; bowels confined; pulse 64; tongue clean. Ordered to have the muscles of legs and arms galvanised every morning.

℞ Tinct. nux vomica, ♏v.;
Aquæ, ℥j. t.d.s.

November 10th.—The different groups of muscles in arms and legs act well under the above treatment, he can now raise his left wrist very well; pronation and supination better; he can stand better on his legs, but not very firm on them yet; feels better since admission.

November 20th.—Says he feels greatly better; he can now lift good sized objects, as chairs, &c., very well; he can stand on either leg now, and has more command over them; can now cross them, which he could never do before. As he thought he was able to follow his employment he was discharged, to come occasionally as an out-patient.

Peter McFarlane, æt. 35, occupation a sailor.

Previous History.—Had a chancre ten years ago followed by a rash and sore throat. Had an attack of scurvy and dysentery eight years ago. Troubled with ague a year ago.

Present Attack.—Came on last June, when off the coast of Java, due to sleeping on deck all night, as he went to sleep well and awoke with the paralysis, he attended the Singapore Hospital for a couple of weeks.

State on Admittance, September 22nd.—Patient is rather emaciated; there is distinct paralysis of the facial nerve on the right side; patient cannot frown on the affected side or close his eyelids; the buccinator muscle lies flaccid, and food lodges between his mouth and gums, he cannot blow properly, the air escaping at the right angle of the mouth which is drawn down below its usual level, whilst the left one is drawn upwards and to the left; pupils and tongue normal; pulse 80; bowels regular; sensation diminished on affected side.

Ordered Potass. iodide, gr. v.;
Tinct. nux vomica, ♏v.;
Aqua, ℥j. t.d.s.

To have the muscles on the side of face affected, galvanized twice a day.

October 17th.—Patient has continued under the above treatment, and is much benefited by it, he can close his eyelids better; the muscles of face are more sensitive, so that he does not require so strong a current as at first; he has had the side of his neck behind his ear occasionally blistered with the liquor epispasticus.

℞ Potass. iod. gr. x.;
Aqua, ℥j. t.d.s.

November 3rd.—Has greatly improved since admission in every respect, he has increased in weight; can now completely close his right eyelids; the mouth is not so deformed; he can blow better, though air still escapes from the angle of the mouth when he does so; food still lodges between his cheek and gums, but not so bad as when he first came in, otherwise he is in very good health, and left to day as he wants to go to sea again.

December 12th.—Seen again to day, when he can almost close his eye, and seems greatly improved in his general appearance, and the deformity is now scarcely perceptible.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Jan, 9th, 1872.

T. B. Curling, F.R.S. President, in the chair.

A CASE OF COMPLETE RECOVERY AFTER REMOVAL OF THE BODY OF A CERVICAL VERTEBRA.

By William Ogle, M.D.,
Assistant-Physician to, and Lecturer on Physiology at, St. George's Hospital.

In this paper a case was narrated of which the following were the chief points:—A man, after suffering for some months from sore throat, became out-patient at St. George's Hospital. It was found on examination that some bone was exposed at the back of the pharynx; but the patient suffered so little inconvenience from this that he could not be persuaded to become in-patient. The man's attention having been directed to the exposed bone, he got into the habit of fidgeting it about with his fingers, and at last loosened and removed it himself. On maceration, the piece thus removed was found to consist of the antrum of one of the cervical vertebræ and a small portion of the antrum of a second one. After remaining for some months out-patient, the man was persuaded to enter the hospital. He was placed on his back, and his head fixed; and remained in this position six months. During this time he expectorated numerous spicules of bone, and what appeared to be, portions of fibro cartilage. The lesion eventually healed completely; and the man at the present time—two years since the lesion—is able to occupy himself with the heaviest farm-labour, and to amuse himself with field-sports. There is no visible deformity of the neck, nor any other sign of what has occurred except a slight stiffness in rotating the head. The piece of bone was exhibited.

CASE OF TRACHEOTOMY IN WHICH THE TUBE, HAVING BECOME DETACHED FROM ITS SHIELD, ESCAPED INTO THE TRACHEA, AND WAS REMOVED BY A SECOND OPERATION FOURTEEN MONTHS AFTERWARDS.

By John W. Ogle, M.D., F.R.C.P.,
Physician to St. George's Hospital;
AND
Henry Lee, F.R.C.S.,
Surgeon to St. George's Hospital.

The patient, a man æt. 32, had been the subject of typhus fever in 1865. He recovered, but never afterwards felt thoroughly well, and about a year subsequently had an attack of laryngitis and bronchitis. Tracheotomy was performed, and the patient continued to wear the tracheotomy tube for three years, when the shield became detached. It was improperly reunited to the canula, and in another year's time it was again detached, and on this occasion the canula slipped into the trachea. A few weeks after this the patient was placed under Dr. Ogle's care in St. George's Hospital, suffering from great dyspnœa, and having the sensation as if the tube were situated on a level with the upper part of the sternum. Auscultation failed to help in deciding the position of the tube, and the patient refused to have chloroform administered with the view of search being made for it. He then left the hospital (September, 1870), and continued to go about, suffering from dyspnœa and irritation about the windpipe, until his symptoms became more urgent, and he was obliged to come to the hospital again on the 5th of November last. He said "he had coughed the tube up into the throat, and could feel it there," No time was lost. The patient was at once placed under the influence of chloroform, and as he lay upon his back tracheotomy was a second time performed, and two eroded portions of metal were taken by means of curved forceps from the trachea. The pieces were almost the length of a tracheotomy tube, and gave origin to the idea that the original tube had been bivalved. This, however, upon enquiry turned out not to have been the case. The pieces of metal had been eroded into their present shape while in the trachea. The pieces were shown to the Society.

A second case, which some years ago had occurred under the observation of Mr. Lee, was related. In this instance a boy had swallowed a fourpenny.piece. This was expelled without operation through the glottis during a fit of vomiting. In the observations made attention was drawn to the different modes of treatment likely to be required in cases of smooth or round bodies in the trachea, as in the last mentioned case, and cases in which pointed or rough bodies had to be removed as in the instance first recorded.

SCOTLAND.

EDINBURGH.

Royal Infirmary.—The adjourned meeting of contributors was held on the 15th. The report of the committee on the manager's report which recommended the deletion of the third resolution proposed by the managers, excluding firms from voting was adopted by a majority of five. The meeting broke up before a vote was taken on the legality of Professor Masson's motion as adopted at the former meeting. The exclusion of firms from voting, would, it is understood, have an injurious effect on the interests of the lady students; in the meantime an interdict has been served prohibiting the chairman of the meeting of contributors receiving votes of firms or companies.

The epidemic of small-pox continues with great severity in Edinburgh and Leith, but it is assuming a milder form.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
„ IF PAID IN ADVANCE 1 0 0

‚ Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1872.

MEDICAL HONOURS.

As almost alone among the medical journals we have boldly stood by the rights of the profession to the Peerage as well as to all other honours and every kind of rank, and that, too, when the *Times*, in an article otherwise freely appreciating the profession, spoke against hereditary honours, and especially the Peerage, being conferred for personal service, we hail with gratification the powerful ally of the profession that has appeared in the facile pen of Charles Lever. This distinguished writer has addressed a letter to the *Pall Mall Gazette*, which was published in that journal just as our last impression was posted. To ask any reader's attention to the words of so popular an author is quite superfluous, and although we have much to say respecting the honours due to the profession, we only too gladly stand aside to make room for Charles Lever's plea on our behalf. His letter to the *Pall Mall* is as follows:—

SIR,—At a very remote corner of Europe I have just read a leader in the *Times* on the question of the rewards that might with propriety be extended to eminent medical men, and the reasons which, according to the writer's opinion, should exclude them from the greatest reward of all—the Peerage. The *Times* argues the question fairly enough. There is no more than truth in saying, however vague and mysterious the significance may be, that "this is not the moment in our history in which any extension of the feudal principle would be particularly well received, and that the hereditary principle would incur a certain shock at the innovation." Less fairly, the writer asserts that we have no security that "the son of the doctor would be himself a doctor, or eminent, if he were one"; for surely we enjoy no similar security with regard to those persons whose distinguished services have raised them to the Peerage. In elevating the great soldier, the diplomatist, or the lawyer to the Upper House, do we stipulate what the eldest son of any of them may be? or do we look for any other security than the likelihood that the man whose merits have raised him to the highest rewards of the State will, in his intense conviction as to the qualities by which his own success has been achieved, so educate and train his son as to fit him for an exalted station, and enable him, so to say, to justify the advancement of his house? I do not know that we have any other guarantee than this, nor do I see that we need one.

That the eminent physician might not have adequate means to sustain his increase of rank, is no more than might be said of the successful barrister; and of course selection in either case would be influenced by this circumstance. The rewards of Medicine of late years have, however, not fallen very far short of those of the Bar. Sir Astley Cooper's income was rated at £20,000 per annum, and Sir Henry Halford unquestionably left behind him a fortune not unequal to the dignity of the Peerage. Many of the law lords have hesitated as to accepting titles which seem to imply a corresponding wealth; but, once in the Upper House, there has never been heard in any section of society a word that could connect their influence with or measure it by the extent of their fortunes. So would it be with the physician. He could not compete as a territorial magnate with many around him; but his position would not be less dignified, nor his words carry less weight.

I own that I am anxious to see some share of the high honours of the State bestowed upon a class which, whether simply regarded as numbering among them some of the ablest thinkers and writers of the age, or conferring more gratuitous services on the world than every other rank and condition together, are still less recognised than any other. I see with satisfaction the advancement of the great soldier, the gifted diplomatist, or the learned lawyer to the rank of our hereditary nobles. I can admit a certain fitness in accepting great wealth as a qualification, if great wealth represents industry; but it is in the very diversity of these men's pursuits, whether as lawyers, bankers, or millowners, that I recognise a greater gain to the wisdom of Parliament than any distinct course of training could possibly confer on any one section of mankind. When Figaro said, "All the world was wiser than any one," he uttered a great truth, and it is in this aggregate of opinion that the highest wisdom is sure to be found. If, therefore, I am very desirous that the doctors should have their fair share of the honours of the State, my eagerness is sharpened by remembering how self-rewarding your generosity will be. Among all the trained and polished intellects you assemble in the Upper House you have not got that special form of mind that distinguishes the doctor. You have not got a man whose daily life and labour is passed between the deepest problems of science and the practical working of the great truths he has been considering. In knowledge of his fellow-men he is without a rival. His study of temperament is a study of character; and this not in one class or condition, but in every walk and rank—from the palace to the hovel. He is the one man with whom no fallacy can succeed that assumes to say what men in this or that station might do or think, for he knows them all. Occasions now and then arise in which it would be an inestimable benefit to legislation to know the spirit and temper of the people at large—to learn how, apart from the language of the press, and in sections where the press is less of an influence, men think and speak of the topics of the hour. The fluctuations of public opinion, the steps by which men cool in ardour about this or become hotly impassioned as to that other, those strange revulsions of sentiment which nations feel like individuals—witness, for instance, the singular sense of sympathy in favour of France that came over England in the last months of the war,—these are not only more quickly noted by the doctor, but he is better able to gauge their strength and depth, and argue as to their durability. To him these signs are purely symptomatic, and he measures them by the habits of his art. The hysterical bursts of national passion that mean nothing more serious than a manifestation; the taste for revolution which simulates the spread of epidemical disease, and yet contains no real germ of malady;—all these he is familiar with; and which of you, I would ask, knows them as he does? Is it you, my lord duke, or is it the noble lord on the woolsack? or could the right reverend bench ever depute one of their body who could pit his knowledge of his fellow-men against this ubiquitous comforter, who now whispers his words of warning to Royalty, now holds the cup to the famished child in fever?

To the great social questions which latterly have occupied a large share of parliamentary notice, who is there can contribute such important and varied knowledge as the doctor? The health of towns, the maladies of special trades, the influences that dispose to epidemics, the sanitary measures that limits the spread of infectious disorders, the principles that should be held in view in all cottages or houses for the poor, the character of the water supply, and the class of diseases which are fostered by neglect of due attention to these details; the character of epidemics generally, as applicable to such visitations as cattle plague, the means to arrest it; the consideration of the quarantine laws, and what benefits modern science could contribute towards their amelioration; the health of emigrants, and the modes to promote it: these are but a part, and a small part, of the subjects on which the physician could speak with the authority of a special study; for he alone among educated men has, by making animal chemistry, physiology, and anatomy a part of his education, fitted himself to discuss these themes with a knowledge of first principles that no desultory reading or dilettanti acquirement could possibly compete with. I say it advisedly, it is a class of mind that you have not got among you, and it is an order of intellect that would contribute largely to your enlightenment. The investigating spirit that is not deterred by chance disappointment nor over-confident by chance success; the watchfulness that does not overlook small circumstances, that understands what measure of bearing they possess on larger conditions; the patient habit of inquiry, which, knowing that effects must have their cause, is ever watchful to detect the meaning of this or that change in the state of the country: these are no small contributions to bring to the assembled wisdom of the State. I find it difficult not to quote the names of a number of our distinguished contemporaries—names many of them as well known to literature as to medicine—and ask you what body of legislators would not benefit by the addition of these to their number? Is it by the unobtrusive character of the services they daily render you that you can justify your neglect of them? or do you imagine that you have acquitted your debt to them by according the moneyed value of their labours? Not, indeed, that you do, or that you could do this; for there is not any sum that could recompense services which make demand not only on the acquirement of years of patient toil and drudgery, but of intellectual efforts strung to the highest tension, and accompanied by continual exposure to contagious malady and fever of every form of intensity. I am curious to know what quality there is in the legal mind that has established the conventional precedence over the medical, or why the highest honours of the State that are open to the one should be denied to the other? It can scarcely be said that it is the higher importance that attaches to a man's belongings than to his existence; since, in the very leader I have referred to, the writer says that before a man can plead or be a witness, he must at least be alive. It can even as little be that lawyers have done as much for the general knowledge and instruction of their fellow-men as the doctors. The names of the two orders in literature would soon dispel the pretension. Will it be said that the services of the lawyer to the State are more calculated to exercise a greater and more enduring influence than those of the doctor? If this ground be taken, I would reply that the discoveries of Charles Bell—discoveries which even among educated Englishmen are not known to one person in three—are of higher import and destined to greater consequences for the benefit of mankind than all that has been written by Westminster Hall for the last two centuries.

Yours, &c.,
CHARLES LEVER.

◆

Notes on Current Topics.

Royal Free Hospital.

It is rumoured that the medical staff and the weekly board have been crossing swords with respect to the medical arrangements of the hospital. The medical staff, although having the power of recommending the resident medical officers for appointment, ultimately have no control over them. The senior resident medical officer having resigned, the weekly board has appealed to the medical staff for recommendation as to the status and duties of his successor. The medical staff has made some recommendations, which the weekly board has thrown out, and has advertised for a successor, without affording the medical staff any opportunity for appeal. It is to be hoped that the weekly board will re-consider their decision, since it is clear that the medical officers, who are entirely honorary, can have but one desire, that is the welfare of the hospital. We fear that there must be some traitor in the camp, or surely the weekly board would not act thus.

Prosecution for Illicit Practice.

Mr. John A. Forbes, chemist, Aberdeen, recently prosecuted several of the medical swindlers established in that city. John Boyd was charged before Sheriff Thomson with having falsely and wilfully pretended to be a Doctor of Medicine. He had advertised himself as such in a local paper, and his name appeared in the "Aberdeen Directory" as John H. Boyd, M.D. He was fined £10, and two guineas expenses. Frederick Adair was also tried. His address was the same as—and we therefore presume that he was a partner with—the last-named defendant. In this case, too, the complaint was founded on an advertisement. Sheriff Smith decided that as it had not been proved that the advertisement was inserted by the authority of the respondent, he therefore found the charge not proven, and expenses were allowed to the respondent. Mr. J. A. Forbes also prosecuted John Chadwick, 21 Lodge Walk, for the unauthorised use of the title M.B. The defence was that the letters M.B. and L.V.M. meant medical botanist and licensed vendor of medicine. The Sheriff considered that if a man called himself M.B. he must certainly be understood to hold himself out to the world as possessing the degree of Bachelor of Medicine, and therefore likely to deceive the public as to his professional abilities. The respondent was fined £10, with £3 3s. expenses.

Injection of Ammonia as an Antidote to Chloroform Poisoning.

The efficacy of this method has been tried recently in Melbourne with very encouraging results. A person while under the influence of liquor drank an ounce of chloroform in two doses, and became immediately insensible almost immediately. An emetic of salt and water, which was poured down his throat without delay, caused him to vomit. The injection of liquor ammoniæ into the veins was decided upon. Half a drachm of liquid ammonia was injected into a vein in the arm, the strength of the injection being one part of ammonia to two parts of water. The good effect upon the pulse was rapid and marked, and after an interval of twenty-five minutes, another half-drachm was injected. The improvement increasing, a third injection was made after another interval of twenty-five minutes. After three quarters of an hour another half-drachm of ammonia was injected, bringing the total amount of *antidote* introduced into the blood to two drachms. The deceased regained consciousness about midnight, and, with the sanction of his medical attendant, was removed between seven and eight next morning from a house of ill-repute where he had been staying to his own residence. The deceased subsequently complained of weakness, and expired twenty-four hours afterwards.

The Prince's Physicians.

So Dr. Gull is to have a baronetcy, and as Sir W. Jenner already has that rank, he is to have a K.C.B. in addition. Surely he ought to have something more. If the Government dare not follow Charles Lever's advice, and bring a physician into the House of Peers, they might have surely done a little more than this. The G. C. B. would not be so very much, but perhaps the K. is intended to lead to that. Why do they not make Jenner a Privy Councillor, where his services would be invaluable ?

And what is to be given to Dr. Lowe ? What to the usual attendants of the Prince and Princess ?

The Lessons of the Prince's Illness.

DR. BALTHAZAR FOSTER has published a lecture on the prevention of disease, which he delivered in reference to the Prince's illness. It is a pamphlet we should be glad to see widely circulated. If the people would only learn and practice the lessons so often inculcated by their natural guardians in sanitary matters, the public health would be much better than it is. We have not come to the same conclusion as Dr. Foster in our articles on the origin of the Prince's disease, but we can with confidence recommend his pamphlet as eminently suited to give valuable instruction to the public, and as one which ought to be extensively read.

Dr. Arnt on Electricity in Insanity.

DR. ARNT (*Die Elect. in Psch.*, Berlin, 1871,) demonstrates the efficacy of electricity in the treatment of the insane : the induced current excites the nerve centres and some patients revive under its influence and commence to occupy themselves. The author prefers to faradise the extremities, and to excite the phrenic nerves : at first the strongest current is scarcely noticed, but soon the reaction occurs, and then the intensity must be lessened. The galvanic current is applied to the spinal cord with one rheophose and to the skin, &c., with the other. A lady, æt. 57, suffered in 1863 profound grief after which she became irascible, and, after a great attack of sweating, religious mania showed itself, with attempts at suicide ; she grew better, but relapsed in 1865, and in 1868 was so maniacal that a wound on the arm could only be treated by administering chloroform. She was well nourished, with dry skin, brittle epidermis, right pupil dilated and left contracted, respirations 16, pulse 80, rigidity of the lower limbs, tremor of the arm and tongue, mimic contractions ; she was paretic and would let a cup fall from her hand ; at one time she would not eat, at another ravenous ; embarrassed in speech, with pains in various parts of the body, especially in the occiput ; nevertheless, can sleep by means of morphia. In January some boils appeared and she was better. In February relapsed, and believed herself to be pursued ; general tremor, with ears and face pallid. Warm baths 32° R. were given and calmed her ; the pupils were contracted, the tremor ceased, the face became coloured, and the pulse was 80. In March there was rigidity of the nape again, humming noises in the ears, and pains over the body ; she accused herself of imaginary crimes. Iron and quinine. The author shrewdly suspected that all these symptoms set out from the nerve centres and not from the sympathetic ; the embarrassment of speech, the weariness, and trembling in the arms arose from the perturbed innervation of the cervical and brachial plexuses ; but the abnormal sensations must have origin in the centres of sensation, or posterior cords. Thus in the thought that by diminishing the excitability to galvanism would moderate the pathological excitability, he decided to try galvanism. On the 17th of March he employed an apparatus of 16 elements, applying the anode below the occipital protuberance, and the cathode to the back, in the neighbourhood of the vertebral column. The patient felt no sensation until 26 elements were employed. When 26 were used there was a slight sensation at the cathode. The right pupil which at first was more dilated became afterwards equal to the left. In the evening she felt better ; the pupils were equal. On the 18th and 19th she had for the first time tranquil sleep. The application was made for half-a-minute at a time. This continued for a month, and on the 9th of May she was perfectly cured. A boy also was cured in the same way, whose insanity came on after chorea. Faradisation of the arms and shoulders, caused dilatation of the pupil.

Infectious Diseases.

IN consequence of a resolution passed at a Meeting of the Committee of Works held on Tuesday, in an amended report from Dr. Aldis it is remarked that our Sanitary Acts of Parliament are in a very confused state, but there is reason to hope that the Government will endeavour, in the next Session of Parliament, to remedy an evil deeply affecting the public health. Dr. Aldis suggests—1. That the Medical Department of the Local Government Board be asked to empower the Vestry to refer to a Committee, the authority to carry out such sections of the Metropolis Local Management Acts as relate to the abatement and removal of nuisances, in the same way as they are empowered to refer the carrying out of the Nuisances Removal Acts by the 5th Section of the 18 and 19 Vict., cap. 121. 2. That with a view to steps being taken to prevent the spreading of infectious diseases, every medical practitioner should immediately report such cases, occurring in private or public practice, to the Medical Officer of Health of his district. 3. The 23rd Section of the Sanitary Act stipulates that the Nuisance Authority in each district *may* provide a proper place, with means of disinfection. The word "shall" should be used for "may," when necessary, adding also a power to destroy infected articles, where necessary. 4. The 25th section of the same Act provides a penalty on a person suffering from an infectious disorder entering a public conveyance without notifying to the driver that he is so suffering. This clause should be so modified as to impose the duty and penalty on the person *in charge* of the sick, when the latter is of tender years, or is incapacitated by bodily or mental disease. 5. That the Board of Guardians of every Parish or Union be compelled to provide suitable carriages for the removal of patients suffering from infectious diseases, and to give public notice where such carriages can be obtained. 6. The 27th and 28th sections should be made compulsory for the provision of mortuaries and reception houses. 7. In the 38th section the words "public place" should receive some addition so as to prevent persons, who have just recovered from infectious diseases from selling goods in their shops before they have been certified to be free from the risk of infection. 8. Persons should incur a penalty who wilfully conceal the existence of scarlet fever or small-pox.

Annual Report of the Surgeon General, United States Army, 1871.

We copy the following statement from the Surgeon General's report, which will be instructing and interesting to our readers :—

ARMY MEDICAL MUSEUM.

The Army Medical Museum continues to increase in the number and variety of specimens and its consequent usefulness. The number of specimens added during the year was 1,516, a present total of 15,018.

The number of visitors was over 15,000 during the year.

MEDICAL AND SURGICAL HISTORY OF THE WAR, &c.

Part First of the Medical and Surgical History of the War is near completion, and will be laid before Congress during its coming session, when it is hoped sufficient appropriation will be made to continue the publication of the remaining parts. Circular No. 4, a report upon barracks and hospitals, with a description of military posts throughout the United States, compiled by Assistant Surgeon J. S. Billings, U. S. Army; Circular No. 3, 1870, approved plans and specifi cations for hospital posts—also, a revised edition of the same (Circular No. 2, 1871), has been carefully revised and published during the year, and the Standard Supply Table of the Medical Department of the Army (Circular No. 1, 1871), has been carefully revised and published with a view to more rigid responsibility and greater efficiency.

Foreign Bodies in the Larynx.

In the discussion that followed the paper at the Royal Medical and Chirurgical Society, reported at p. 80, a number of interesting cases were mentioned :—

Mr. Curling, president, laid down as a rule of surgery that a foreign body in the trachea should always be extracted by operation.

Mr. Power, however, thought that smooth bodies, even of considerable size, might pass out by the natural passages, and mentioned the case of an Irishman who had a pebble in his larynx. By putting him on his face on a table, with his head low, and giving hm a slap on the back, the pebble was immediately ejected.

Mr. Couper mentioned a child who was brought to the London Hospital with a foreign body in the trachea. The surgeon who saw the case deferred operation, on account of the absence of urgent symptoms; but a paroxysm of dyspnœa came on in his absence, and Mr. Couper opened the trachea when death seemed impending. The foreign body was a bean which passed up and down behind the tracheal opening during the respiratory efforts. With some difficulty it was seized and extracted, but the patient died of pneumonia.

Mr. Holthouse showed the pieces of a tracheotomy tube which he had himself extracted, under circumstances similar to those detailed in the paper under discussion. He also mentioned having once permitted a pill to slip into his own larynx, and having ejected it immediately and without trouble.

Mr. Thomas Smith pointed out that children sometimes got acidulated drops into the trachea, and that these might be safely left to dissolve. Among other foreign substances that he had known to lie in the air-passages was a common dress-hook, the loops of which were directed downwards, while its bent extremity was hung upon one of the vocal cords.

Professor Alfred Swayne Taylor, M.D., F.R.S.

We are much concerned to hear that this eminent professor of Medical Jurisprudence and Practical Toxicology is labouring under a serious affection of his eyes, but trust ere long to learn that under skilful surgical treatment, the danger may be averted. The learned professor, whose name and works are universal, we are sure, will have the sympathy of the whole profession.

Army Medical Department.

Deputy Inspector-General T. Crawford, M.D., has been ordered to India, and has therefore given over the duties of the medical branch of the department. He will probably be succeeded by Deputy Inspector-General Massey, M.D., C.B., at present at the head of the sanitary branch. Deputy Inspector-General J. E. Carte is about to retire from the service. Surgeon Hoysted embarked for Malta on the 10th inst. to join the 52nd Foot. Staff Assistant-Surgeon Fawcett sails on the 18th inst. for Madras. Staff Assistant-Surgeon Hayden is on sick leave until April 22nd next.

According to the *Swiss Times*, the ladies at present attending the Zurich University constitute about one-tenth of all the matriculated students.

By the resignation of Dr. Goodfellow, there is a vacancy in the office of Physician to the Middlesex Hospital. There are other vacancies at Charing Cross Hospital.

An examination of candidates for forty appointments as Assistant-Surgeons in the Indian Medical Service will be held at Chelsea Hospital on Monday, the 12th of February, 1872.

The Lord Mayor presided on the 12th inst. at the Annual General Meeting of the Governors of the City of London Hospital for Diseases of the Chest, Victoria Park.

Mr. George Cooper, representative of the Apothecaries' Company, has resigned his seat in the General Medical Council. He was appointed on the death of Mr. Nussey in 1862.

The Committee of Management of the Northampton Lunatic Asylum have determined to receive a larger number of patients of the middle and upper classes of society, on payment of sums from 15s. per week and upwards, including all expenses except clothing and wine.

Gratitude being rare it is a pleasure to record that a lady, upon whom Dr. M'Intyre, of Odiham, operated for femoral hernia about twenty years ago, has recently died, and has left him as one of her executors, a legacy of £100, together with a bequest of £4,000, "in testimony of his great kindness and professional services."

We are sorry to hear that the Council of the Medical Society of London have prepared a congratulatory address to her Majesty the Queen and the Royal Family on the convalescence of His Royal Highness the Prince of Wales. If the Royal Family are to be bored with addresses from corporations, they might well be spared the infliction of them by learned societies.

Dr. Rose Cormack, of Paris, is to be knighted for his services to English subjects during the siege. We are glad of it. It is one more slight acknowledgment of public services by a medical man. But does it not suggest the names of many others who have laboured without recognition, and to whom we have lately several times referred.

The Brighton poisoning case has suggested a number of important questions of a medico-legal nature, and the conduct of counsel has induced Dr. Lockhart Robertson to publish the following memorandum drawn up before the trial :—

"Memorandum by Dr. Lockhart Robertson on the Case of Christiana Edmunds.

"The most marked symptom is the utter insensibility shown by the prisoner in the position she is placed in and the danger she runs. Her whole mind is centred on her letters to Dr. Beard, on his conduct in allowing his wife to read them after all that had passed between them, and on the horror she would feel, not at being tried for murder, but at these letters being read in her hearing in court. She further dwelt on her certain belief that Dr. Beard desired the death of his wife even by poison ; that, though too cautious to speak of it directly, he had hinted at it ; and that if so she knew he would marry her, &c. There was no emotion or anguish shown during my two searching examinations.

"From these facts I conclude that, while the prisoner has in the abstract without question the knowledge of right and wrong, and knows that to poison is to commit murder, she is so devoid of all sense of moral responsibility that she cannot be regarded as conscious of right and wrong, or morally responsible, in the sense in which other men are so. Her family history of insanity, epilepsy, idiotcy, &c., points to the insane temperament, and is consistent with the scientific deduction that the prisoner is morally insane, to use the familiar term.

"Counsel will judge how far a jury are likely to understand or discriminate between the intellectual soundness of the prisoner and the absence of all moral sense to guide and regulate her conduct, and on which alone any defence of insanity can rest. I am bound to add that, except in conjunction with the evidence furnished by the crime, I should not on my examination alone have felt justified in signing a certificate in lunacy.

"London, January 7."

Foreign Medical Literature.

CHEMISTRY OF ACONITINE.

(Translated for the Medical Press.)

M. Claude Bernard has presented a memoir to the *Académie des Sciences* by M. H. Duquesnel on L'Aconitine Cristallisée, a chemical study for the Barbier prize. He says that the active principle of Aconit. Napel. is a crystallisable alkaloid, to which he gives the name of Crystallised Aconitine in order to distinguish it from the substances of different origin known up to the present time under the name of Aconitine, the energy and therapeutic value of which vary with the productions. To prepare crystallised aconitine, aconite most suitably chosen and pulverised with the addition of 1-100th of tartaric acid, must be poured through very concentrated alcohol. The alcoholic liquors must then be distilled under cover from the air, and at a temperature not passing 60 degrees.

The extract is taken up again by water to precipitate all the fatty and resinous matters which the alcohol had brought in. The aqueous solution which holds all the aconitine in the state of acid tartrate is first shaken with ether, which takes away the colouring matters ; an addition of alkaline bicarbonate, until the cessation of effervescence sets the alkaloid at liberty. A new treatment by ether of this alkaline solution takes away the alkaloid which crystallises by the concentration of ethereal liquors, to which ether of petroleum has been added (light essence of petrole).

Crystallised aconitine presents itself under the form of colourless tablets, rhomboid or hexagonal, by a course of modifications which are produced on the sharp angles. It is azotised alkaloid that has for a formula :

$$C^{54}\ H^{40}\ AzO^{20}$$

corresponding to the following centesimal combination:

Carbon,	60·21 ;
Hydrogen,	7·44 ;
Azote,	2·61 ;
Oxygen,	29·74.
	100 00.

From 0° to 1001°, with or without water, heat has no immediate action on aconitine, nor on the salts which it forms with the mineral acids. Submitted to a temperature of 100° in contact with the air and its one extractive liquor, it has partly, and sometimes totally dissappeared in a short time. The chemical constitution of aconitine appears as if it ought to approach that of the glucosides, natural products frequently met with in the vegetable kingdom, and which have the property of doubling under the influence of certain agents, there is most often of proper ferments in glucose where an isomere, and of another part in one variable matter following the case. Thus might be explained the spontaneous alterations of certain pharmaceutical preparations of aconite which under determined influences lose all, or part of their properties. Crystallised aconitine is almost insoluble in water even at 100°. When a drop of acid is added to the water that holds it in suspension, it dissolves almost immediately at the ordinary temperature. It is not volatile, even beyond 100° ; beyond 1301° it decomposes and volatises in part. Precipitated from a saline solution by an alkali, it is amorphous, friable, white, and very light.

In this state it holds water of hydration, which it loses at 100° without changing its appearance. Aconitine is soluble in alcohol, ether, benzine, and especially chloroform ; insoluble in glycerine, oils of petroleum, heavy and light. It deviates to the left the mean of polarisation. Its reaction is feebly alkaline. It combines with acids, and forms easily with the greater part of the salts which crystallise. The azotate is remarkable for its easy preparation, and the volume of its crystals. In the presence of an excess of carbonic acid, it easily dissolves in water, but soon retakes its crystalline form, when the carbonic acid spontaneously separates from the liquor. Phosphoric acid, tannin, iodide of iodided potassium, and double iodide of mercury and of potassium are the most sensible reactives of aconitine; but, to characterise it absolutely, and to pronounce with certainty on its nature, we must have recourse to a physiological experiment.

The smallest quantity of this alkaloid or of one of its salts, or better still, of a pharmaceutical preparation of aconite, that is to say, containing aconitine, determines on the tongue at the end of some minutes a characteristic sensation of pricking and itching, analogous to that which the root of *pyrethrum* produces. Crystallised aconitine is one of the most active poisons of the vegetable kingdom. To seek for it in a case of poisoning, it is necessary to employ dialysis at first, then the process of Stas, surrounding oneself, in extracting the matters submitted to analysis, with all the precautions which a substance so alterable requires, a substance which can cause death in so feeble a dose.

NATIONAL FENCING.

By Edward Carcenac.

(Translated for the Medical Press, by B. Bertrand, Professor of Gymnastics to the Orthopædic Hospital).

Of all gymnastic exercises, fencing is not only the most active, but also the one which causes most shocks to all the system and which puts the muscles of the extremities the most in action.

Indeed the muscles of the thighs, legs and arms are almost always in a state of contraction, the movements of pronation and supination are very frequent in the arm which holds the foil, and the ligaments of the moveable articulations are obliged to extend and to comply with the efforts and the violent movements of the whole body.

In considering only this one aspect of this exercise one sees very well that it might supply medicine and surgery with a salutary method of strengthening the extremities, of rendering the movements of their articulations free, and of favouring more the circulations in the viscera, etc.

That is not all, fencing in giving to the body the postures necessary for guarding itself, gives it at the same time that natural, firm, and majestic attitude which is proper to the king of animals. Look at those professors of fencing, how stout, vigorous, well-formed, nimble and powerful they are! They look, as it were, like Hercules. It is in regiments of soldiers that this remark may be most commonly made. A newly-enlisted soldier hardly ever possesses this style, this attitude which is so much desired by colonels; they send him to the fencing room; he relishes it, and soon one sees that this athlete stands firmer upon his legs, that his gait is more elegant and warlike, and that his attitude, perhaps so ridiculous before, has become manlike, firm and determined. Does he not owe these advantages as much to the exercise of fencing as to the military exercise or to the practice of arms which keeps the body long at rest.

So fencing contributes more powerfully than any other exercise to increase of strength, to agility of the body, to loss of bad attitudes, and of certain deformities of the body.

Lastly, as this exercise excites the circulation and favours the perspiration, we think that it could be used by the medical profession with advantage in many cases.

◆

Correspondence.

ON THE INFLUENCE OF ERGOT IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Now that Drs. Sheil and Luther are at a wordy war with each other on some points of practice as regards a case of midwifery, allow me to make a remark or two on it. Dr. Luther seems to base his whole objections to Dr. Sheil's treatment, as he did not use the forceps and immediately deliver the second child if the head presented, or if it were a transverse presentation as he did turn and bring down the feet. Dr. L., I presume, is right on these points, but from Dr. S's. first communication (the 2nd November last), there does not appear any indication such as hæmorrhage, convulsions, &c., demanding prompt interference. In my humble opinion Dr. Luther appears to have overlooked the most serious part of the treatment, as regards the child, that is in the exhibition of the ergot. Now Dr. Sheil has stated, "I sat for two hours, &c., &c., notwithstanding repeated doses of ergot. I then left and three days after I was sent for, etc., etc." To me it seems an extraordinary proceeding to leave a woman with a foetus in utero labouring under the influence of *several doses of ergot for the space of three days.* I have looked into one of the most recent and, perhaps, best of works on Therapeutics, viz: Stillé's, where he quotes the words of Dr. Beatty, who says (in speaking of the length of time the ergot has been administered), "if it be short the child will be born alive, but if it be delayed two hours the child will be stillborn." Now, Sir, please allow me to report briefly by way of parallel to the above, a case which I think may throw some little light both on the therapeutic and toxic action of ergot. On the 23rd ult., at 12.30 a.m. I was called to attend Mrs. A, æt. 40, in her first confinement, who realises in an exact way the old adage of fat, fair and forty. I arrived a little after 1 a.m. at her house, which is about four miles from here. When I entered her room I found her lying on a feather tick, undressed, on the floor before a fire, I made a vaginal examination, and after some three or four minutes' search I discovered the os very high up in the hollow of sacrum and no larger than a three-penny piece. She said her sickness was severe and that the pains were strong. I told her to take them quietly for that it was a considerable time before she would be delivered. I then left saying I would visit her again between 10 and 11 same morning, which I did. At my second visit I found that much progress had not been made, for on examination os was not much larger than half a crown, rigid, but cool and moist, head presenting in first position. I now told her I could not remain and that in the meantime she might move about as much as she could. At 7 p.m. I visited her for the third time. She was now in same position as when I first saw her, and undressed. I examined, found os much more dilated, soft and cool. I remained now all night and directed her to move about occasionally. All this time there was vomiting now and then. I should have stated that the bowels were well acted on by castor oil before she took ill. At 11 p.m. the waters were discharged spontaneously and, after this, the pains died away gradually. I could now find the ear under right pubis and anterior lips of os down between head and it. On three or four occasions I put back lip of os, but down it would come again. Now I was feeling not quite at ease and was thinking to use the forceps, but that perineum was very narrow and rigid though the head was low down. I now ordered her to be undressed and put to bed, and some minutes after—exactly 10 to 3 a.m., I gave her *forty drops* of etherial tincture of ergot; pains soon returned, and with very much force, and in precisely *one hour and a half* afterwards she was delivered safely of a large, well developed male child, which was in a semi-asphyxiated state. Having cut the cord I made use of artificial respiration and frictions with no avail. I next put it into a cold and hot bath alternately, and it was only while in the hot bath that it gave the first sign of life by a scream. The child being now all right, I returned to the mother to remove placenta, which I could not though having used considerable traction on cord. I next introduced my hand into the uterus and found it firmly adhering to the fundus. After breaking down the adhesions placenta easily came away. When only a single and so small a dose of ergot, and in so short a time, produced such effects as in this case, I am grieved to think what it might not, or rather ought not, have produced in a case where *several doses* of it were administered, and so left for a space of *three* days! Perhaps it is all owing to idiosyncrasy?

I am yours, etc., etc.,

J. J. McKeogh, L.R.C.P. etc.

Thurles, 9th January, 1872.

P.S.—During my attendance on Mrs. A, I several times used the Stethoscope. J. J. McK.

◆

SMALL-POX CONTAGION AND INFECTION, HOW MEDICAL ATTENDANTS MAY REDUCE THE RISK OF BECOMING CARRIERS THEREOF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir, 1.—Revaccinate at the onset of each epidemic of small-pox until characteristic vesicles cease to be produced thereby.

2.—Attend to general health, avoid prolonged fasting.

3.—Either drive in an open vehicle or walk a short distance before entering a closed conveyance.

4.—Wear overcoat in sick chamber, placing woollen gloves or scarf in pocket thereof. Where possible keep head covered.

5.—Avoid actual contact with the patient.

(a).—Carry an old newspaper. Before feeling the pulse: order a teacup-ful of water, add a teaspoonful of Condy's fluid, dip a suitable portion of the paper therein, apply it to the radial half of the wrist. [Rinse fingers in the fluid and dry them on own linen.] Resort to a similar plan, slightly modified, in Stethoscopic Examinations; 'ere viewing the throat let the patient wash out the mouth with disinfecting fluid.

(b).—Brief visits; necessary orders given outside; printed directions recommended.

Respectfully yours,

R. Hanslip Sers, M.R.C.S.

Epperstone, January 15, 1872.

◆

Inventions.

VULCANITE URINOMETERS.

Messrs. Blaise and Co. (successors to Savigny and Co.), of 67 James's street, S. W., have introduced vulcanite in the manufacture of Urinometers in the place of metal or glass; and from the fact of this material taking its gravity so much quicker, and with the greatest precision, we are convinced these instruments will supersede the old kind. Metal ones corrode, and glass ones are liable to breakage, but the vulcanite ones from the mode of their manufacture can always be depended upon. Messrs. Blaise also make hydrometers, saccharometers, &c., of the same material. Having tried the Urinometers we confidently recommend them as much superior to those in common use.

◆

Medical News.

Dover and Portsmouth respectively are already beginning to take measures for securing their selection by the military authorities as the locality of the usual Easter Monday volunteer review.

Habitual Drunkards.—Dr. Dalrymple, the member for Bath, has again addressed his constituents. He proposed to send the habitual drunkard to a reformatory, where he might learn that he could live without getting drunk, and where he would earn money enough to pay his cost while there, so that he might not be a burden to society. Where, he asked, would they find one word in that of "robbing a man of his beer?" or of "clapping a chap away because he had had a drop too much?" He had visited the inebriate asylums in America and Canada, where he found in many of these institutions over one-third, and in some one-half, of the inmates had been permanently cured, and a great many more had been benefited. While on the other side of the Atlantic, he heard that the Permissive Bill would not work; that in districts where it was enforced, with few exceptions, it was found not to prevent drunkenness, while the surreptitious and clandestine use and sale of liquors went on to a formidable extent.

Australian Meat Preserving.—The *Melbourne Argus* states that the news by the last mail of a revival of the demand for Australian meats in the European market will considerably brighten the prospects of the preserving companies in the colony of Victoria. It adds that probably if the news had arrived a mail sooner the two companies which had recently relinquished business after scarcely twelve months' career would not have found so much difficulty as they did in obtaining the requisite support to carry them over the period of slackness which temporarily paralysed them and eventually obliged them to succumb. The *Argus* adds that the misfortunes which have fallen on two or three companies have not, however, daunted others which have lately been set on foot upon an apparently sounder basis. Several new companies are announced, and some of them are already at work.

The last official return of the number of paupers in the metropolitan workhouses was 122,597, of whom 87,107 received out-door relief. Compared with the corresponding week in the years 1871, 1870, and 1869, these figures show a decrease of [illegible], 34,257, and 26.562 respectively.

Pure Water.—I am glad to find the subject of boiler water referred to in your columns of the 6th inst.; but quite apart from the contamination of water in the boiler cistern from other sources—a condition which no doubt is more common than is generally suspected—the water that is continually simmering in a boiler at the side of the kitchen grate, cannot be fit for drinking purposes—for making tea, coffee, etc., for instance, nor even for culinary use, as in boiling vegetables, or making soup stock, and so forth. Even if the water be perfectly pure when it enters the boiler, which, however, is very questionable, and though the contents of the boiler may be renewed during the day as the water is drawn off for use, yet it loses some of its best qualities by evaporation, and it acquires properties of a deleterious character that impart to the beverage with which such water is used an unpleasant flavour, which may be readily detected by any one who has given attention to the subject. The indifferent quality of the tea and coffee one meets with in most English houses may be referred to the fact that servants have an inveterate habit of filling the tea-kettle from the boiler, simply because it is "handy," instead of going a few paces to the cold water tap, which French servants would do, for they never think anything a trouble in order to secure the excellence of whatever is prepared by French hands. Perhaps there is no subject upon which English servants and persons of that class are so ignorant as on that of *water*, its properties and uses, and the various conditions which render it beneficial or unwholesome in the household.—*John Bull.*

Sir John Rose Cormack, M.D.—Intimation has been received by Dr. Cormack that it is the pleasure of her Majesty to confer upon him the honour of knighthood. This acknowledgment of Dr. Cormack's services to English subjects during the two sieges of Paris is supplementary to the decoration of the Legion of Honour which he has already received from the French Government in recognition of the skill and devotion he displayed in various battle-fields, and as surgeon of the famous *Ambulance Anglaise*, which was instituted by Sir Richard Wallace, and entirely supported at his expense. The public will see in this mark of her Majesty's favour a well-earned reward of Dr. Cormack's devotion to duty during a most trying and dangerous time; while the medical profession will feel that it is also a tribute paid to the wonderful success which accompanied his hospital treatment. To Sir Richard Wallace it must be especially gratifying that the labours of his lieutenant have merited her Majesty's approval. Rarely have the honours of a baronetcy and of knighthood been more worthily won than by Richard Wallace and John Rose Cormack.—*Scotsman.*

At a numerously attended meeting of the St. Olave's District Board of Health, Southwark, held on Tuesday last, an increase of £50 a year in the salary of Dr. J. Northcote Vinen, the medical officer of health was unanimously voted, in appreciation of the manner in which he has performed the duties of his office for the last sixteen years.

The Bow-street Division of the Metropolitan Police have presented Dr. Alfred Harvey with a silver salver, on the occasion of his retirement from the office of surgeon to the division after a long service. The salver bore the following inscription;—"E Division of Police of the Metropolis, Bow-street.—Only a small token of the esteem of our officers and men towards their kind friend, Dr. Alfred Harvey, who never spared himself to help and soothe any of them, often at times when a cheering word was so welcome. Our divisional surgeon is leaving us, and the loss is ours. May he be happy wherever he goes. In memoriam.—James J. Thompson, Superintendent. London, Christmas, 1871."

On the 11th inst., the students of the Charing-cross Hospital presented Mr. Barwell with a handsome claret-jug composed of glass and silver, richly ornamented and engraved. It was accompanied by the following letter:—"The students of the Charing-cross Hospital beg to present their congratulations to Mr. and Mrs. Barwell, and would feel gratified by their acceptance of the accompanying jug as a slight token of the respect and esteem in which Mr. Barwell is held by them." Mr. Barwell acknowledged the present in the following terms:—"Gentlemen,—The kind congratulations and the charming present which you have offered to us are very welcome to us both. Allow me for myself to say that I esteem this token of your regard most highly. As a constant memorial that such has been accorded me, I intend to have your gift engraved and to place it with your letter under glass, dedicating its use only to special seasons of rejoicing.—With the best hopes and wishes for your future welfare, I remain yours very truly. Richard Barwell."

In the metropolis last week 1,632 deaths were registered, being 261 below the average. To diseases of the respiratory organs, including phthisis, 582 deaths were referred, or 55 less than the corrected average weekly number in the corresponding week of the last ten years.

◆

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

The Publisher will esteem it a favour if subscribers will kindly make their payments—£1 2s. 6d.—for the past year 1871, in cheque or Post Office order, as stamps are so frequently lost through the post.

ADVANCE SUBSCRIPTIONS FOR 1872.

Gentlemen who desire to avail themselves of the reduction in price by payment in advance, must do so before the end of the current month.

Dr. Ready, Liverpool.—On the 12th inst.

We are reluctantly compelled to postpone several important contributions already in type; amongst them the continuation of Mr. Critchett's paper "On Cataract," and the conclusion of the article "On Disease of the Throat," by Dr. Prosser James.

Dr. McNab.—The copies were marked and posted to the addresses given.

Dr. Carey, Taunton.—Many thanks.

Dr. Abbott, Brigg.—On the 1st January.

Medical Society of London.—Erratum.—In our Report of the paper "On Preventive Medicine," read at the above Society by Dr. Ogle, of Derby, the words *healed easily* in the following sentence:—"Phthisis is one condition tending to disease, might be *healed easily*, and much harm prevented," should read thus:—might be *treated early*, &c.

"GOING ROUND."

To the Editor of the "Medical Press and Circular."

Sir,—To gratify the curiosity of my anonymous, but *would-be* jocose critic, "A Constant Reader," in the supplemental portion of your last number, permit me in great haste to inform him that I am not "Jumping Jim Crow," but

Ever truly yours,
Francis Edward Clarke, M.B.

Oughterard, Galway, Jan. 20th, 1872.

ELIGIBILITY OF SUPERANNUATED MEDICAL OFFICERS TO THE OFFICE OF GUARDIAN.

A Correspondent (J. B.) asks us: I am an ex-Medical Officer of a workhouse, and in receipt of the usual superannuation two thirds of my former salary. Am I eligible to be elected guardian or one of the guardians of said workhouse?

The Act of Parliament specifically provdes that any person receiving salary or emolument payable from the poors-rate is ineligible for the office of Poor-law Guardian of the union from which the payments are made.—Ed.

Communications have been received from:—Mr. Critchett, London. Dr. Mapother, Dublin. Dr. B. Kraus, Vienna. Dr. Carey, Taunton. Professor F. Coletti, Padua. Dr. Burrows, Dr. Aldis, Belgravia. M. A. B., London. Mr. Hyslop, Stretton. Dr. Wise, Norwood. Dr. Morgan, Dublin. Dr. Tyson, Philadelphia. The Registrar-General, Dr. J. Parker, Whitchurch. Mr. R. Hanslip Sers, Nottingham. Dr. Crosslé, Chesterfield. Mr. J. Aston, Wadingham. Mr. Altham, Wray. Mr. Scale, Landport. Mr. Verdon, London. Mr. W. F. Tuckett, Abergavenny. Dr. Redman, Lincoln. Dr. Abbott, Brigg. Dr. Ogle, Derby. Dr. Ready, Liverpool. Dr. Rees Powell, Brecon. Dr. Dowsland, Weaverthorpe. Mr. Beckes, Northampton. Dr. Madden, Ballycastle. Mr. Pennefather, London. Dr. Johnstone, Westport. Dr. Massy, Brighton. Dr. Stainstreet, Limerick. Mr. Milton, London. Dr. Darbey, Daleek. Dr. McGregor Croft, London. Dr. Fitzsimons, Kilkenny. Dr. Williams, Malvern. Dr. Murray, Tobercurry. Dr. Hoblyn, Bath. Dr. Keraus, Banagher. Dr. R. Walsh, Esq., Lismore. Dr. H. M. Jones, Cork. Dr. White, Castletown Conyers. Dr. Coates, Portumna. Dr. Lawless, Swift Hospital. Dr. McKeogh, Thurles. Dr. J. B. Mr. J. Byrne, Rathangan.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Spiritualism answered by Science. By E. W. Cox, F.R.G.S.

The Half-yearly Abstract of the Medical Sciences. Vol. LIV.

Clinical Lectures on the Diseases of Women. By Sir James Y. Simpson, Bart., M.D. Edinburgh: A. and C. Black.

Report of the Ladies Association for the Repeal of the Contagious Diseases Acts, and a pamphlet "A Grave Question for Englishwomen."

A Paper on the Contagious Diseases Acts. By Mr. C. W. Deakin.

La Presse Médicale Belge; Nature; Boston Medical Journal; Allgemeine Wiener Medizinische Zeitung; Pharmaceutical Journal; Medical Free Press; Le Mouvement Medical, &c.

◆

VACANCIES.

Charing cross Hospital. Physician for the Skin Department, and an Assistant Physician to the Hospital. Both Honorary.

Middlesex Hospital. Physician. Honorary.

Royal Free Hospital, London. Junior House-Surgeon. Salary £104 per annum, with board and residence.

St. Marylebone Dispensary, London. Surgeon.

Stockwell Fever Hospital. Assistant Medical Officer. Salary £13 per month.

King's College, London. Chair of Forensic Medicine.

Sheffield Infirmary. Assistant House-Surgeon. Salary £65.

Dorset County Hospital. Physician. Honorary.

Tunbridge Wells Infirmary. House-Surgeon and Secretary. Salary £100 per annum, with board and residence.

Norwich Union. District Medical Officer. Salary £75.

Nottingham Dispensary. Resident Surgeon. Salary £140. Assistant Surgeon. Salary £120 per annum.

Lismore Union, Ballyduff Dispensary District. Medical Officer. Salary £100 per annum. (See advt.)

Naas Union, Kilcullen District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Jan. 21.—Hunterian Society, 7 p.m. Council Meeting 8 p.m.—Dr. Morell Mackenzie, "On the differential Treatment of Bronchocele."

Thursday, Jan 25th.—Royal Institution, 3 p.m. Professor Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, Jan. 26.—Clinical Society of London, 8½ p.m. Mr. Cooper Forster, "On a Case of Popliteal Aneurism, with Remarks on Treatment."—Mr. Hulke, "On the Therapeutic Value of Cundurango as a reputed Remedy for Cancer."—Mr. T. Bryant, "On Two Cases of Recto-Vesical Fistula treated by Colotomy."

Royal Institution, 9 p.m.—The Archbishop of Westminster, "On the Demon of Socrates."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Jan. 24.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations, 1¼ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

University College Hospital.—Operations, 2 p.m.

St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.

London Hospital.—Operations, 2 p.m.

Cancer Hospital.—Operations, 3 p.m.

Thursday, Jan. 25.

St. George's Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

University College Hospital.—Operations, 2 p.m.

Royal Orthopædic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

West London Hospital.—Operations, 2 p.m.

Friday, Jan. 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal South London Ophthalmic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, Jan. 27.

Hospital for Women, Soho square.—Operations, 9½ p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 2 p.m.

Monday, Jan. 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Mark's Hospital.—Operations, 2 p.m.

Metropolitan Free Hospital.—Operations, 2 p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, Jan. 30.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Guy's Hospital.—Operations, 1½ p.m.

Westminster Hospital.—Operations, 2 p.m.

National Orthopædic Hospital.—Operations, 2 p.m.

Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Bankart, J., M.B., Surgeon to the Exeter Eye Infirmary.

Prew, T. F., L.R.C.S.I., L.M., Medical Officer to the Royal Irish Constabulary, Ennistymon, Co. Clare.

Courtenay, E. M., M.B., C.M., Clinical Assistant to the West Riding of Yorkshire Lunatic Asylum, Wakefield.

Croft, Mr. W. R., Chief Sanitary Inspector of Sheffield.

Foster, Mr. F., Secretary to the South Staffordshire General Hospital, Wolverhampton.

Hanrahan, J. A., L.K.Q.C.P.I., Medical Officer, &c., for the Cappaghduff Sub-district of the Ballinrobe Dispensary District.

Hunter, M., M.D., L.R.C.S.Ed., Out-door Accoucheur to the Glasgow Maternity Hospital and Dispensary.

Johnston. Dr. A. C., Medical Officer, &c., for the Knocktopher District of the Thomastown Union, Co. Kilkenny.

O'Reilly, R., L.K.Q.C.P.I., Medical Officer, &c., for the Lismore Dispensary District of the Lismore Union, Co. Waterford.

Ormsby, L. H., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Meath Hospital and County of Dublin Infirmary.

Pegum, T., L.K.Q.C.P.I., Medical Officer, &c., for the Cragaknock Dispensary District of the Kilrush Union, Co. Clare.

Ryan, W., L.F.P. & S.Glas., Admiralty Surgeon for Liscannor, Co. Clare.

Saunders, C. E., M.D., Surgical Registrar to St. Thomas's Hospital.

◆

Marriages.

Woolley—Ellis.—On the 16th, at Wellingham, Cambs., J. Woolley, son of the late Dr. Woolley, Bengal Army, to Sarah Maria, second daughter of R. S. Ellis, Surgeon, of Wellingham.

Niven—Halson.—On the 17th inst., at Upper Norwood, W. Niven M.D., H.M. Indian Army, to Margaret, daughter of the late J. Halson, Esq.

◆

Deaths.

Franks.—On the 15th inst., G. Franks, M.R.C.S.E., of Mayow road, Forest hill, aged 68.

Harris.—On the 10th inst., Andrew Harris, Resident Medical Officer at the Workhouse Infirmary, New Bridge street, Manchester, M.R.C.S.E.

Hill.—On the 17th inst., at his residence, Ferrybridge, John Hill, M.R.C.S., aged 56.

Jones.—On the 9th inst., Edwin Jones, M.D., of Rhyl, aged 41.

Wade.—On the 16th inst., Robert Wade F.R.C.S.E., of Dean street, Soho.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
A Few Practical Remarks on the Treatment of Cataract. By George Critchett, F.R.C.S., Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields	89
Twelve Cases of "Bent Knee"-Joints treated in the City of Dublin Hospital. By Henry Gray Croly, F.R.C.S.I., Senior Demonstrator of Anatomy in Royal College of Surgeons in Ireland	91
Uterine Neuralgia and its Chief Complications: Their Pathology and Treatment. By John Chapman, M.D., M.R.C.P., M.R.C.S., Physician to the Farringdon Dispensary	94
A Clinical Report of the Rotundo Lying-in Hospital, for the Year 1871. By George Johnston, M.D., Master of the Hospital	95
Epiphysary Fracture	97

HOSPITAL REPORTS.

King's College Hospital—	
Dislocation of the Hip.—Reduction without Chloroform	97
Richmond Surgical Hospital—	
Case of Incarcerated Femoral Hernia.—Operation.—Recovery	98

TRANSACTIONS OF SOCIETIES.

	PAGE
Medical Society of London—	
Operation for Tumour of the Tongue	99
The Contagiousness of Typhoid Fever	99
Address of Congratulation to H. M. The Queen	99
The Pathology and Treatment of Neuralgia and its Kindred Disorders	99
The Surgical Society of Ireland—	
Twelve Cases of "Bent Knee"-Joints	100
Case of Epiphysary Fracture	100

LEADING ARTICLES.

Contract Drug Purchasing	101

NOTES ON CURRENT TOPICS.

	PAGE
Medicine and Pharmacy in Valparaiso	101
The Oral Education of the Deaf and Dumb	101
The Reorganisation of the Army Medical Department	102
Propagation of Small-pox	102
Thrombosis of the Internal Carotid	102
Lincoln Asylum	102
An Important Medico-Legal Decision	102
The Late Dr. Christot, of Lyons	103
Hindu View of Cholera	103
Dermatology	103
The American Diploma Market	103
A Discreditable Proceeding	103
The Effect of Various Liquors on the Kidneys and Bladder	103
The Power of Coroners	103
Liability of Lodging Renters for the Propagation of Infection	104
Army Medical Officers	104

CORRESPONDENCE.

Wm. Bayes, M.D., on Homœopathy	105
W. Bathurst Woodman on Dr. Dyte	105
Edwards Crisp, M.D., on Dr. Carpenter and the Royal Society	106
Philologus Orthodoxus on Corrected Nomenclature	106

FOREIGN MEDICAL LITERATURE.

Medical Jurisprudence.—Dr. Alfred Taylor's Test for Blood by Means of the Tincture of Guaiacum, and its Reaction with Antozone. (Translated expressly for the Medical Press and Circular from the *Union Médicale*, by F. M. Luther, M.D.)	106
Current Literature	107
Medical News	108
Notices to Correspondents	110
Vacancies	110
Appointments	110
Marriages	110
Deaths	110

Original Communications.

A FEW PRACTICAL REMARKS ON THE TREATMENT OF CATARACT.

By George Critchett, F.R.C.S.,

Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

(*Continued from Page* 17).

There are two other methods of eliminating a cataract from the eye; the one by absorption or discission, as it is sometimes called, and the other by extraction. As the operation by absorption is only applicable to cataracts that are more or less soft, and as that operation did not come in as a substitute for couching or depression, it will be more convenient to defer the consideration of it and the cases to which it is specially applicable, and to proceed with the operation of extraction, an operation which, in some form or other, must always play the chief part in the surgical treatment of hard or senile cataract. It was, no doubt, in consequence of the many serious objections to the ancient operation of couching, to the large average of failures, and to the protracted and painful deep-seated inflammation that sometimes followed this operation, that attempts were madé at what must have appeared a far bolder and more difficult operation, viz., the removal of the cataract from the eye or extraction, as it is usually called, though this term does not quite correctly express the process—expulsion is more like what actually takes place. In order that we may clearly understand, and estimate the various modifications that have been recently introduced in the operation of extraction, we must briefly describe the original flap operation and endeavour to estimate its merits, its defects, and its dangers. I do not propose to enter into any historical details as to the steps by which the operation was gradually brought to its highest development, as it would not advance the practical questions upon which we are now engaged.

It is above a century since the first attempts were made by Wenzel, and they were evidently somewhat rude and unsatisfactory, since we find that he made a small incision in the cornea with a knife, and enlarged it with scissors. It is chiefly to Beer, and subsequently to Jager, that we owe the complete working out and the brilliant manipulation of the flap operation, "l'extraction à lambeau," as it is termed on the Continent. The former of these eminent and dexterous operators is reported to have confessed that he had put out a hat-full of eyes before he acquired sufficient dexterity to operate with certainty, and if we bear in mind that he had, in a great measure, to work out the details for himself, and had not the advantage of learning from others, and if we take into consideration the great and internal difficulties of the operation itself as he performed it, we shall come to the conclusion that the statement is not very far from the truth. The operation for cataract by the old method of extraction has been so often, and so well described in various works upon "Ophthalmology," that it would be tedious and unnecessary for me to enter minutely into the details involved in its performance. I must, however, in order to carry out the objects of this paper, dwell briefly upon the essential points connected with the operation, so as to contrast it with modern innovations.

In performing the orthodox operation for the extraction of cataract, the object aimed at is to make an incision of the cornea of a semi-circular form, either upwards or downwards, that shall lie just within the margin of the cornea, and shall represent the diameter of a circle rather less than the cornea itself. In order to accomplish this, a knife of a triangular form, known as Beer's knife, is introduced at the outer margin of the cornea carried across the anterior chamber, made to emerge at the opposite point of the cornea, and still carried on until it cuts its way out. If this be done with precision, and if the aqueous tumour be retained during the entire transit of the knife, the result is, that a semi-circular flap is formed, including either the upper or the lower half of the cornea. This, in fact, is the object to be accomplished, and if it fall short of this the fault is in the operator, and not in the plan of the operation. The hand has failed to carry out that which the mind intended. The next stage of the operation is to open or lacerate the capsule. The third and last stage is by making gentle pressure upon the eye at a point corresponding to the border of the lens, gradually to expel it through the corneal opening; the pupil, which has expanded to allow the cataract to escape through it, resumes its normal shape and size; the edges of the flap accurately adapt themselves, and the eye puts on its previous aspect, minus the aqueous tumour and the cataract. If the incision in the cornea heal, the aqueous is re-secreted, and the pupil remains central, the result both as regards the appearance of the eye, and the restoration of vision is as nearly perfect as can well be imagined.

It is difficult from any mere description, or even after witnessing a flap extraction skilfully performed, to realise all the difficulties involved. Let us suppose a case in which both eyes are to be operated on. The upper lid must be raised so as to fully expose the eye and yet not so as to make pressure on the globe. The triangular knife has then to be made to penetrate the cornea, exactly at the right point, to pass across the chamber with such accuracy as not to allow the thin aqueous fluid to escape by the side of the blade, to emerge at exactly the corresponding point of the cornea, its course must still be continued on until only a line of the corneal tissue be left undivided, and this progress of the knife must be so directed as to form a semicircular flap near the corneal margin, the last remnant of cornea must be divided so gradually and carefully by retracing the knife that the ultimate completion of the section is scarcely felt by the eye. Nor does the next step of the operation make much less demand upon the celerity and dexterity of the operator. The curette must be passed into the chamber and over the surface of the iris without entangling or even touching it, until it reaches the pupil, where the point must be so manipulated as to lacerate the capsule without disturbing or displacing the hard cataract contained within it. Having done its work, it must emerge again without touching the iris. Lastly, very gentle pressure must be made exactly at the right spot so as gradually to expel the cataract without a rupture of the hyaloid membrane or an escape of the vitreous humour, leaving the parts apparently very nearly in the same condition as before. If we suppose this operation to be performed upon a somewhat irritable person with sensitive and rather deeply set eyes, if both eyes be done, requiring that the operator be ambidexter, and that he display the same dexterity with the left hand as the right, if in addition to this his nerves be tried by the close scrutiny of several critical eyes, and perhaps still more by the weight of heavy responsibility and the reflection that the sight of a fellow creature is at that moment hanging upon the accuracy and steadiness of his hand; I do not hesitate to say as the result of my own rather large experience, that there is no operation in the whole range of surgery that requiries such a rare combination of mental and physical qualifications or that taxes so largely the resources of the operator, or that demands such a long course of mental and manual discipline, so that the eye and the hand may learn to execute with certainty the dictates of a prompt, experienced, and tutored mind, prepared at any moment to alter and modify the tactics as unforeseen casualties arise. It is not to be wondered at if we find that the public and the Profession have held in special repute the few who have attained the highest skill in the performance of this operation. I can well remember *the admiration and the envy with which I watched a skilful operator* in the dawn of my ophthalmic studies, take case after case with an equally sure result, This was the operation that has stood at the very portals of a high ophthalmic reputation. In the hands of the best operators the results were highly satisfactory, and it has been until a comparatively recent period considered the orthodox and recognised method, and even now it is so ranked by many high authorities. It is not to be wondered at that those who after careful study have acquired an exceptional amount of skill in performing the flap extraction and whose reputation as operators has reached to the highest pinnacle, should look upon any invasion upon the old established and orthodox process as little short of sacrilege, and should only yield inch by inch to the force of argument and the stern logic of facts; and I think it must be admitted that no small amount of credit is due to those who have at length so far yielded as to give up the operation they have so long and so skilfully performed, and commenced as it were *de novo* upon an entirely new method. Let us now take this operation into court and endeavour in an impartial and judicial spirit to consider both its advantages and its elements either of partial or of complete failure. It may at once be admitted that the flap extraction was a great improvement in every way upon the operation that was previously performed, viz.,—depression or couching. It is a method of operating that allows the cataract to escape from the eye very easily, without force or bruising. The only part that is stretched is the pupil, and when union of the corneal wound has taken place with accuracy the form of the eye is well preserved, so that the optical conditions for vision are well restored, as well in fact as it is possible to conceive. The pupil is small, central and clear, and the curvature of the cornea normal, and one operation usually suffices. A slight secondary needle operation is sometimes needed but this is exceptional. The operation occupies a very short time; the pain is slight and it is only during the first stage that even this small degree of pain is felt. Such are the chief and more obvious merits of this operation. It presented so many apparent and very manifest advantages, and gave what was once considered to be such a good average of success, that it may be said to have occupied undisputed possession of the field, and to have been so firmly established in public and in professional esteem that anything like a radical change of procedure seemed highly improbable, and any proposal to that effect would, a few years ago, have been received with surprise, and with considerable opposition. It will be seen that the recent modifications have been brought about very gradually and have only at length obtained a footing on account of the inherent defects of the flap operation which were felt more or less by every practical man, but which were scarcely hinted at until a plan in which these defects were less obvious had been devised. Even to this day there are many eminent and skiful operators who still prefer the flap operation, and who prophecy that ere long it will once more reign supreme. It will now I think be useful to inquire what are the weak points and the sources of failure more or less complete of the flap extraction. First and foremost amongst the objections to the operation I think we may fairly place the difficulty of performance. I have already alluded to it in describing the method of doing it, and those who have followed that description, who have watched the performance of it, or who have done it themselves, will readily estimate the force of this objection. If we consider how many operations of this kind have to be performed each year in different parts of the world, how oculists are increasing in number, and springing up in every town where civilisation is known, and how limited must be the means of acquiring sufficient dexterity to perform with any degree of certainty and success, this skill-demanding operation, its very difficulties become a serious objection to its adoption amongst those who are ambitious to represent and to practise modern ophthalmology; so keenly has this difficulty been felt that various methods have been suggested for fixing the eye in flap extraction either by the operator himself or by an assistant; but this again has some serious disadvantages: it augments pain, induces spasm; either deprives the operator of a hand that he wants for controlling the lid, or introduces an assistant whose co-operation at the critical moment cannot always be depended upon. If, therefore, it is capable of demonstration as I believe in a subsequent part of this paper it will be found to be, that the modifications introduced in the operation are more easy of performance, can be acquired more quickly and can be executed with greater certainty by those who possess the average amount of dexterity: then the difficulties of the flap extraction constitute a legitimate ground of objection and are amongst its weak points. The next to which I would allude is, that it leaves the contents of the eye in a very defenceless state. If at the moment that the section is completed, the muscles of the eye-ball or of the eye-lid or both are thrown into a state of spasm owing to the undue sensitiveness or irritability or nervousness of the patient; conditions that not infrequently exist and are beyond the control both of the patient and the operator; or if the latter inadvertently makes undue pressure on the globe or completes his section too rapidly and suddenly, the lens may immediately follow, together with more or less vitreous humour, an accident which always impairs, to a certain extent, the optical conditions of the eye and its longevity, and increases the risks and the duration of its recovery; and when the loss of vitreous is considerable, may eventuate in a complete failure. It is an accident that may occur to the most skilful operator, and is not an infrequent mishap amongst those who have not attained a higher standard of manual skill. The next objection is the same in kind. The absence of support and security to the contents of the eye caused by the corneal flap, is felt during the stage of healing; the flap merely falls into its place, and keeps in apposition by its gravity. The consequence is, that any undue effort on the part of the patient, as in coughing, sneezing, vomiting, or straining of any kind, or any spasm of the muscles during sleep, or in some troubled dream, or in the act of waking, or any slight blow—any one of these various causes is liable to produce a separation, more or less complete, of the cornea flap, and a protrusion more or less extensive, of the iris between the flaps, giving rise to that well-known and much dreaded and not infrequent sequel of flap extraction: prolapse of the iris. When this occurs the recovery of the eye is seriously retarded and sometimes prevented; the eye is placed under circumstances of great difficulty for repairing the wound that has been made, and when at length, after much suffering, and much trial of patience both to the operator and the patient, repair is effected, it is found that the curvature of the cornea has been considerably altered, that the pupil has been displaced in the most disadvantageous direction, and that only a very partial recovery of sight has resulted; whilst a certain degree of delicacy and unhealthiness of the textures frequently hangs on for months, preventing any resumption of active utility. Another objection to the operation is the large proportion of the cornea that is involved in the wound, thereby increasing the difficulty of attaining union by the first intention, threatening the transparency of the corneal flap, and favouring purulent infiltration; moreover, it is in this form of operation that the more formidable sequelæ most frequently occur, viz.,—suppuration of the globe and internal hæmorrhage. Both these unfortunate results are attended with severe pain and constitutional irritation, which, when superadded to the cruel disappointment inevitably resulting from the entire loss of the anticipated and anxiously hoped for sight, and at a period of life often when the lamp is somewhat flickering, this accumulation of misfortunes gives rather a serious and formidable aspect to the case, and has brought the operation into rather bad odour with the public, causing many a blind sufferer to look forward to the ordeal with dread, and probably has deterred many from encountering the risk; preferring "to bear the ills they have than fly to others that they know not of." There is yet one other aspect in which this operation may be viewed in reference to concomitant inconvenience and disadvantages. The success of the flap operation so much depends upon a perfectly quiescent and tranquil state of the eye, that it has been found necessary to enjoin a very strict discipline, to urge the patient to abstain from any sudden or violent movement; and even from laughing, talking, mastication of hard substances, &c. This enforced quietude becomes exceedingly irksome to many aged people, and it is the impossibility of inducing some patients to conform to these rules that has led to failure.

In this class of case it may be further remarked, where irritability, timidity, or extreme sensitiveness to pain are strongly marked, it is obvious that the use of anæsthetics is indicated, but in the flap extraction this is a dangerous procedure, in consequence of the liability to vomiting. The severe straining may cause, and has, caused the contents of the eye to be forcibly expelled, to the utter destruction of the organ.

It is true that this objection does not exist in all cases. Some elderly people of a quiet, tranquil temperament, find no difficulty in maintaining the requisite degree of repose, but on the other hand we meet with not a few on whose deeply wrinkled brow Nature has written in unmistakeable hieroglyphics an irritable temperament, and a proneness to powerful and spasmodic action of the facial muscles. In such temperaments the chances of success are much diminished, and the effects of failure very keenly felt. The very conditions that promote the occurrence of prolapse, and other casualties, aggravate the subsequent sufferings of those in whom they occur.

Such are amongst the principal objections to the flap operation, and it must be admitted that they constitute a very formidable indictment. It is true that a few dexterous operators have felt proud of the certainty with which they could triumph over the great difficulties inherent in the flap operation, and they have been able to point with legitimate pride to a good average of success, and to some cases that seemed to leave nothing to be desired. Yet even the best, if they deal quite honestly with themselves, will have to record cases that, in spite of all their care, and all their skill, have given them such an amount of anxiety as to neutralise and more than neutralise the satisfaction they derived from their successful cases. It is not surprising, then, that several of the leading ophthalmologists were somewhat eager to assist in carrying out any new train of thought that might lead to a method of operating, whereby prolapse of the iris is impossible, spasm of muscles and movement of patient unimportant, apposition of corneal wound inevitable, healing rapid, chloroform safe, and suppuration of globe extremely rare as compared with flap extraction. It is hardly too much to say that these advantages are obtained by the modified linear extraction, which it is the chief object of this paper to explain, describe, and illustrate.

(*To be continued.*)

◆

TWELVE CASES OF "BENT KNEE"-JOINTS (a)

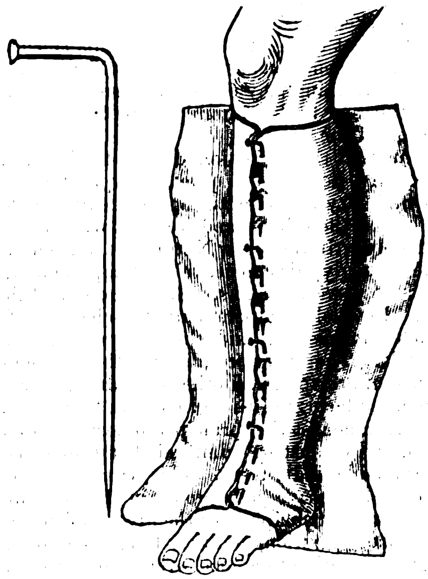
TREATED IN THE CITY OF DUBLIN HOSPITAL.

By Henry Gray Croly, F.R.C.S.I.

Senior Demonstrator of Anatomy in Royal College of Surgeons in Ireland.

Bent knee-joint (as has been truly observed by a very distinguished surgical writer) is one of the most distressing deformities to which the human frame is liable. If it be severe the leg is bent at nearly or perhaps at quite a right angle with the thigh. It is fixed in this position. The patient cannot put the sole of the foot or even the points of the toes to the ground; hence the limb becomes useless for the purpose of progression, and from want of exercise atrophies. But a badly bent knee is worse than useless—it is a positive incumbrance, for as the foot cannot be brought fairly to the ground the limb projects behind in a most awkward manner, swaying as the body moves round, constantly in the way, and liable to injury. The nutrition of the limb thus affected, becomes impaired from want of exercise, the foot is habitually cold, the circulation in it is languid, and the toes become liable to chilblains and troublesome ulceration. In the less severe forms of bent knee the inconvenience, though not so great as that just described, is very considerable, for as the patient can never bring the heel or sole to the ground he rests insecurely on the tips of his toes, and walks but insecurely with the aid of a crutch or stick.

(a) Read before the Surgical Society of Ireland.



Case I.—J. F., a lad, æt. 16, was admitted into the City of Dublin Hospital, under my care, in October, 1864, suffering from bent knee-joint.

History.—Five years previously an abscess formed in the lower and outer third of the left thigh, and was opened by a surgeon. No cause could be assigned for the abscess, and the patient enjoyed good health up to that time; a year subsequently he fell upon his left knee, inflammation of the joint ensued, and the knee became gradually bent. Obliged to use a crutch.

Condition of joint on patient's admission into the hospital.—The internal condyle of the femur projects considerably inwards and forwards; the tibia is partially luxated backwards and outwards; the back of the condyles of the femur rests on the anterior edge of the head of the tibia; the patella is displaced outwards; the hamstring tendons are tense; the muscles of the thigh and leg are wasted. The ends of the toes touch the ground; the heel is raised; the knee-joint can be flexed, but cannot be extended; the patient uses a stick, on which he leans when walking; his general health is good.

Treatment.—The limb was placed upon a well-padded McIntyre's splint, and fixed by a roller bandage. The screw of the splint was turned gradually to make extension. The treatment was steadily persevered in for some days, and then I performed tenotomy of the ham-string tendons in the following manner:—The splint having been removed, and the patient placed prone, the limb was firmly held by an assistant, the tendon of the semi-tendinosus muscle, which was most prominent, was first divided, by passing the tenotome flatwise beneath the integument and turning its edge against the tendon. The tendon of the semi-membranosus then became prominent, and was also divided through the same opening, and lastly the biceps tendon was cut, due care being taken to avoid injuring the peroneal nerve by keeping the edge of the knife against the inner edge of the tendon. A compress having been applied, the limb was replaced on the splint, but no further attempt at extension was made *until the wound healed.* The patient suffered but little pain, and when all irritation had subsided, extension was made cautiously and gradually by an occasional turn of the screw, and in about twelve weeks the limb was almost as straight as the sound one. The splint was removed, a starched bandage applied, and pasteboard splint. The patient was supported by nutritious food, and a liberal allowance of porter, with cod-liver oil and syrup of iron. He was discharged from hospital, and is now able to walk without any artificial support. He works at a trade, and has almost as good use of the limb as of the sound one.

Case II.—J. Q., a boy, æt. 16, was admitted into hospital for contraction of the right knee and inability to walk except by the aid of a crutch.

History.—He fell when ten years old and struck the patella. He suffered much pain from the injury. Inflammation and abscesses around the joint resulted. The knee became gradually bent, until at length he could scarcely touch the ground with the ends of his toes. He was received into a hospital in the city, but did not remain in consequence, as he said, of amputation being proposed to him.

State of the joint and limb on admission of patient into the City of Dublin Hospital.—Right leg flexed, condyles of femur projecting forwards and inwards. The toes pointed, and raised two inches from the ground, the heel six inches, the ham-string tendons prominent but not tense, the joint moveable. Flexion can be performed, but not extension. Two cicatrices are visible above the external condyle of the femur, the result of abscesses consequent on the injury. The boy is pale and delicate-looking. Similar treatment as in Case I was adopted. In two months the patient was discharged from hospital, the limb being straight. This young man is now engaged as a teacher in a school, and walks several miles daily, and uses neither crutch nor stick. The joint is *not* stiff.

Case III.—N. W., a girl æt. 5, was admitted into the child's ward of the City of Dublin Hospital, suffering from strumous abscesses around the right knee-joint, with contraction.

History.—Her mother states that the child was in good health until a month previously, when she complained of pain in the knee-joint. She limped, and kept her leg in the flexed position. The symptoms increased in severity, and she passed sleepless nights. Abscesses formed subsequently around the joint.

Appearance of child and condition of joint on admission into hospital.—The patient presented all the symptoms of hectic fever. The left knee-joint was enlarged, and the leg was flexed upon the thigh. The ham-string tendons were tense. The little sufferer screamed when any attempt was made to move the limb for the purpose of examining the joint.

Treatment.—The child having been placed fully under the influence of chloroform, the limb was fixed upon a gutta percha splint, which was moulded so as to support the joint. Liberal diet, with wine and quinine was prescribed. When all inflammatory action ceased I performed tenotomy. A splint was applied, and in one month the child was discharged from hospital, the joint being supported with a starched bandage and pasteboard splint. The child is able to walk, and to place her foot flatly on the ground. The joint is *not* stiff.

Case IV.—E. McM., æt. 18, was admitted into the City of Dublin Hospital in 1868, with contraction of the left knee-joint.

History.—Five years previously an abscess [illegible] the internal margin of the head of the tibia, and shortly afterwards another appeared on the lower and internal third of the thigh. The joint became swollen and painful, and contracted gradually.

Appearance of patient and limb on admission into hospital.—Boy looks delicate; walks on his toes; uses a stick; can bend his leg, but cannot extend it; condyles of the femur project forwards and inwards, tibia backwards; foot elongated; muscles of calf atrophied; ham-string tendons very tense. Tenotomy was performed; the leg *gradually* extended; limb put up in starch apparatus; boy now walks well, but the joint remains weak.

Case V.—John S., æt. 14, admitted into hospital Nov. 28th, with contraction of right knee-joint.

History.—He fell seven years previously on his knee. Inflammation of the joint set in. The leg gradually contracted. He walked on crutches for several years. His toes touched the ground. His heel was raised. The tibia was displaced backwards into the popliteal space. Leg rotated outwards. As there was considerable pain over the head of the tibia, and the boy's health was delicate, I placed his leg on a splint, applied blisters, and prescribed tonics, and when all inflammatory action ceased I performed tenotomy and gradual extension. Starched bandages, with paste board support, were applied from time to time, and in *a year* the leg became strong and useful.

This boy's parents seemed much disappointed at first, as they expected an improvement much sooner than could be attained. The boy is now able to walk well, and works at a trade. He promised to attend here to-night to be examined by any of the members.

Case VI.—A. B., æt. 14, residing close to the City, was admitted in winter, 1869, with bent knee. I met him walking on a crutch, and on examination found the joint contracted. He said he was seven years on a crutch. Tenotomy and gradual extension were performed, and the boy left hospital with his heel on the ground.

Case VII.—Henry Egan, æt. 27, was admitted into the City of Dublin Hospital, on the 10th October, 1870, with contracted knee-joint. States that when about four years old he fell down a flight of steps and injured his knee, which gradually swelled up to a great size, but did not prevent him walking as usual until the lapse of some months, when it became what he called "a white swelling," and it then compelled him to keep to his bed. He continued in bed for about six months, and on his again getting up he found his knee contracted, and could not put his foot to the ground, he then had recourse to a crutch, with which he was able to get about pretty well. He continued in this state for about four years, when his father put a kind of iron splint on the back of his leg, which after some time enabled him to touch the ground with his toes, and to walk with the help of a stick instead of the crutch. He then threw aside the splint, and was able to lean on his toes. About this time a small sinus formed on the inside of the joint, and this usually broke out in spring and healed up again after a short time, never discharging much matter; about four years ago, it healed up, after which the knee was no longer painful or tender, and he could flex it to a right angle, but from the time of injury could never *extend* it. He says that it continued in this state until his admission.

Case VIII.—J. H., æt. 11, was admitted into the City of Dublin Hospital, on the 21st of December last, suffering from contraction of the left knee-joint.

History.—Six years previously he fell on his knee, and received a slight wound. The joint inflamed; the boy became lame; blisters were applied; the leg bent gradually.

Appearance of limb on admission of patient into Hospital.—Joint very much enlarged; tibia displaced backwards; boy walks with the aid of a crutch, and his *toes* are *ten* inches from the ground; ham-string tendons very tense. Tenotomy performed; gradual extension, first by means of screw splint, and then by weight and pulley. This boy complained of severe pain over the head of the tibia, and got considerable relief from occasional blistering. *Joint not yet strong.*

Case IX.—James Leach, æt. 9. Contraction of right knee, result of a fall and subsequent inflammation; lower end of femur curved very much; tibia displaced backwards; limb *very short.*

Treatment.—Tenotomy; extension gradually forward by weights and pulley. Chloroform administered and leg *forcibly* extended; loud snap heard when old adhesions were giving way; limb placed upon a splint.

Case X.—E. A., female, æt. 21, residing in County Wexford, was admitted into hospital, in 1871, with contraction of right knee. She received an injury many years previously, and had inflammation in the joint. The leg was bent and finally very stiff; she could not make any attempt at straightening or bending; ham-strings very tense; femur projecting forwards and inwards.

Treatment.—Tenotomy; weight and pulley; for three weeks splint, then chloroform was administered, and joint forcibly extended; leg straight.

Case XI.—Margaret Roe, æt. 7, residing at Woodside, near Dundrum, was admitted into the City of Dublin Hospital, October 2nd, 1871, with contraction of the left knee.

History.—When five years old, she fell on the head of a shovel and hurt the knee cap; the joint swelled; her brother brought her to a bone setter, who pulled the leg; the leg gradually contracted. She was then admitted into a hospital in the City, and had blisters applied. The child was not kept in bed. A splint was subsequently applied in another Dublin hospital. Appearance of limb on admission into the City of Dublin Hospital. Left knee contracted; tibia displaced backwards; toes pointed; heel raised; patella displaced outwards; no pain in the joint or other symptom of inflammatory action. I performed tenotomy, and then chloroformed the child and forcibly extended the leg to the straight position. A suitable splint, well padded, was next applied and retained by roller bandage. Child gone home; leg quite straight.

Case XII.—C. H. J., a fine boy, æt. 10, fell when six years old on his right knee; the joint inflamed; leeches, blisters, and splints applied; symptoms relieved; boy allowed to walk about too soon; knee became bent. I saw him one year since. Boy's heel touched the ground, but there was some displacement of the femur forwards. I recommended sea-bathing, tonics, and rest. Joint improved. Six months ago the boy got a kick on the knee, when fresh inflammation set in; the leg became contracted; the tibia displaced backwards; ham-string tendons very tense. Boy admitted into City of Dublin Hospital October last. Leg placed upon a splint, blisters applied to joint over head of tibia.

Nov. 7.—Tenotomy of ham-string tendons performed; weight and pulleys are now applied, and the limb is now quite straight.

Observations.—When Case I. came under my care, I did not consider it possible that so much could be accomplished by tenotomy and gradual extension; in fact, I looked upon the treatment as preparatory to more severe operative interference. Finding the case improving, I persevered in the treatment, and the result was most satisfactory.

In Case II. the deformity was greater; the boy was seven years using a crutch, and it was with no small difficulty that I persuaded him to come into the hospital, as he believed nothing could be done to strengthen his leg. He is here to speak for himself and show his limb.

In Case III. there was active inflammation in the joint, and all the symptoms of hectic fever; and at one time I considered it more than probable that amputation of the thigh should have been performed, to save the child's life. This little girl is also here to night.

Cases IV. V. VI. and VII. nothing peculiar.

Case VIII. was an example of contracted knee of the worst kind; the leg was bent almost to a right angle, and the backward displacement of the tibia was very marked. *Inflammatory action had not ceased* when the boy came under my observation, and the disease was characterised by severe pain, increased on pressure being applied over the upper part of the head of the tibia. This boy's toes were ten inches from the ground when he was admitted into hospital. He can now lay his foot *flatly* on the ground.

Case IX. There *were no symptoms of inflammation* in this case. The lower third of the femur was curved as in the rickets. There was more stiffness in the joint in this, than in preceding cases, and finding that tenotomy and gradual extension were not likely to be successful, I chloroformed this boy and *forcibly* extended the leg. The old adhesions gave way with a loud snap. Case did very well; no pain or inflammation followed.

Case X. was sent to me by a medical practitioner of high position, as one suitable, in his opinion, for resection, in consequence of the useless condition of the limb. It was almost anchylosed; tenotomy and weight and pulley did some good, but the fascia in the popliteal space remained very tense. I chloroformed this patient, and forcibly extended the lég. The old adhesions were broken through, and the leg straightened.

The fact of so many cases of bent knee occurring ought to impress forcibly upon the mind of every student and practitioner the necessity of placing the limb in cases of inflammation in the knee joint, upon a suitable apparatus during the treatment, and thus prevent the deformity, which is certain otherwise to follow.

Tenotomy of ham-string tendons is of much more recent date than in cases of club-foot. The operation can be safely performed with ordinary care; the semitendinosus at first seems most prominent, but when divided the semimembranosus becomes tense; in dividing the biceps tendon of course the peroneal nerve must be carefully avoided, by keeping the edge of the knife against the internal edge of the tendon. *A probe-pointed tenotome is very useful.* The knife should not be used in the *centre* of the popliteal space, though the tense fascia in that region tempts the operator to divide it. The anatomy of the space becomes much altered by the displacement, backwards, of the tibia, and the popliteal tendons consequently much nearer the surface. In each of my cases I performed tenotomy, and in the first eight cases extension *gradually* by means of the screw-splint, or weights and pulleys sufficed; yet in Cases 9, 10, and 11, forcible extension was absolutely requisite; and, in my opinion, quite safe. No attempt at *forcible extension* would be justifiable if *any inflammatory action still existed.* No inflammation followed any of my operations.

Causes of Anchylosis are as follows; viz,—

1.—*Extra articular.* Shortened muscles, ligaments, fasciæ, cutaneous textures and cicatrices; for example—adhesions after burns, Erysipelas, Abscesses, &c.

2.—*When inflammation* has extended into the joint.

3.—*Osseous, which is rare.*

The deformity may be of two kinds; viz.—contraction with mobility, and no displacement of the bones; or contraction with bony displacement.

Chronic contraction, which exists in most of my cases, may depend on—

Consolidation of the ligamentous structures in or around the joint, or permanent constriction of the muscles.

The crucial ligaments are shortened, and there is a threefold displacement; viz.—Femur forwards, tibia backwards, leg and foot outwards. The ligamentum patellæ and extensors are weakened, the ham-strings are *unopposed*, the biceps overcomes the others. To test the amount of angular deformity, place the patient in the prone position, and the angle which the leg forms with the thigh shows the amount of displacement.

Treatment.—1. Mechanical extension *alone.* 2. Tenotomy and *gradual* mechanical extension. 3. Forcible extension under chloroform, preceded or not by tenotomy.

M. Louvrier, so far as I can ascertain, was the first to recommend forcible extension in these cases, and the practice was sanctioned by Blandin and Velpeau.

Dieffenback recommended tenotomy in the first instance, and then forcible extension. Professor Ferguson calls them to task sharply for such practice, and prefers tenotomy and gradual extension in mild cases, and says in the present day, *resection* of the knee joint might in other cases of bent knee be deemed the wisest practice.

In angular contractions, Mr. Erichsen recommends a screw-splint, with gradual or forcible extension; the latter he prefers as the speediest as well as a perfectly safe and effectual method. It would seem as if the synovial membrane, in some of the cases, lost its susceptibility to inflame. If the threefold displacement, already alluded to, exists, the *ham*-string tendons *must be* divided.

In cases of *Osseous* Anchyloses Alex. Barton, of Philadelphia (in 1835) proposed an operation for angular deformity of the joint. The operation consists in excising a wedge-shaped piece of the shaft of the femur, not including the whole diameter, and then fracturing the undivided portion and strengthening the limb. Birch (of New York), modified Barton's operation, and recommended sawing out a wedge-shaped piece of the condyles of the femur, including the head of the tibia and patella.

Drilling the bone, and then fracturing, has been recommended by Brainard. Forcible subcutaneous separation of tibia and femur has also been recommended.

These severe and dangerous operations are not, in my opinion, justifiable.

◆

UTERINE NEURALGIA AND ITS CHIEF COMPLICATIONS:

THEIR PATHOLOGY AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,

Physician to the Farringdon Dispensary.

(*Continued from Page* 55.)

Treatment.—According to the general confession of the Profession uterine neuralgia and its complications form part of that large group of maladies the treatment of which has always been extremely unsatisfactory. Its chief aim, of course, has been to overcome the chief evil—pain, and secondarily, it has been directed to effect the removal of uterine congestion or inflammation, to facilitate the menstrual process, and to improve the general health. The pain is usually combated by narcotics, by nauseating remedies, by warm baths, and by the application of sedatives both to the hypogastric region and *per vaginam.* In those cases in which congestive or inflammatory symptoms are present local depletion is urgently recommended, and in some cases even general bleeding is also advised. Improvement of the general health is sought to be effected by tonics, exercise, or bracing climate, and an abundance of fresh air. The success achieved by these practices is, as a general rule, so deplorably slight that uterine neuralgia and its kindred maladies have long held a conspicuous place among the *opprobria* of medicine; and indeed, this can be no matter of surprise if the pathology of these affections as sketched above be true; for obviously the therapeutical desideratum is a power of lessening the energy of the nervous centres implicated, and none of the remedies enumerated above possess that power except when so used as seriously to impair the general health, and indeed to prove dangerous to life itself. That therapeutical desideratum is, however, according to my experience, completely fulfilled by the Spinal Ice-bag, *suitably* applied from 30 to 90 or even 120 minutes two or three times a day. I say "suitably applied" because its tolerance, its harmlessness, and its efficacy depend on the fulfilment of this condition. If the patient does not suffer from headache, and if her lungs are quite healthy, the Ice-bag may be advantageously applied along the spine from the middle of the cervical region down to the third or fourth vertebræ, *but not lower.* Headache, with cerebral hyperæmia as its proximate cause is, however, a frequent concomitant of uterine neuralgia, and in such cases cold ought not to be applied along the upper part of the spine, but should extend only along the six or eight lower dorsal, and the three or four upper lumbar, vertebræ. In these cases I generally use the upper two cells of a 20-inch Spinal Ice-bag applied along the part just described, the lowest cell remaining empty and either doubled behind the middle cell, or dependent over the sacrum. I adopt this plan in order securely to restrict the ice to that part of the spine intended to be acted upon; if ice were put in the two lower cells of the Spinal Ice-bag the upper one being left empty, and if after the two lower cells were applied along the lower part of the spine the patient were to lie down on the bag, the melting ice would flow back towards its mouth, and thus, contrary to my intention, the cold would come in contact with the upper part of the spine, and by lessening the energy of the collateral ganglia of the sympathetic would facilitate the dilatation of the arteries supplying blood to the brain, and this dilatation would increase the cerebral hyperæmia supposed to be already present, together with the headache dependent upon it. Whereas, if by means of the upper two cells of the bag the ice be restricted as described along the lower part of the spine the afflux of blood to the lower half of the body will be increased by vaso-motor agency, blood will therefore be derived from the brain, and the head-ache thus relieved by removal of its proximate cause, will quickly cease.

Pulmonary disorders of any kind when complicating the principal malady necessitate the exercise of especial caution in prescribing the use of the Spinal Ice-bag; in all cases thus complicated the medical attendant should scrupulously avoid its application between the scapulæ. In the treatment of these cases I use a bag which I expressly devised for the purpose of exerting a special influence on the pelvic organs, and which I call the 'Lumbar Ice-bag.' It is about ten inches long and consists of two cells. When the associated pulmonary disorder does not affect the lower lobes of the lungs both cells of this bag may generally be used in order to combat the uterine disease, and generally with an indirectly, but greatly beneficial influence on the pulmonary affection. The bottom of the lowest cell of the bag should be on a level with the 3rd or 4th lumbar vertebra—not lower; the bag will thus reach upwards to the lower angles of the scapulæ. If however bronchitis or other pulmonary disorder should extend to the lower lobes of the lungs, or if the bag applied as just directed should add to the already existing discomfort in the chest the ice should be used only in the upper cell of the bag, and that cell should be brought down so that the bottom of *it* may be on a level with the 3rd or 4th lumbar vertebra—the bottom cell being doubled behind the top one, or hanging empty below it. In this way not only may all injury of the lungs be avoided, but a remedial influence may be actually exerted upon them and often to a surprising degree, chiefly no doubt through the agency of derivation, partly however, I believe through the directly sedative influence of the ice on those spinal centres, from which trophic nerves convey nutritive energy to the pulmonary structures.

Having duly regarded in the manner just indicated the cerebral and pulmonary disorders often associated with the uterine disease in question, the physician will find that he may treat it successfully by the prolonged use of the Spinal Ice-bag. The longer each application of it is continued, provided always that the patient experiences no discomfort from its use the sooner will success be attained. But it must be constantly borne in mind that as a condition of success this treatment must at least be thoroughly comfortable if not positively pleasant; therefore the medical attendant may feel assured that if the application of the Spinal Ice-bag causes either pain or decided discomfort, it is either applied wrongly or applied too long at a time. In some cases it is inexpedient to apply it for more than 20 or 30 minutes, in others it may be borne until the ice is quite melted, on each occasion. But a correct diagnosis of all the pathological conditions of each case, a due consideration of the physiological influence of the ice on each part of the spine in relation to those conditions, and the exercise of sound judgment in determining the part of the spine to which the ice ought to be applied, as well as the length of each application, will enable every Medical man of average intelligence and professional culture to avail himself successfully of the therapeutical method in question. A large experience of it justifies me in affirming that when it becomes generally known and adopted, it will be recognised as fraught with great and especial blessings to a large proportion of womankind. By one and the same simple process uterine pain and its frequently associated disorders, difficult menstruation, nausea, vomiting, constipation and irregular action of the bowels, frequent urination, leucorrhœa, and coldness of the feet, are in the great majority of cases completely abolished; and very often cerebral and pulmonary affections, which sometimes originate directly from the same cause as the disorders just mentioned, and sometimes secondarily by their agency subside simultaneously and entirely under the influence of the same treatment.

◆

A CLINICAL REPORT OF THE ROTUNDO LYING-IN HOSPITAL, FOR THE YEAR, 1871. (*a*)

By George Johnston, M.D., Master of the Hospital.

Mr. President and Gentlemen,—In presenting these reports of the great institution, of which I have the privilege and honour of being Master, my object is not to advocate any particular theory or principle of my own, but fairly to test the question, whether large internal maternities are, or can be made, safe asylums for lying-in women.

During the past twelve months, the healthfulness of the hospital has been severely tested, inasmuch as—and, of course, you must be all well aware—epidemics of various kinds, and of a serious nature, such as typhus and typhoid fever, erysipelas, scarlatina, and latterly small-pox, have from time to time prevailed, to a considerable extent in various parts of the city and suburbs, while the hospital, although admitting patients, not only from localities where the diseases existed, but absolutely from among families, many of whom had died, or were suffering from the epidemic(*b*) and some even had the disease actually upon them when admitted, I continued healthy, as in no one instance did the malady extend beyond the individual so affected.

During the year terminating the 5th November, 1871,
There were 1,161 intern labour cases, beside which
181 cases were delivered at their own homes,
4,028 attendances at the dispensary, and
203 were under treatment in the chronic ward.

Making in all 5,573 cases relieved in the year.

Of the 1,161 intern labour cases (403 were primiparæ and 758 were pluriparæ) 963 were natural labour, *i.e.*, head presented, and the labour terminated within twenty-four hours; 19 lasted upwards of twenty-four hours, but did not require artificial aid; 24 were abortions; 56 were præternatural cases, 8 of which presented with the shoulder, elbow, or hand; 48 where the breech or lower extremity was the presenting part; 64 cases had to be delivered with the forceps; 6 instances where craniotomy had to be performed, and delivery effected in two with the crotchet, and in 4 with the cephalotribe. In 5 of these cases there was distinct evidence as to the death of the child before operation; in 1 it was doubtful.

In 39 cases the labour was complicated, viz., 16 being twins, 8 were cases of accidental hæmorrhage, 1 of placenta prævia, 5 *post-partum* hæmorrhage, in 9 cases the placenta was retained by morbid adhesions; there were 8 cases of prolapse of funis, and 1 rupture of uterus, 2 convulsions, 1 epilepsy; mania occurred in 12 instances; in 55 chloroform was administered.

There were 25 cases of peritonitis, 1 of puerperal fever, 1 of metritis, 5 of phlebitis, 4 of pyæmia, 4 of sloughing of vagina

---

(*a*) Abstract of a Paper read before the Dublin Obstetrical Society.

(*b*) In one instance four children died of scarlatina.

and perinæum, 1 of gangrene of the uterus, 5 of scarlatina, 1 of variola, 3 of erysipelas, 2 of typhoid and 1 of typhus fever; 36 cases of bronchitis, and 1 of pneumonia.

I think in justice to the question (as to the safety or otherwise of large maternities) it is but right and fair to lay before you the following list, showing the *condition* in which the several patients presented themselves *on admission:*

There were 5 cases of what I may call malpraxis. 7 cases where the child was born for some hours before admission, and therefore the mothers were exposed to all the dangers of hæmorrahage, inflammation, &c. 47 were in very delicate health, suffering from great debility; 8 cases of exhaustion from accidental hæmorrhage, 1 from unavoidable hæmorrhage, 36 from bronchitis, 2 from pleuritis, 3 from phthisis, 1 pneumonia, 2 from laryngitis, 1 tonsilitis, admitted from another hospital; 3 inflamed varicose veins, 1 erysipelas of head, 3 injuries received by beating, 1 influenza, 1 hæmoptysis with peritonitis, 1 jaundice, 1 epilepsy, 3 condylomata, 1 secondary eruption, 3 purulent vaginitis, 1 variola, 1 hysteric convulsions, with hæmorrhage (3 months), 1 typhus fever.

It will be observed that our mortality, amounting to 33, is considerably more than either of the former years, still, on examining more closely into the circumstances of the deaths, it will be clearly seen that these deaths would have taken place had they been confined in their own homes, or even in cottage hospitals or detached buildings.

The number of deaths as I have before stated, amounted to 33—viz., 1 was brought in in a state of great exhaustion from placenta prævia, 2 in a feverish state, sloughing of vagina followed; 2 cases of sloughing of vagina, peritonitis followed, both were innupta; 2 cases of sloughing of vagina with pyæmia, one was innupta, the other was in delicate health for three weeks previous; 8 cases of peritonitis, 4 of which were innupta, 3 were labouring under great distress of mind, and 1 had been in labour under care of a woman for two days before admission; 1 case of pyæmia, innupta, great distress of mind; 2 cases of phlebitis, one had inflamed varicose veins on admission, the other in very delicate health, attacked with mania on fourth day from bad news, when phlebitic inflammation followed; 1 case of typhoid fever, 1 of scarlatina, an innupta; 1 case of erysipelas, a delicate woman; 4 cases of bronchitis, 1 of which had pneumonia, in 2 peritonitis followed, 2 of these were innupta; 1 of phthisis, 1 with hæmoptysis and peritonitis on admission; 1 of pneumonia. There were 3 died suddenly, 1 of clot in the left ventricle, 1 of rupture of a varicocele in left spermatic vein, 1 of embolism, 1 having had bronchitis for three weeks, 1 of gangrene of the uterus, an innupta, and 1 of rupture of uterus, also innupta, had been under treatment for "dropsy" for some time before admission.

It will also be found, and I wish to draw your attention to the fact, that of the 33 deaths, 13 were cases of *seduction*, 5 were suffering under great distress and anxiety of mind, 5 from extreme delicacy of health, 2 were admitted with all the symptoms of fever, 1 with phlebitis on admission, 1 with phthisis, 2 with pneumonia, 5 with bronchitis, 1 with hæmoptysis and peritonitis, 1 had scarlatina latent, which developed itself on the third day.

So that we may safely say that in no one instance could the death, in any sense, be attributable to the patient having been confined or brought to the institution.

Again, in order to show in another point of view, and I think, more distinctly, that where deaths, particularly of a zymotic type, occurred, there was not contagion in any single instance. I beg leave to submit to your notice a table of the number of patients delivered in each ward, with the number of deaths, as they occurred, in the several months during the year.

I also submit to your observation a table setting forth the total number of zymotic cases, including puerperal fever, peritonitis, pyæmia, phlebitis, scarlatina, typhus and typhoid fever, erysipelas, and variola, which occurred in the hospital during the past twelve months. It is arranged in the order in which the several cases appeared, so that it will be seen that, although these sicknesses occasionally showed themselves, they were not the result of contagion or any epidemic influence in the hospital, but were simply owing to the circumstances in which each individual patient laboured either on admission or during her puerperal period.

On looking over the list it will be seen that 50 cases of zymotic disease, in one form or other, occurred.

Of these 50 cases, you will perceive that 23 were innuptæ, or nearly one-half.

And, again, in order still further to prove that, although diseases of a contagious nature may prevail outside, and yet the hospital be perfectly exempt from it, I refer you to another table, framed in accordance with that of the Registrar-General.

Thus showing that, although there may be an enormous amount of fatal disease occurring outside, the hospital proper may remain, comparatively speaking, free from it, and is a strong corroborative proof, if any further was wanting, that a large maternity can be a safe asylum for parturient women.

FORCEPS DELIVERIES.

There were 64 cases where delivery had to be effected by the forceps, 47 of which were primiparæ, and 17 pluriparæ, giving birth to 26 male children, 2 of which were dead born; one 8¾ lbs. weight, the mother having been 11 hours in the second stage owing to the head being in the second position; the other weighed 9 lbs. 6 oz., the mother had been in labour 2 days before admission; both mothers recovered. All the female children, 22, were born alive. Ten children died some time after delivery, viz., 7 boys and 3 girls; 6 died from exhaustion or compression, viz., 4 boys and 2 girls; 2 died of erysipelas of head; 1 of convulsions, a boy; and 1, a girl, was overlain. Fifty-five of the mothers recovered. Of the 9 deaths, 6 were primiparæ, 5 of which were innupta, 1 doubtful, and are thus accounted for.

VERSION.

There were 7 cases where we were obliged to perform version, 5 of which were owing to the upper extremity presenting; in one, a case of deformity, where we were eventually obliged to deliver by craniotomy, and one, a case of prolapse of funis, the waters had escaped eight hours previous to operation. Five of the children were born alive; of the two dead, one had to be delivered by craniotomy; in the other instance the liquor amnii had drained away four days prior to admission. All the mothers recovered.

PROLAPSE OF FUNIS.

There were 8 instances of prolapse of the funis: 1 a primiparæ, 7 pluriparæ. In 2, delivery was effected by version, both children alive; in 2 the funis was pulseless on admission, so labour was allowed to be terminated by the natural efforts; in 2 others the labour was so quick as not to require interference; in both the child was born alive, but one survived only ten minutes; one was delivered by the forceps, child lived only a few minutes; and in another the forceps were tried, but owing to contraction of the brim the head had to be lessened, funis having ceased to pulsate. All the mothers recovered.

PLACENTA PRÆVIA.

There was one case of unavoidable hæmorrhage, æt. 40, tenth pregnancy, admitted in the eighth month, in a state of great exhaustion, hæmorrhage having set in a week before. She was plugged, strength supported, and, as soon as the os would admit, the hand was introduced and version performed, and the child, d.p., extracted. Her strength was tried to be supported by beef-tea and brandy, both by mouth and enema, but she sank in eight hours after delivery.

ACCIDENTAL HÆMORRHAGE.

There were eight cases of accidental hæmorrhage, all being multiparæ, viz., one her third pregnancy, one her fourth, one her fifth, two in their sixth, two in their eighth, and one in her eleventh pregnancy, giving birth to six male children, two of which were alive; two females, both of which were alive. All the mothers recovered.

POST PARTUM HÆMORRHAGE

occurred in 5 instances, 4 in primiparæ, 1 in her second pregnancy, 1 in primipara died of gangrene of the uterus, all the others recovered. In three cases the ergot and cold water by injection were sufficient to arrest the hæmorrhage; in 2, had to employ the solution of perchloride of iron.

PLACENTA MORBIDLY ATTACKED.

There were nine cases where placenta was retained from morbid adhesion, 3 in primiparæ, and six in pluriparous patients; 8 recovered; 1, a primipara, died from a rupture of a varicocele in the left spermatic vein.

CONVULSIONS.

There were two cases of eclampsy, both primipara, one a case of twins; the first was attacked with convulsions when the os was nearly fully dilated, cold effusions, turpentine, assafœtida enema, sinapisms to calves of legs and back of neck, and the delivery was effected by the forceps of a boy living. She was afterwards put on bromide of potass., with belladonna, with good effect, although having an attack of mania on the fourth day, she eventually went out well. The second twin case, the convulsions did not occur till 7 hours after delivery. She was healed in the usual way with turpentine, assafœtida enema, sinapisms, cold effusion, and afterwards chloroform, with good effect. Her convalescence progressed slowly but favourably, and was discharged well. This woman had altogether 20 fits.

MANIA.

Mania occurred in 12 instances, 7 of which were primiparæ, and 5 pluriparæ; all were delivered by the natural efforts; 2 of the primiparæ had to be sent to the lunatic asylum; 6 were discharged sufficiently recovered; 2 their husbands removed, 1 on the eighth day, and 1 on the seventh day. There were 2 deaths, one an innupta; mania took place on the second day, followed by peritonitis, of which she died; one, a delicate, irritable woman, received some bad news on the fourth day, which brought on the attack; phlebitis ensued, of which she died.

The treatment generally adopted was, in the more severe cases, by solution of tartar emetic, and afterwards the hydrate of chloral; in those of a less severe character, we found the chloral or opium was quite sufficient.

In conclusion I would merely add, that feeling fully convinced of the inestimable value of statistics drawn from such sources as these have been, when their truthful accuracy can be really depended on, I have been induced to bring them forward, without any comment of my own, simply laying before you the facts in order to show the real sanitary condition of a large maternity, so that you may be able to form a just estimate as to the safety or otherwise of such an institution as the Rotundo Lying-in [illegible]

* * *

[illegible]ed of

[illegible]PIPHYSARY FRACTURE. (a)

[illegible] subject of epiphysary fracture has always been of much interest to the Irish School of Surgery, and as the opportunities of examining these accidents after death are by no means numerous, I thought it would interest the society to lay before them a remarkable example of this injury occurring simultaneously to both thigh bones.

A boy, æt. 15, was admitted to Steevens' Hospital suffering from those terrible mutilations unfortunately too common in accidents from machinery. The right arm was torn off, leaving four inches of the humerus projecting, but as is so usual in such lacerations, there was no hæmorrhage. The right knee presented a compound fracture, four inches of the femur were protruded through a lacerated wound in the outer and back part of the popliteal space. The end of this fragment had the smooth formed surface characteristic of the epiphysary extremity. The popliteal artery could not be felt in the wound, but there was evidence that it had escaped injury, in the facts that no blood escaped from the wound, and the pulsations of both the anterior and posterior tibial arteries could be distinctly felt. At the left knee there was also a fracture above the joint, with the upper fragment projecting backwards and outwards, but the integument remained perfect, although tensely stretched over the bone. The collapse was extreme. Addressing ourselves to the treatment of these injuries seriatim, we first removed with the saw the projecting portion of the humerus, and brought the integuments as a flap over the wound. The right femur was easily reduced through the large wound in the popliteal space and the integument brought together and sealed with carbolic oil, leaving an outlet for discharges. But the greatest difficulty was experienced in reducing the fracture of the left side, and an amount of force had to be exercised, which was truly surprising, both limbs were secured with long splints, and stimulants freely given. He rallied for some time, but died of exhaustion in eleven days. The appearance of the bones is peculiar, as in both the fracture appears to have departed from the epiphysary line as it passed inwards as if the consolidation of this line commenced internally and extended outwards. I may mention that it was ascertained by examination that the artery had escaped injury.

(a) Read before the Surgical Society of Ireland.

◆

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Dislocation of the Hip.—Reduction without Chloroform.

(Under the care of PROFESSOR WOOD, F.R.S.)

THIS was a case of dislocation upwards on to the dorsum ilii, presenting all the characteristic symptoms, viz., absence of the hollow beneath the trochanter, the head distinctly felt in its new position, shortening of the limb and inversion, the toes resting on those of the opposite foot, &c. The accident occurred thus, a carpet was thrown out of a window and the man as he was passing by endeavoured to catch it, so as to prevent its falling on his head, and in doing so slipped down on his side.

The man objected to take chloroform. Mr. Wood first tried "manipulation," as the case had only happened two hours previously. Failing in this, traction was resorted to, the pulleys were then adjusted and after a good deal of patience and manœuvring the dislocation was reduced. No "snap" however was heard, and there appeared to be a little shortening; this however was apparent, not real, and owing probably to spasmodic contraction of the muscles, as by measurement it was found that the distance from the anterior, superior iliac spine to the great trochanter was equi-distant on both sides, and the distance from the same spine to the outer head of the tibia equidistant also. The knees and the ankles were tied together and the patient was carried to bed.

Professor Wood observed, that although manipulation had failed in this instance, it might be fairly attributed—1st. To the great muscular development of the man, and 2nd. to his declining to take chloroform; still, if they had noticed the several successive manœuvres he had employed, they (the pupils) would have noticed that they were precisely similar to the operation he had subsequently performed, *minus* the addition of the pulleys. That is to say, by first employing adduction, then flexion, abduction and rotation outwards, he had endeavoured to untwist or trick the ilia-femoral ligament and to hit off the opening in the capsular ligament as you do the opening between the subscapularis and long head of the triceps in dislocation of the humerus. This second part of the manœuvre is by no means easy and, like "chuck-farthing," you may have to repeat the experiment, that is employ all the manœuvres aforesaid before succeeding in returning the head of the bone. What really takes place when you do succeed, is that the pyriformis and gluteus minimus become relaxed and the head passes between these and then through the opening in the capsular ligament. In fact a surgeon will best show his ability who, when one plan fails trys another and so on, until the opening in the capsular ligament is discovered.

Again you must take care that before you commence using the pulleys to see that the axis of the displaced limb is in the line of extension.

Sir Astley Cooper says that if you *stand the patient up* the shortening is very apparent. Professor Wood has noticed that, from the difficulty experienced by patients with this dislocation to move the unaffected limb, he has never been able to stand his patient up, nor does he see any possible advantage by doing so. Finally, he noticed that many of the illustrations of hip dislocation in books represented the patient as lying on a bed while reduction was taking place, such drawings are apt to mislead, the proper place is on the ground and the patient lying on a mattrass.

◆

RICHMOND SURGICAL HOSPITAL.

Case of Incarcerated Femoral Hernia.—Operation.—Recovery.

(Under the care of Mr. Robert Adams)

Reported by Agmon B. Vesey, Senior Resident Pupil.

Anne Conway, æt. 28, servant, was admitted into No. 11 ward, Richmond Hospital, on Thursday, 10th November, 1870, under the care of Mr. Adams, suffering from a femoral hernia of the left side; states that twelve months ago, after being confined, a lump appeared in the left groin, which used to disappear when she lay down. She suffered no inconvenience from it. At the end of six months it had disappeared altogether up to Monday, 30th October, eleven days previously to her admission into the hospital.

The cause she attributed of the returning of the tumour in the left groin was an effort she had made to raise a weight. She distinctly felt something giving way in the left groin at the moment of her making the exertion; no tumour, however, appeared.

On Friday morning, 4th November, 1870, seven days previous to admission, she felt sick, but did not vomit, also felt giddy; took a dose of castor oil, and went to bed. She now felt a tumour in the same situation that it had been formerly. Was at first soft, and free from pain.

On Saturday, the 5th, the day after, the tumour became hard and painful, she states she was in so much pain she did not feel able to get out of bed, but her occupation compelled her to do so. Her bowels were moved three and four times daily up to the night before admission into hospital. It gave her great pain when at stool, accompanied with griping pains in the belly.

As the tumour was getting harder, she went to the Rotunda Lying-in Hospital, and was sent from there here. She applied, and was admitted on Thursday, 10th November, at eleven o'clock p.m.

Symptoms on Admission.—A tumour about the size of a hen's egg is found in the left groin, its long axis below and parallel to Poupart's ligament. It is very hard and resisting to the touch, very painful when the least pressure is made on it. No vomiting, no hiccough, no tympany of the abdomen. Pulse 90, feels thirsty. Bowels not moved since late last night. Put to bed, and cold lotion constantly kept to the tumour.

Nine o'clock, p.m.—I tried the taxis, but as the tumour was still very tense and very painful to the least touch, I did not persevere more than for a few minutes. No impulse given when she coughs, but it pains her very much, particularly at the inner side of the tumour.

Operation.—Friday, Nov. 11.—A consultation of the surgeons of the hospital was held shortly after her admission, and it was considered that nothing but an operation could succeed in this case, and the woman by four o'clock having been brought fully under the influence of chloroform, Mr. Adams commenced the operation by transfixing the skin and dividing the different thin layers of membrane which covered the fundus of the sac. This being fully bared, was found to be very hard, and so very tense that the most careful manipulation could not be effectual to point up between the finger and thumb any portion of the sac whatever. The woman being then fully under chloroform, it was thought advisable before going on further with the operation or opening the sac to try the taxis now on the denuded hernial tumour; this was pressed gently but steadily, and the hernia gradually was returned into the cavity of the abdomen. The sac, as already mentioned, was not opened, the hardened tissues which constituted the rising, through which the femoral hernia had protruded, but was not of course divided, as the hernia had been fully reduced. The simple incision, about two inches in length, which lay obliquely on the place the swelling had occupied, according to the line of Poupart's ligament, was united by three stitches, and cords on adhesive straps and compress applied, and the whole sustained by a spicæ bandage, the patient was brought to her ward.

Eight o'clock, p.m.—Pulse 84; passed fæces half an hour after having been removed to bed; no vomiting since the operation; seems cheerful; complains of bandages being rather tight; got a seidlitz powder.

Nov. 12.—Pulse 120; tongue dry; had a good night; slept at intervals; bowels not moved since; no rigor; has a slight tickling cough. Seen by Dr. Adams, who considers her going on well; ordered

Saline effervescing draughts every third hour,

Ice, and if bowels are not moved towards evening, to get an enema of

Mist rosæ cathact, ℥viij. (hosp. formula).

Nine o'clock, p.m.—No motion from the bowels since; gave her the enema; not inclined to sleep.

Haust anodynus.

Nov. 13.—Pulse 120; the enema has had the desired effect; slept well; tongue dry; no tenderness or tympany of the abdomen; ordered

Mist rosæ cathact, ℥viij;
st ℥ij tertiis horis

until the bowels are well moved; afterwards, to remove the stitches,

Ice and mist salina effervescents to be continued.

Eleven o'clock, a.m.—Her bowels have acted five times since this morning; seems much improved; pulse 110; tongue moist; removed the dressings and the sutures; some slight healthy discharge and tenderness around the edges of the incision.

Nov. 14.—Ordered a bread-and-water poultice to the part.

Dec. 12.—Since last report everything has gone on satisfactory; the wound was poulticed for a week; afterwards the edges of the incision were brought into apposition with strips of adhesive plaister.

She suffered occasionally from constipation of the bowels, which, however, always yielded to a dose of house medicine. At this date the wound is quite healed, and the patient walks about the ward. A compress and spicæ bandage continued.

Dec. 14.—Left hospital to-day.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 15TH, 1872.

DR. ANDREW CLARK, President in the Chair.

OPERATION FOR TUMOUR OF THE TONGUE.

MR. WEEDON COOKE narrated the particulars of the case of a young lady, æt. 12, who had suffered from a tumour of the tongue ever since she was two years old. The tumour appeared after the measles, and had when it was removed a few years ago attained the size of a large nut. It was soft and without a capsule, and seemed to be an exuberant growth of the normal tissue of the tongue. He had treated a case of tumour of the tongue some years back by means of a ligature, but the strings took fourteen days to come away, and although disinfectants were used, the discharge was very offensive. In the present instance chloroform was given, the patient gagged, the tongue drawn forward by means of a ligature, and the tumour removed by the knife. Ligatures broke away and the pain was excessive, coming principally from these vessels; the actual cautery at once stopped the bleeding, and the general bleeding was stopped by iced water. The wound of the tongue was almost absolutely healed.

THE CONTAGIOUSNESS OF TYPHOID FEVER.

The following communication addressed to Dr. Routh was read from Mr. Richard Eager, M.R.C.S., of Guildford :—

Dear Sir,—A few years ago a case of an analogous character to the one you instance occurred to myself. A female domestic servant, after some days of slight indisposition, was seized at night with rigors, headache, over increase of temperature, and other indications of fever. On the following morning she was sent to her own home at a village abont three miles distant from this town, the attack developed itself into one of typhoid. She was nursed by her mother and a younger sister. The disease was severe, and convalescence did not commence until after a month's time had elapsed. Scarcely had this began when the mother was seized with the same form of disease, and in two or three days the sister succumbed. An elder sister returned home to assist her family in this trouble, and her nursing was supplemented by a charitable neighbour before convalescence was established, in the two latter cases the father and this neighbour both contracted the disease.

Now here were four cases of typhoid originating in a house into which one case had been previously imported from a distance, and that too in a village composed of about thirty houses spread sparsely over a very considerable area. The hygienic condition being fairly good, the cottage an old one, but roomy and substantially built, well ventilated by ill-fitting doors and windows. The privy is thirty or forty yards distant from this particular house, as well as from the well, so as to negative a suspicion of fæculent sewage contamination. The well is in the chalk, having a superstratum of gravel of a foot or two in thickness, and in the absence of an analysis the water is pure to smell, sight, and taste. The drainage of the house is good, and consists almost entirely of sink water, which runs off by an open surface drain. Nor are there any stagnant gutters such as sometimes exist in close contiguity with the habitations of country villages. The houses are not shrouded by trees, as the village is in an open down country, and the free currents of the atmosphere are unimpeded. The cottages are almost all detached, situated in gardens. I have known the parish for many years, and for a considerable time was "parish doctor," during which I never knew a case of typhoid occur, nor have I since heard of the existence of such a malady in it. To what source are we to trace these four cases if not to contagion? The contagiousness of typhoid is, I know, very generally denied, but with the experience of the foregoing cases, amongst others of a less convincing character which I have witnessed, I must confess that my mind is impressed with an affirmative conviction on the subject, for the expression of which I have been from time to time considerably snubbed by my medical friends and neighbours.

I am, dear Sir, &c.,
RICHARD EAGER.

Guildford, 31st December.

ADDRESS OF CONGRATULATION TO H. M. THE QUEEN.

The announcement from the chair that a special meeting of the Council had been called and a sub-committee chosen to draw up an address of congulation to H. M. the Queen on the recovery of H. R. H. the Prince of Wales was received with much applause.

THE PATHOLOGY AND TREATMENT OF NEURALGIA AND ITS KINDRED DISORDERS.

DR. JOHN CHAPMAN, the author of this paper, having explained that by the words kindred disorders he intended to denote a large group of morbid phenomena, some one or several of which may be associated with the pain, and therefore are sometimes designated the complications of neuralgia, he showed that no pathology of the disease which does not give a complete and consistent rationale of their production can be accounted satisfactory. The doctrine which he believes adequate to explain all the phenomena of neuralgia, which he said indicates a successful method of treating the disease, and the truth of which seems to be proved by the results of its practical application, he stated in the following proposition :—

1. That pain, whatever may be its exciting cause, and whatever may be the structure in which it occurs, is like ordinary sensations, a phenomenon of functional change in the sensory centre, into which the afflicted nerve is rooted.

2. That the nature of the functional change denoted by ordinary sensations, and the nature of that denoted by pain are essentially identical. The difference between the two being only a difference of degree of rapidity or intensity with which the change occurs.

3. That pain, like ordinary sensation, is of various degrees of intensity, and that whereas pain denotes a more rapid functional change in the affected sensory centre than occurs during ordinary sensation, the successively higher degrees of intensity of pain are expressive of successively higher degrees of rapidity of functional change in the functionary sensory centre.

4. That whereas an indispensable condition of these functional changes in the sensory centre, which are comprised within what may be termed the ordinary sensory scale, is a normal supply of arterial blood in order to provide for those transformable changes which are at once chemical and nutritive, and which constitute the groundwork and possibility of functional change, so a supply of arterial blood greater than normal is an indispensable condition of those more intense functional changes in the sensory nerve centre comprised within the wide range of what may be called the neuralgic, or more conveniently and perhaps more correctly the algic scale.

5. That pain is not necessarily a morbid phenomenon; that in its beginning it is rarely if ever so in otherwise healthy organisms; but that if in such organs the operation of its exciting cause will induce in the affected sensory centre a habit of morbidly intense functional activity, so that at length when that habit is generated, it will persist even after its cause is removed.

6. That a neuralgic habit thus generated may be transmitted hereditarily; and though it may remain latent during a considerable time, may be suddenly lighted up by some exciting cause so slight as to escape observation, and thus constitute in the second generation what is sometimes designated idiopathic neuralgia.

The general doctrine expressed in these propositions is "mutatis mutandis" applicable, Dr. Chapman maintained, to the several phenomena constituting the complication of neuralgia, and which consist generally of disorderly action of muscles—voluntary and involuntary, of disorderly actions of glands, and of disorderly processes of local nutrition. He arranged the whole class of neuralgias into six groups as follows :—First, these cases in which there is apparently no complication of any kind, and in which the pain having no obvious cause, is referred to some parts of the periphery seemingly healthy. Second, these cases which, like the cases constituting the first group in respect to the absence of any morbid phenomena at the seat of pain, are distinguished from them by having an obvious or assignable excitive cause, the pain being referred either to the seat of cause, or to some part of the periphery more or less remote from it. Third, cases like to those forming the first and second groups, without the additon of morbid phenomena of the voluntary muscular system, chiefly but not necessarily at the seat of pain. These phenomena consists of cramps or tonic spasms, twitches, jerks, and other convulsive movements. Fourth, cases presenting besides the pain and disorderly muscular action just mentioned, some one or more of the following phenomena:—Pallor, coldness, and anæsthesia of the neuralgic area; partial paralysis and atrophy of the affected nerves, amaurosis, paralysis of various cerebral nerves. Dilatation of the pupils, partial atrophy and enfeeblement of voluntary muscles, constipation of the bowels, deficient menstruation; certain indolent ulcers to which the epithets "neuralgic and cold" have been applied. Fifth, cases which, while presenting any of the phenomena characteristic of each of the preceding groups are distinguished by symptoms of excessive action. The glands or glandular surfaces which are excessive, being seated within or near the region of pain. These symptoms comprise lachrymation, excessive nasal secretion, ptyalism, bronchorrhœa, nervous flatulence, diarrhœa, excessive secretion of urine, seminal emissions, leucorrhœa and unilateral sweating over circumscribed areas. Sixth, cases which while presenting some of the characteristics already described also present symptoms of local inflammation which manifest itself in various shapes, the peculiarity of the phenomenon in each case being dependent on the special character of the structure in which it appears. The following were given as examples of these complications:—Swelling or hypertrophy of the neuralgic area; neuritis; hypertrophy of the affected nerve, herpes, changes in the development and colour of the part, photophobia, ophthalmic iritis.

Dr. Chapman adduced facts and arguments in support of his doctrine that the proximate cause of neuralgia itself consists in hyperæmia or excessive nutrition of the sensory root (which he called the algic centre) of the affected nerve, that a like condition of the roots of the voluntary motor nerves affected is the proximate cause of the phenomena characteristic of Group 3. That a like condition of the affective vaso-motor (called by him negative motor) nerve centres is the proximate cause of the phenomena characteristic of Group 4. That a like condition of the cerebro-spinal motor nerves (called by him positive motor) distributed to glands and glandular surfaces is the proximate cause of the phenomena characteristic of Group 5; and finally, that a like condition of the roots of the so-called "trophic" nerves also termed by him *positive motor* nerves, is the proximate cause of the trophic phenomena constituting the main features of Group 6. Assuming the general correctness of the pathological outlines which he presented, he affirmed as a general therapeutical principle that those agents which can be used with the greatest effect in order to excite a sedative influence on the nervous centres, the hyperæmia of which gives rise to the pain and complications in question are precisely those which are likely to exert the greatest remedial power. He then showed that the treatment which most thoroughly exerts such an influence, and which as he believes is capable of effecting the largest proportion of cures, consists in modifying the temperature of the spinal region by the application of heat and cold. This method of treatment, he said, "possesses the great and peculiar advantage of being able to impart sleep to the weary sufferer without poisoning the blood, without even clouding the brain with a noxious influence, without constipating the bowels, and indeed without disturbing any of the orderly functions of the organism, and unlike morphia and other narcotics, this remedial power is capable of annulling pain without creating in the algic centre a tendency to become after the sedative influence has ceased to operate, more hyperæmic, and therefore more capable of pain than before. The paper was concluded by a general explanation how to apply both cold and heat along the different parts of the spine in order to produce the specifically sedative effects intended in each case; by warnings to avoid certain dangers which are incident to the practice of the method by those who without the exercise of adequate caution and forethought, or without adequate study of the principles which underlie it, presume to use it as if it were a mere empirical nostrum, and by a brief discussion of several cases exemplifying in a signal manner the efficacy of the method in question in treating neuralgia, as well as its kindred disorders, and especially in inducing sleep.

The President thanked Dr. Chapman for his interesting and ingenious paper, in the discussion of which Dr. Thorowgood, Dr. Douglas Powell, Mr. McDonagh, and Mr. Brudenell Carter took part, and the Society adjourned.

THE SURGICAL SOCIETY OF IRELAND.

Mr. Croly narrated—

TWELVE CASES OF "BENT KNEE-JOINTS,"

which will be found at page 91.

Dr. Croly remarked that Dr. Cruise had told him of a case in which a bent knee had been treated by E. Hutton, by taking out a wedge-shaped piece of the femur, but the result had been very unsatisfactory.

Dr. Barton asked whether Mr. Croly had succeeded in getting back the tibia condyles below the femoral condyles because, in his opinion, the result could not be very satisfactory otherwise.

Mr. Stapleton had seen useful legs made in cases much more deformed than those related by Mr. Croly, even to so great a degree that the heel struck against the buttock. In some of these cases the disease did not commence in the knee-joint at all but by necrosis of the tibia. In one in which the condition was so bad that the propriety of amputation was debated, he had advised against operation and the result of the conservative method was very satisfactory. He (Dr. Stapleton) had had cases in which forcible extension and tenotomy had been performed, but he much preferred gradual extension. In some cases in which a very slight degree of motion existed the result had been beneficial, but he considered that the advisability of forcibly extending in the case of a child nine years of age was very doubtful, as the consolidation of the epiphyses had not taken place at that time. In most of these cases there was some shortening and he thought that condition was not to be regretted as it gave elasticity to the limb, and was compensated for by the motion of the pelvis. Dr. Stapleton disapproved highly of resection of joints in such cases, believing that they could be much better dealt with by the less tedious procedure.

Dr. Henry Kennedy noted the case of a man who, after a severe fever had acquired complete rigidity of the limbs, but after very persevering treatment by traction and rubbing, complete use of the limbs was recovered.

Mr. Edward Hamilton thought no question could exist as to the adoption of Mr. Croly's treatment. He had seen a case in which a wedge-shaped piece of bone had been removed, but the result was not encouraging, as diffuse inflammation set in and the patient died.

Dr. Roe said that the case of Mr. Croly's, which he had seen, was one of the least promising he had ever seen.

Mr. Fleming asked can we conceal from ourselves the fact that the epiphysary line was involved in the disease, and he had seen a case in which a displacement had taken place at the line. He considered that the small amount of shortening which appeared in Mr. Croly's cases was a strong argument in favour of tenotomy over excision.

Mr. Croly, in reply, said he was never able to reduce the dislocation beyond a certain extent. He thought the amount of deformity was not an index of the amount of disease, for, in his experience, the greatest deformity existed in cases where little disease was present. The verdict as to forcible or gradual extension must be determined, more or less, by the amount of disease present in the joint. With regard to the amount of motion, Dr. Croly said that one of his cases could flex his leg to a considerable extent, and another had almost perfect motion.

CASE OF EPIPHYSARY FRACTURE.

An abstract will be found at page 97.

Mr. Stapleton had seen some cases of lacerated wounds in which there had been very troublesome bleeding.

Mr. Croly thought that the position of the fracture through the epiphysis so low down, was the reason why the vessels escaped rupture.

Mr. Hamilton still retained the opinion that there was usually scarcely any hæmorrhage in such cases. With respect to Mr. Croly's views he thought that the protection of the vessels was altogether due to the fact that the limb was thrown outwards.

Mr. Richardson observed that Mr. Hamilton's case was interesting in another point of view, namely, that the separated epiphysis of each femur carried with it a thin layer of bone from the shaft; and was illustrative of a character of these fractures alluded to by Cruveilhier many years ago, and to which this surgeon refers the crepitus which is occasionally felt in epiphysary fracture.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
„ IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1872.

CONTRACT DRUG PURCHASING.

WE have reason to believe—certainly we have cause to hope—that the scandalous abuses which have been unveiled in connexion with the supply of drugs by contract to Irish Unions will not be forgotten by the Poor-law Commissioners or the Profession.

The discoveries which were made before the Commissioners took action, and the facts which were publicly put forward at the time, may be epitomised in the statement that the Irish Union Drug Contract System is a wholesale system of fraud on the sick poor if not on the ratepayers, and that the guardians are neither competent nor, in many cases, willing to put an end to it as long as the appearance of providing proper medicine for the poor can be kept up by supplying them with the greatest rubbish at the smallest price. We felt it necessary when the proposal of the Poor-law Commissioners to establish a monster drug shop was on its trial to oppose it strongly on its merits, but we nevertheless thoroughly recognised the propriety of some such action, and we are now even more fully alive to the necessity of establishing a system of supervision and inspection.

That it is ridiculous and improper to make country petty shopkeepers or small farmers the judges of the purity or price of drugs *va sans dire.* But we maintain that the purchase by contract is in the case of drugs or of any matter which fluctuates in price as they do, a wrong and injudicious system. We find in the *Chemist and Druggist* of this month the following comparative table of the prices of certain drugs from one year to another :—

	Jan., 1872.				Jan., 1871.			
	£	s.	d.		£	s.	d.	
Canthárides ...	0	7	6		0	4	6	
Chloral hyd. ...	0	4	6		0	8	0	{ no duty
Senega root ...	0	5	9	cwt.	0	3	6	cwt.
Almonds, bitter	2	5	0	„	3	0	0	„
Shellac	8	15	0	„	6	6	0	„

Mercury and its salts have changed as many times as months during the year. What shall we say of potash? It is incumbent on us to take stock.

		1872.			1871.		
		£	s.	d.	£	s.	d.
Potash Bicarbonate	cwt.	3	5	0	3	10	0
„ Bichromate	lb.	0	0	10	0	0	5
„ Chlorate	„	0	1	6	0	0	10½
„ Hydriodate	„	1	15	0	0	14	0
„ Prussiate, red ...	„	0	3	0	0	1	10
„ „ yellow ...	„	0	1	9½	0	0	11¾
Iodine, *branded*	„		*none*		0	0	10¾
seconds	„	0	2	4	0	0	10½

We have moreover had before us for comparison the Drug Lists of Messrs. McMaster and Hodgson for this and last year, an inspection of which shows us that these fluctuations exist more or less in every article of Pharmacy. We select a few further illustrations of our meaning :—

		1870.				1872.		
		£	s.	d.		£	s.	d.
Potassii Iod.	lb.	0	12	6		1	19	0
Acid, Tart.	„	0	1	4		0	1	9
Opium	„	2	0	0		1	0	0
Morphia	oz.	1	1	0		0	11	6
Bismuth Alb.	lb.	1	1	0		0	13	6
Iodine	oz.	0	1	0		0	2	10
A. Murrhuce Opt ...	gal.	0	8	6		0	6	6
Hydragyrum	„	0	2	4		0	3	6
Fabæ Physostig ...		0	6	0	1871	0	2	0

It is thus obvious that a contractor who fixes his prices at the minimum which we know is his only hope of obtaining the contract from an Irish Union, *must* either defraud himself or the union, and we know which way human nature will look when such alternatives are exposed to view.

McMaster and Hodgson have been persistent in the effort to impress this view upon the public. Their trade list has grown corpulent in the effort, and we have reason to believe that consumers who buy for themselves and not for sick paupers, have evidenced their concurrence in so commonsense a view of the question.

◆

Notes on Current Topics.

Medicine and Pharmacy in Valparaiso.

A DECREE has been issued by the Intendant of Valparaiso, regulating the practice of medicine and pharmacy in the department, which appears to have excited a considerable amount of consternation amongst those most concerned. *The Pharmaceutical Journal* publishes an epitome of the decree, which orders that all "physicians, surgeons, phlebotomists, chemists, druggists, and midwives" who desire to practise their profession in the department shall give notice of their intention in writing, producing their diplomas at the same time. Notice is to be given of an intention to suspend practice, or to be absent from the department. Twice a year all those engaged in practice [query, physicians, surgeons, phlebotomists, chemists, druggists, and midwives], are to hold one or more meetings in which questions of public health are to be discussed, and in addition the medical men are to hold extraordinary meetings whenever so required by the authorities, in times of plague and epidemic, or other grave necessity. It is made compulsory for all doctors to submit to a weekly "turn," when two are to hold themselves in readiness to serve the public from twelve at night till seven in the morning, and this without remuneration, in case of the applicants being unable personally to pay them. With only sixteen doctors the "turn" would occur once in every two months. They are also in turn to attend daily at the dispensaries, or other public places, pointed out by authority, in order to lend professional assistance to the poor, and give them the prescription they may require.

The Oral Education of the Deaf and Dumb.

THIS subject was brought under the notice of the Society of Arts on the 17th inst., in a lengthened essay by Mr. Dasent, who communicated results of the adoption of the method advocated by him, which are very encouraging. In one statistical epitome of the subject he said that on an average, there are 700 deaf and dumb persons in every million of the inhabitants of the earth, so that there would be 200,000 of these unfortunates in Europe alone; and here it must be remembered that observation has shown that in mountainous countries—such as Switzerland and Savoy—the deaf and dumb stand in a much greater proportion to the rest of the people. In the canton of Berne, for instance, it is stated that in every 195 persons there is one deaf and dumb, which would raise the total in the million to 5,128. Roughly speaking, we may say that there are probably about 700,000 deaf and dumb on the surface of the earth.

If we come home to Great Britain, we find the rule still holding good as to the frequency of the deaf and dumb in hilly and pastoral districts. The northern counties of Scotland, and especially the Highlands, present the highest average, where the number rises to the enormous proportion of 1 in 196 of the population. The average proportion of the deaf and dumb to the rest of the population all over Great Britain is 1 in 1,660; in Ireland, it is 1 in 1,380 persons. At the census for 1851, 12,553 persons, 6,884 males and 5,669 females were returned as deaf and dumb in Great Britain; and in the twenty years which have since elapsed the number of those unfortunates has proportionately increased. It is curious to remark that all over the world, so far as statistics afford us any information, the number of males born deaf and dumb is considerably above that of females similarly afflicted. In Great Britain there are 121 male deaf mutes to 100 females. There still remains a fact which it is more important to note than any other connected with these unfortunates, that throughout the country a very small number of the whole amount of the deaf and dumb were returned as inmates at asylums or schools in 1851, when we have seen that the total number was 12,553, only 1,100 were returned as receiving special education. Nor is there any reason to suppose that this amount of pupils is much exceeded at the present day, though the total number of the deaf and dumb in this country has probably increased to upwards of 20,000.

The Reorganisation of the Army Medical Department.

THE Secretary of State for War has now before him Sir Galbraith Logan's scheme for the reorganisation of the Army Medical Department. *The United Service Gazette* understands that the chief feature of the proposed changes is the transfer of the regimental officers to the staff. It is stated that when two or three regiments are at the same station the number of Medical officers is superabundant to the wants of the sick, and that in peace time, when a battalion is not disconnected and the Medical strength divided, two officers are more than sufficient for the requirements of a corps of 700 men. It also understands that regiments are to have but one Medical officer in future, who will not be of it, but attached to it; that larger staffs will be kept at the several garrisons, and that the Militia surgeons will be called upon to give assistance in those localities where their aid may be necessary. It is understood also that in consequence of these changes a larger reduction of the lower ranks in the department will be effected by the application of compulsory retirement. The minor proposals, such as the transfer to the Army Medical Corps of the Permanent Regimental Staff, the re-institution of the old order of Medical clerk in general and garrison hospitals, and the abolition of the chemist's shop, which travels from place to place whenever a regiment moves, have, it is believed, all been approved.

Propagation of Small-pox.

The *Irish Times* remarks that in some cases the bodies of patients who have died of small-pox in Dublin have been given to their friends and conveyed away for burial to rural districts previously uninfected, and it had heard of two cases in which not only was the body brought down to a country parish thirty miles from Dublin, but "waked" in the manner best calculated to spread the disease. In many instances the authorities have refused to surrender the bodies of patients to be carried to the country, and have insisted on their being buried in Dublin, but the rule ought to be identical in all instances.

Thrombosis of the Internal Carotid.

A VERY curious case was communicated to the Academy of Medicine of Paris last week, by M. Verneuil on behalf of M. Richelot. The patient had received some apparently slight injuries by the overturning of a cart, and was the subject of violent hyperæsthesia and excitement, which culminated in furious delirium, and eventually in coma, and all the symptoms of death by hemiplegia.

M. Verneuil diagnosed rupture of a small cerebral artery with compression, but the autopsy proved that this forecast was quite incorrect. After a careful search a thrombosis of the internal carotid was found filled by a coagulum which extended through all the ramifications of the middle cerebral, and accompanied by extensive softening of the left temporal lobe of the cerebium.

Lincoln Asylum.

THE Lincoln Lunatic Asylum is essentially a middle-class institution, but is not self-supporting, as patients that pay 12s. or 15s. a week cost over 20s. An appeal is therefore made on its behalf, for it appears that the friends of these people would be unable to contribute more.

We agree with the *Lincolnshire Chronicle* "that it would be almost a cruelty to drive these people into pauperism," and we hope the appeal may be successful.

An Important Medico-Legal Decision.

WE commend to the consideration of the Poor-law Medical Officers' Association the judgment given in the Court of Exchequer, on the 20th inst., in the case of "Dyte *v.* The St. Pancras Guardians." It was there decided that the plaintiff was not entitled to recover under a contract for the breach of which he sued the defendants, for the reason that it had not been passed under the seal of the Board. This decision, though it doubtless satisfies the requirements of the law, conflicts strongly with the natural sentiment of justice. We cannot but applaud the courage and public spirit which induced Dr. Dyte to contest the question, and trust that the appeal made by Dr. Woodman in another column, for funds to indemnify him in the heavy expenses he has incurred in the public interest, will meet with a liberal response.

The Late Dr. Christot, of Lyons.

In December we published a translation of Dr. Christôt's report on the massacre of the Lyons ambulance. It is with deep regret that we have to inform our readers of the death of this distinguished gentleman, who at an early age had won high honours in his profession, and has been cut off so soon. It is a very great loss to the profession of Lyons, of France, and we may say—so brilliant was his career,—of the whole world.

Hindu View of Cholera.

Such is the title of a pamphlet bearing date 1871, printed by the Civil Service Supply Association, 16 Monkwell street, London, the author, Golab Sing, M.D. The title and the name of the author alike arrest attention. We almost expect to find the clearest proofs produced from the Shastras that cholera is but a term invented by the Ferringhee for *Kali*, the third person of the Hindu Trinity, the Regenerator, the Destroyer. Perhaps, however, we had better let Golab Sing speak for himself. Here, then, are a few shreds selected from the Hindu view:—"Man shows or passes into cholera at intervals; certain periods of freedom exist" (page 3).—"The great general fact of the cumulative or latent and natural capacity for diseased rates is seen very markedly in aboriginal races." "Different epidemics vary greatly, and the cases in any epidemic vary not less" (p. 4).—"Like in all other evolutions and states of being, phenomena 'overlap' each other."—"That typhoid fever should sometimes show in the East and West Indies are instances parallel with the facts that the shark and sturgeon overlap the modern forms of fish" (p. 5). Perhaps few, if any, will be inclined to deny his assertion, that "in India cases of cholera are always about in the native communities." In fact, we have an impression that we have heard some such thing as this before, but less certain are we in regard to the next great fact enunciated, namely, that "an unfolding of the order of the anatomical evolution or development of our vertebral or nervous segments would give a true basis for the classification of disease" (p. 6). Really we must not disclose all the gems of this Hindu view. The above are taken almost at random. There are lots of others, and the price of the work is sixpence.

Dermatology..

Professor Erasmus Wilson, F.R.S., will commence his lectures at the Royal College of Surgeons on Friday, February 2nd, at 4 p.m. This course, as we have already announced, will appear in the Medical Press and Circular.

The American Diploma Market.

The *Roscommon Journal* announces—as if it were an event for the county or parish to be proud of—that the local curate had received from the University of Philadelphia—Dr. Paine's sewing-machine, bill-printing, and doctor-making shop—a degree of LL.D., *honoris causa in absentia.* "Honoris causa," indeed! Perhaps "Dollaris causa" would be more appropriate.

A Discreditable Proceeding.

We learn from the *Chelmsford Chronicle* how medical services are regarded and valued by the Committee of Local Dispensaries. They charge the patients twopence per week each, and propose to make a profit of some £50 or £60 per annum out of the hard and gratuitous services of their Medical officers. They used to pay a trifling honorarium, but have sent out a circular asking the Medical men to undertake the work gratuitously. Only one has accepted this. He is the parish doctor that has been appointed. We hope now he sees how things are going he will resign, and take his part with his brethren, who have so properly refused to lower the Profession thus.

The evils of gratuitous Medical work have been fully exposed lately, and it is time such proceedings as this brought public odium on the Committee. Poor-law Medical men should certainly not forget how much they owe to their brethren, who have done what they could to improve their position. The Committee of the Chelmsford Dispensary no doubt fancy doctors' time and work are worth nothing. They ought to be taught better.

The Effect of Various Liquors on the Kidneys and Bladder.

M. Kraus, of Vienna, in the *Mouvement Medicale*, treating on this subject, says:—"Sparkling wines are very injurious, but not in respect of their carbonic acid, which assists materially the elimination of phosphates. Champagne not only increases the secretions, but, in an extraordinary manner, the phosphates; and the conduct of Medical men who advise its use in calculous cases is irrational and unjustifiable. M. Kraus's experience contradicts absolutely the solvent action of carbonic acid on concretions already formed. He considers that old beer is an unobjectionable drink, but that lately brewed liquor is injurious, because the fomenting particles penetrate the mucous membrane and give rise to a greater or less degree of chronic catarrh. English pale ale is open to the same objection, in consequence of its richness in alcohol and the great quantity of carbonic acid which it contains; but porter, if of good quality and age, is reported by M. Kraus to be unobjectionable.

The Power of Coroners.

The Society for the Protection of Women have taken up a painful case in which a coroner ordered a Medical examination of a woman to ascertain whether she had been recently delivered. The question excited some attention at the time, and a contemporary submitted the case to its legal adviser. He and now Mr. Giffard, Q.C., state plainly that the coroner had no power to issue such order. We were surprised at the time that Medical men should have been found willing to act on the coroner's precept, and still more at the question being raised as to its legality, as most lecturers on forensic medicine warn their pupils against such an assumption of authority. The order was never actually executed, as the suspected individual committed suicide. The Society, therefore will probably be unable to take any proceedings against the coroner, as its officers seem to desire.

The lesson is none the less clear, and we hope members of our Profession will be careful how they accept as legal any coroner's precept. It is to be hoped coroners will be more careful in future. That they had such a power we never imagined. It would be monstrous.

Liability of Lodging Renters for the Propagation of Infection.

In the Court of Queen's Bench, London, the case of Best *v.* Strap was heard before the full court. The question—whether it is actionable to take into lodgings persons who have just recovered from the small-pox, and so communicate the infection to the inmates of the house? The plaintiff kept a lodging house at Eastbourne, and alleged that the defendant, knowing that his children had just suffered from the small-pox, and were in such a condition as that other persons might catch the infection from them, brought them into the plaintiff's house fraudulently, concealing the fact, whereby some of the plaintiff's children caught the infection and died, and his wife became ill, and he was unable for a long time to let his lodgings. The defendant "demurred" to the declaration, on the ground that it did not appear that he was under any legal obligation to disclose the condition of his children or to prevent them from being brought into contact with the plaintiff's wife and children; nor did it appear that, although he might be aware of the condition of his children, he knew or had reason to believe that it would cause danger to others, nor that there was any legal obligation upon him to give notice of their condition. That it was to be assumed that the plaintiff was accustomed to let out his lodgings to, or for convalescents, without regard to the diseases from which they were recovering, and that his terms were adapted to the risk he ran.

The learned judges, apparently not being clear as to the ground of legal liability, whether it was necessary that there should be a fraudulent concealment or not, advised the parties to go to trial first and ascertain the actual facts.

Army Medical Officers.

Deputy Inspectors-General of Hospitals J. H. K. Innes, C.B., R. J. O'Flaherty, C.B., and M. B. Gallwey; Staff Surgeon-Major H. Kendall, M.D.; Assistant-Surgeons Fawcet Joynt, M.D., Anthony, M.D., and Molloy, and Staff Assistant-Surgeon E. C. R. R. Ward, embarked last week for India. Staff Assistant-Surgeon Royle has been placed on temporary half-pay for twelve months, on the recommendation of a medical board; and Staff Assistant-Surgeon Crean has been granted three months' sick leave; Staff Assistant-Surgeon Haile, from Netley, has resumed duty at Ballinrobe.

The scientific world will regret to learn that, owing to the state of Professor Huxley's health, he has been compelled to relinquish all work for the present. To recruit his health, he has gone to Egypt, from which country he is expected to return in the spring.

Dr. Benjamin W. Richardson's (of London) next lecture, to be delivered on Tuesday, January 30th, will be on "The Therapeutic Values of Ethylic Alcohol."

The late Miss Rushton, of Edgbaston, has bequeathed to the General and Queen's Hospitals, Birmingham, the sum of £5,000, in equal proportions.

The magistrates of Kent have just determined to erect a new lunatic asylum, capable of accommodating 1,000 inmates. The outlay will be from £150,000 to £200,000.

The *United Service Gazette* understands that in consequence of the requirements of the camp at Aldershot, where there is but one administrative officer of the Army Medical Department, an additional Deputy Inspector-General of Hospitals is to be appointed at once. This will raise the future number of this rank from 20 to 21.

A very unusual case of double attack of small-pox has occurred at Wolverhampton—A policeman was attacked with the disease soon after its outbreak there, but he recovered, and resumed duty last month. On Thursday week he was a second time attacked with the disorder, and is again suffering from the disease.

Dr. Humphry, professor of anatomy in the University of Cambridge, having made an examination of the young hippopotamus which had been sent to the museum by the authorities of the Zoological Gardens the day after its death, reports that there was a complete absence of disease, and that, in his opinion, the animal died because it could not take its natural food.

Professor Naquet, Dean of the Faculty of Medicine, and whose "*Principles* de chimie" have a world-wide celebrity, appears not to be very popular in the French Senate. On Thursday last he brought forward a motion for the confiscation and sale of the ex-Emperor Napoleon's property. He met with considerable opposition, was much taunted as to the circumstances to which he owed his appointment, and was finally coughed down, without any division upon his motion.

The notorious Brighton poisoner who has been reprieved on account of insanity, has an imitator at the East-end of London. Dr. Wheeler, practising in the Bow road, had a child brought to him recently, evidently suffering from the poisonous effects of belladonna, from whom the following was elicited: The child, an intelligent little girl of about ten years of age, was sent on an errand by its parents, when it was stopped in the street by a total stranger, a middle-aged woman, decently dressed in black, who offered it a cake. The little girl ate the cake, was seized with violent spasm and vomiting, and but for the timely intervention of the Medical man would undoubtedly have died.

A case of considerable importance was decided at the Court of Passage, Liverpool. A baker let his shop and concerns for a reasonable rent to one of his own trade anxious to commence business. After the new tenant had entered into possession, first his foreman, and then his two assistants, were attacked with small-pox. On examination, it was proved that the previous owner sold his establishment because two cases of small-pox, one of them fatal, had occurred in the bakery. He gave no notice to the incoming tenant respecting the fact that an infectious disorder had prevailed in the premises. The tenant now sued the owner for all costs and damages caused by the disease, as well as for the sum paid to purchase the tenancy and good-will of the establishment. The jury found a verdict for the entire sum, with costs.

◆

Correspondence.

HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Disapproval of, or dislike to, a work, or a system, is a very insufficient preparation for its just and powerful criticism. Criticism to carry any weight with it, must prove its author to be himself acquainted, by observation and examination, with the merits and demerits of the matter criticised. Dr. Pascale, in your Journal for the 10th instant, has fallen into the very common error of many who have gone before him, of mistaking zeal for knowledge, and consequently his attack on Homœopathy in your last number is very feeble, though possibly made with all the force he possesses. If writers against Homœopathy were to go "into training" before attempting their task, their efforts would have greater success.

If, for instance, Dr. Pascale had studied Hahnemann's works, and had then read some such criticism on them as is contained in Dr. Sharp's 13th Essay in his "Investigation of Homœopathy," (*a*) he would have possessed far more stones in his sling, and would have had the advantage of appearing as a fair critic. Or, if he had taken a different line when attempting to criticise Hahnemann's experiments with cinchona bark, and had studied the subject, he would have avoided the anachronism by which he speaks of Hahnemann's experiment as having been made with quinine; and have also learnt that bark and quinine are credited by Pereira and others with inducing febrile symptoms and disturbances of the nervous system, which present no little similarity to those induced by malarious poisons. Had he still further inquired into the diseases afflicting the workers in quinine factories, he would, at least, have suspended his criticisms until he was more thoroughly learned in the physiological effects of quininism of the drug.

Now, I am not about to take up the cudgels either in favour of or against Homœopathy. Like all other systems, it must stand or fall by its own merits, but these must be fairly tested by those writers who assume the part of medical critics. It is easy, in 1872, to criticise the medical theories of 1789, and to prove Hahnemann's works to be full of "unproved assertions, illogical arguments, fanciful speculations, and obvious contradictions." (*b*)

But for all that we may find them like a diamond-field, worth sifting for the truths that lie among much useless material.

We may regret the axiom "similia similibus curantur" *as a law*, and yet find it of use as a guide.

It is a true and fair criticism that says if "similia similibus curantur" be a law, then the dose which we give to cure a disease under this law must be as large as the dose which causes the "similar" to the disease.

Hahnemann himself denies that such a dose would be curative, but says, on the contrary, that it will aggravate the disease. This is common sense, and it does away with the logical action of "similia, similibus curantur." It condemns Hahnemann out of his own mouth. For example,—if twenty grains of ipecacuanha be needful to cause vomiting, we ought on the doctrine of "similars," logically administered, to give twenty grains of ipecacuanha to cure it. This dose would frighten any disciple of Hahnemann, and only an infinitesimal or very small dose is given in such a case; but an infinitesimal or small dose *won't cause vomiting*—therefore, where is the similarity?

If Dr. Pascale had taken that line of argument, his paper would have had a point in it as a criticism which it altogether lacks.

The discovery by Hahnemann of the direct relation between the physiological effects of certain drugs and the pathological conditions of certain diseases, will nevertheless prove a mine of curative wealth to the thoughtful and painstaking physician.

It ought to be of some practical use to a physician to know that medicinal *drugs possess more than one action*. That a narcotic can also be used as a stimulant; that a paralyser can also be used as a tonic—that, in fact, the behaviour of a drug depends much upon the dose given, and little upon its classification under the head of narcotic, or stimulant, or laxative, or emetic.

The great practical lesson we may learn from Hahnemann and his disciples is, that *the small dose of a drug has an exactly opposite effect to the large dose*. Thus, opium, which constipates in a large dose, cures some forms of obstinate constipation in a minute dose.

Ipecacuanha, which causes vomiting in a large dose, cures vomiting in a minute dose.

Arsenic, which causes vomiting and watery diarrhœa in a large dose, cures watery diarrhœa with vomiting in a minute dose.

If we know well the effects of a large, full dose of a medicinal drug, we can predicate, with certainty, the effect of the small dose, which is exactly opposite to it. If we know that twenty grains of ipecacuanha will cause vomiting, we know that frequent doses of the 10th or 20th of a grain will cure idiopathic vomiting when arising from stomach derangement. If we must hazard a theory to explain these facts we should say, whatever medicinal drug *paralyses* a certain tract, organ, or part of the body (when given in a sufficiently large dose), will be found to *stimulate* the same tract, organ, or part of the body if given in a small dose. Hence, if a tract, organ, or part of the body is idiopathically lowered in vitality by disease, the medicinal drug which exerts a physiological action on that tract, organ, or part of the body, should be given in a small dose in order to cure it. Dr. Sharp (above alluded to) has published some interesting essays bearing on the localised actions of medicines, which he calls organopathy. If his theory be true, it will form a good basis for a scientific investigation of the further theory of specific drug stimulation indicated above.

This apparently antagonistic action of drugs is best illustrated by a study of the effects of alcohol. A very large dose of raw brandy would have no stimulant effect, but at once prostrate the drinker, and narcotise him to death; but a small quantity of brandy and water both stimulates and excites the weary and exhausted traveller.

True cure-work is not to be forwarded by the battles of rival sects, each doing his best to discredit the efforts of his neighbour; but just criticism, aiming at the separation of truth from falsehood, at purging away the dross, and refining the gold, should be equally acceptable to all true labourers in the great field of medicine.

Yours, &c.,

WM. BAYES, M.D.

DR. DYTE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Dr. Dyte's case (as you probably know) has been reheard, *in banco*, and the plea of the St. Pancras Guardians, that they never set their common seal to his appointment, has been allowed by the judges. No doubt their lordships' decision is legally right. For myself, I anticipated no other result—but the shallowness of the plea is so obvious, that I feel persuaded there are many will still gladly subscribe towards indemnifying Dr. Dyte from his loss, and the costs of the action. Only about £120 have been received. Between £300 and £400 will at least be necessary. I shall therefore still be happy to receive subscriptions.

Yours faithfully,

W. BATHURST WOODMAN.

6 Christopher street, Finsbury square, E.C.
January 26th, 1872.

(*a*) Groombridge and Sons, Paternoster Row, London.

(*b*) See Sharp's 13th Essay, p. 328.

DR. CARPENTER AND THE ROYAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the Chelsea Literary Institution on Friday, January 12th, we had a lecture on "Spiritualism," with a discussion after the lecture. On the following Friday, January 19th, as seen in the *Telegraph* and other papers, Dr. Carpenter favoured us with a lecture (an oft-told tale) on the "Phenomena of Spiritualism," and perhaps very properly refused discussion with the spiritualists, on the ground that there was "nothing in common between them," although as a paid lecturer, probably it would have been better to have acceded to their request? But it is of certain disclosures connected with the Royal Society, that I have to complain, I have no sympathy with the mesmerists and spiritualists, nor do I believe in the new force, passing from animate to inanimate bodies, as supposed by Mr. Crookes, but knowing as I do of some able men who have reported on some of the phenomena of so-called Spiritualism, that with all its falsities and assumptions, there is something about it that is not quite understood, I think that Mr. Crookes *(who disbelieves in Spiritualism)* is engaged in a very laudable investigation, although at present I see no evidence of the "pyschic force" he describes.

Dr. Carpenter in his article on "Spiritualism and its recent Converts," in the *Quarterly Review*, for October, p. 348, twits one gentleman, Mr. Varley, for not having been admitted to the Royal Society, when at the very time this gentleman was a Fellow, and he calls Mr. Crookes the "Specialist of Specialists," although Mr. Crookes shows in his pamphlet, page 13, that irrespective of his discovery of the metal Thallium, his labours in science have been quite as varied as those of Dr. Carpenter.

But now for the grave charge that I bring against Dr. Carpenter, and it is quite time it should be exposed; because its frequent repetition by the President Elect of the British Association (a paid lecturer) will neither redound to his credit nor to that of the Royal Society.

Dr. Carpenter, at the conclusion of his lecture, said "that two papers by Mr. Crookes on psychic force had been rejected at the Royal Society; one was unanimously rejected the night before his lecture, and then he proceeded to test one of Mr. Crookes' experiments described in this *private* communication and to show the fallacious inferences that Mr. Crookes had drawn from it. Surely, Sir, you and your readers will see that a great breach of trust is involved in these disclosures, and also the unfairness of selecting one experiment out of many for the purposes of crushing an adversary, and I may add the cowardice after such attacks, of refusing all discussion?

I have not the honour of knowing either Dr. Carpenter or Mr. Crookes, but I know Sir, that the Royal Society) the fellowship of which, according to Dr. Carpenter, appears to be the only test of intellectual worth) looking to its past history, is not quite immaculate, and Dr. Carpenter will pardon me for adding, that a society as the charter states, that was formed to glorify God s works—that rejected the late Mr. Yarrell, because he was engaged in trade, and that compels a commoner to have his name suspended for ten months before he can be ballotted for, and that admits one of the aristocracy (so called) on the night of his appearance, is not a body that all the world would have confidence in?

I need scarcely say that I have never coveted the honour of this Fellowship, and if such revelations from private papers, as those made by Dr. Carpenter, are approved of by the Council, others like myself will prefer to be in the shade, and to use the words of Dr. Carpenter in the *Quarterly Review*, as applied to Mr Varley, then a Fellow, would rather labour under the imputation, that "his scientific attainments are so cheaply estimated by those who are best qualified to judge of them, that he has never been admitted to the Royal Society."

I am, Sir, yours obediently,

EDWARDS CRISP, M.D.

29 Beaufort street, Chelsea, January 24th, 1872.

CORRECTED NOMENCLATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is a long time since I had the honour of correcting some medical nomenclature through the medium of your columns, in respect of *trachinia* and its plural *trachiniæ*, as well as the name of the disease itself, which I argued should be properly termed *Trachinosis*, and I believe it was acknowledged that I was correct.

Emboldened by this success, I desire under your banners to do battle against that misnomer in natural history, in the singular *octopus* which is faulty, and the plural formed from it *octopi* which is abominable; almost as bad as *omnibi*, which I once heard, many years ago, not from a bishop's mouth but at his lordship's table, when, humble curate as I then was, it struck me at once what a goose the man is! why does'nt he at once say in honest English *omnibuses*? But we had just been conversing on railroad *termini*, and consequently *mon ami*, who was well up in the Natural History of Snobs, judiciously inferred, because of the similar *exit in us*, that *omnibi* must be the plural of *omnibus*, just as *dominus* nom. sing. makes nom. plur. *domini*, and *terminus termini*, quite correct, and ergo *omnibus* as a nom. sing. would result in *omnibi* as a nom. plur. I said nothing, only I *thought* what is Latin for a goose? *Anser* that.

But to return to my present grievance: the term *octopus*, which in Greek letters would be 'Οκτώπους, and literally translated is *eight-foot*, ought in the plural to be *octopodes*, but that would be too learned without conveying the correct idea. We mean by the improper term we use a creature with *eight feet*, that remarkable cuttle, which in some parts of the world is gigantic, having *eight tentacula* arranged on its head, four on each side of its powerful sucker, wherewith to seize its prey and hold it fast and suck it out, as the money lender, at from 30 to 60 or 100 per cent., sucks his victim and absorbs him quite. The marine animal, not belonging to genus *homo*, is classed with *cephalopods*, mollusks whose feet are at their heads, a term perfectly right in its Greek and English plural, *πούς a foot, πόδες feet*, and at once showing us that what we badly name an *octopus* we should call an *octopod*, and then the plural *octopods* would result from it in due form and order. Then a man might write to his friends and say, "I have just seen an *octopod* in the British Channel, but it was a baby in comparison of the *octopods* which are common in the tropical seas."

I have only to confirm my argument from the name of that remarkable but unfortunate man *Œdipus*. What scholar would ever think of calling his sons the *Œdipi*? nor could they be termed *Œdipodes*, as we speak of the *antipodes* which is tolerable. The descendants of *Œdipus* would be *Œdipoeidæ* or something in that way, for *Œdipus* is literally *swollen foot* and has no natural plural. Consequently *octopus, eight footed*, can have no plural of its own, and if we attempt it, the result is ridiculous. Make it *octopod* and the addition of a single letter gives us a logical and agreeable plural. But I protest against *octopus* as incorrect, and against *octopi* as horrible.

Should you encourage me by the insertion of this letter in your next, I should much like another day to submit my ideas on *hippopotamus* and *hippopotami*, which belong to the same family of misnomers as do these ill-named cuttles.

I enclose my card, and am, your faithful servant,

PHILOLOGUS ORTHODOXUS.

Sutton, Surrey, 27th January, 1872.

◆

Foreign Medical Literature.

MEDICAL JURISPRUDENCE.

DR. ALFRED TAYLOR'S TEST FOR BLOOD BY MEANS OF THE TINCTURE OF GUAIACUM, AND ITS REACTION WITH ANTOZONE.

(Translated expressly for the MEDICAL PRESS and CIRCULAR from the *Union Médicale*, by F. M. LUTHER, M.D.)

IN 1861 Schönbein discovered that peroxide of hydrogen or antozone had no action upon tincture of guaiacum, but that this re-agent gave the resin a blue colour under the influence of blood-corpuscles in a state of solution.

Two years later the Dutch chemist, Van Deen, turned this observation to profit; he showed that every time that blood was treated by tincture of guaiacum and ozonised essence of turpentine, a blue colour was obtained, which he considered as characteristic of blood.

Shortly after Dr. Liman (of Berlin) formulated conclusions somewhat different from those of Van Deen. When this process gives a negative result, one may conclude with certainty that there is no blood. When the test gives a positive result, a blue discolouration, one cannot affirm that blood is the cause of it, unless other reasons come to corroborate that conclusion.

A long discussion is pursued by the author on all the points of detail that this fact implies. The first is the interpretation of the change of colour in the resin; the author attributes it to oxidation. This oxidation the colouring matter of the blood is incapable of producing by itself; it effects it in the presence of a body containing antozone, the latter, moreover, being by itself in its isolated state without any oxidising action upon the resin.

It appears to be one of the facts best established by this work, that exceedingly small quantities of blood, inappreciable to ordinary chemical tests, may still be discovered by this process. And it may be concluded, from the positive and negative results obtained by Taylor in his experiments, that blood washed to a state of extreme dilution may be easily detected by this test. It remains to be determined if the blood stains may not at a given moment lose the property of oxidising tincture of guaiacum; the same author thinks that after a long time, ten years at least, dried blood still possesses all its oxidising power, and is readily detected by this process. This latter result, however, has not been obtained by all experimentors.

The red colouring principles of vegetables differ from the colouring matter of the blood: in the presence of peroxide of hydrogen, they do not change the colour of tincture of guaicum. This applies to the colouring principle of cochineal.

Still the uncertain character of a reaction which does not belong exclusively to the blood, nor especially to the colouring matter of the blood, must render one cautious in the conclusions to be drawn from such an examination; and Taylor recommends that his process should only be applied after having interrogated the stains by means of known chemical tests; by the microscope and particularly the spectroscope, the result from which have such a great significance, and by means of which the minutest portions of the suspected solutions can be availed of for examination.

◆

CURRENT LITERATURE.

Among the many works that we are accustomed to group under this title not a few though small are of considerable value. Moreover, this heading gives us the opportunity of mentioning, now and again, periodical works, and occasionally new editions of works previously reviewed in our columns. Of the former we have to announce the appearance of the two half-yearlies which are published with their usual punctuality, and contain as usual, selections from our columns and those of our contemporaries'.

We take this opportunity of drawing attention to the *American Journal of Obstetrics*, which is the representative of the specialty to which it is devoted, and one of the most ably conducted Quarterly reviews.

America continues to take a great place in this class of journal, at the head of which the great work of Dr. Hays, the *American Journal of the Medical Sciences* still holds its ground as our quotations have often proved.

The *Dublin Quarterly* has now become a monthly journal, so that Dublin and Edinburgh each possess a monthly, and London has two, the *Practitioner* of the same character as the others, and the *Doctor*, which has struck out an entirely new path,—giving in a few short paragraphs the pith of the other periodicals, both British and Foreign, and forming a capital supplement to the weeklies.

We turn now from the periodicals to several productions that demand a few words in this place.

Mr. Spencer Wells's *Note Book for Cases of Ovarian and other Abdominal Tumours*, 1871, Churchill. Mr. Wells has during the last two or three years kept a separate book for every patient who has consulted him for ovarian disease: and has found this so convenient that he has had the questions and diagrams printed in the form of a little pamphlet of twenty-five pages. It is well worth while for any practitioner who has such a case under his care to send for this *brochure.*

Annual Report of the General Health Committee of Salford, 1871. It appears from the above Report that there are 19 common lodging-houses in Salford, containing 61 sleeping rooms, with accommodation for 261 persons. These have been improved of late and only 43 wooden bedsteads remain The general health of the inmates has been good. The Committee recommend the extension of the Tub-closet system. All scullery and bath-room drains have been as far as possible disconnected from the sewage drains. All inlets to the drains should be internal to the houses.

Report of the Ladies' National Association for the Repeal of the Contagious Diseases' Acts, Liverpool, 1871. This is a society, of which the Hon. Sec. is Mrs. Butler, and which has Mrs. Jacob Bright and Mrs. McLaren on its committee. It seems that this Ladies' Association is in close alliance with the National Association for the same object in London. In page 7 the Report says:—

> "We hold it a dangerous precedent to allow any government, most of all one professedly liberal, to assume that the good name and personal rights of women are subordinate to the necessity of protecting soldiers from the physical disease which is the consequence of licentious indulgence. The issuing of a Royal Commission proceeds on this fact as an assumption, and we therefore urge our friends everywhere, emphatically to protest against it, as they would against the shameful Acts themselves."

We perceive that upwards of £1,000 have been subscribed during 1871 to this Fund.

Modern Hydropathy, with remarks on Baths, including the Russian Vapour and Electrical Steam Baths in acute and chronic diseases. By James Williams, M.D. London, Baillière, Tindall, and Cox, 1871.

The author of this pamphlet says "that in former editions he has sought the co-operation of his professional brethren in testing the merits of Hydropathy, but with little success. He gives as the results of his own experience, the deliberate opinion that the hydropathic physician depends too exclusively on the action of water upon the surface of the human body, and altogether loses sight of the respiratory tract as an important part of the animal economy. Majendie has shown that medicated vapours and gases pass far more rapidly into the blood through the lungs than by any other means, and thus change its chemical constitution." There can be but little doubt that far too little attention has been paid by the present race of Medical men in this country to what is styled Hydropathy. So much is this the case that it is only now that cold baths are coming into vogue for the treatment of typhoid fever and rheumatic pyrexia, instead of the absurd prescription of large quantities of brandy and wine, which has been so long praised by the disciples of Dr. Todd. We are much mistaken, or there is a coming crusade likely to be made against that school and its tenets, and that the doctrines of the best hydropathist will soon obtain a fair and impartial hearing. Fresh air, cleanliness, abstinence from alcohol and tobacco, exercise and simple food, are all hydropathic recommendations and, *certes*, are not bad medical art.

Tobacco.—An Essay, by HENRY GIBBONS, M.D., of San Francisco, California, Prof. of Mat. Med. in Ireland Medical Coll. London, Burns, Southampton-row.

DR. GIBBONS says that medical writers, without exception, describe tobacco as a *poison*. The mouth and throat are injured by smoking. The "smoker's sore throat" results from this cause. Cancer of the lip is produced by pipe smoking. The voice is affected by smoking. The stomach and digestive organs are disordered by it, dyspepsia and constipation are caused by it. The complexion is rendered sallow, cough is often produced by it. The heart beats often irregularly in smokers. The brain and nerves suffer most from tobacco. Amaurosis, timidity, palsy and insanity are traceable to its use. It is said to favour, says Dr. G., perforation in typhoid fever; it diminishes virility. The Spaniards and Turks have smoked away their energies. In New England, both smoking and drinking were forbidden almost entirely, to the great advantage of the population; prize-fighters abstain from both, and in Berne, Switzerland, tobacco was recently forbidden to all young men under fifteen. The French Minister of public instruction lately found that the non-smokers were far the best students. In the Ann. Rep. of the Mass. Gen. Hosp. for 1843, eight cases of insanity are ascribed to the excessive use of tobacco. Smoking tends towards slovenliness and is "the bane of good manners," says Dr. Gibbons. "Writers are wont to dwell with enthusiasm on the merits of tobacco as a luxury to the poor; they should bear in mind that the husband and father is the only one of the family who usually enjoys the luxury." It does no good. There is certainly much truth in the crusade against tobacco in the present day. We notice that in France, Dr Joly, in London, Dr. C. Drysdale and others protest against tobacco as a poison, and we certainly believe that more can be done by the medical profession by attending to the habits of the citizen, than by merely prescribing drugs or performing surgical operations.

A Contribution to the Treatment of the Versions and Flexions of the Unimpregnated Uterus, by E. CUTLER, M.D. Boston, 1871. This is an excellent pamphlet on a difficult subject, enriched with many diagrams of the uterine organs and the pessaries recommended by the author. We do not remember to have seen a clearer exposition of the subject in any work, and can heartily recommend this for perusal.

What the People say about the Children and what the Children say about Canada, by MARIA RYE. (London, Wade, Tavistock-street, 1871). Miss Rye has kindly superintended the emigration of some 460 girls between the ages of 9 and 13 to Canada, and in this pamphlet publishes their account of their new homes. Over 400 families in Canada have applied to her to send them more. Miss Rye has deserved well of her country.

Emphysema of the Lungs, by DR. BERKART. London, 1871, Churchill, pp 15. Dr. B. thinks well of the inhalation of compressed air in emphysema; but this gives, he says, only temporary relief. A better result he contends, is obtained if emphysematous patients are allowed to expire into an atmosphere the pressure of which is from 4 to 8 inches of water less than that of air. Such instruments as will effect this (Hawksley, Blenheim-street) have been designed by the author, and are recommended to be used twice a day for a quarter of an hour each time for some weeks.

Report on Sanitary Committee on Tea. 1871. This is an interesting account of the adulteration of tea practised by some London merchants, by Dr. Letheby and others. One specimen seen, called Fine Moning Congou, consisted of re-dried leaves of exhausted tea. The Chinese, as usual, are not behind us in rascality in this matter. The practice of sending spurious tea to this country is largely on the increase. It is time that adulterators should be severely punished as in France.

First Report of the Medical Committee of the Charity Organisation Society, with Rules for Provident Dispensaries, adopted by the Council, October 30, 1871. London, Lewis, 1871. This is a most excellent pamphlet and should be in the hands of all reformers. It appears that the 16 general hospitals of London saw 541,775 out-patients in 1870. It is the out-patient department of hospitals that is most abused. There are 80 free hospitals and dispensaries in London at present. The committee think that the applicants to an hospital might easily be discriminated by some agency such as the Charity Organisation. There are only a dozen provident dispensaries in London; whilst in Derby, Coventry and Northampton there is one to every 40,000 inhabitants. Benefit clubs only admit men, and many have no Medical man attached to them. The committee recommend 1.—That the Provident principle be greatly extended. 2.—That hospitals should be reminded by the Charity Association of its power of weeding out cases. 3.—That Provident Dispensaries should be affiliated to hospitals in each district (as at Devonport). 4.—That the Free Dispensaries should be changed into Provident ones. 5—That in new districts a Provident Dispensary should be erected. We wish all good to this excellent association. May it flourish!

How to prevent Small-pox, by MORDLEY DOUGLAS, M.R.C.S. Baillière, Tindall and Cox, 1871; third edition. The author of this pamphlet says truly in his preface, "The evidence in favour of vaccination is so great as to gain the assent (with a few unimportant exceptions) of the whole Medical Profession, so great that a high authority, Professor Alison, has declared, "he who disputes it is equally unreasonable as he who opposes any proposition in Euclid." Mr. Douglas mentions that 188 cases of small-pox had been under his care during the late epidemic; of 164 vaccinated only four died (all badly vaccinated); whilst of 24 unvaccinated, 14 died. This is a very valuable pamphlet.

◆

Medical News.

Royal College of Physicians of London.—At the ordinary quarterly meeting of the College on the 25th inst., the following gentlemen having passed the required examinations, were admitted Members:—

Berkart, Isidor B., M.D. Wurtzburg, Harley street.
Vanderstraaten, Julian Louis, M.D. St. And., Civ. Med. Serv. Ceylon.
Ralfe, Charles Henry, M.B. Cambridge, Queen Anne street.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 23rd and 24th insts.:

Barton, James Edward, Brompton.
Bower, Augustus Edward, L.S.A., Nantwich, Cheshire.
Brittin, Frederick G.M., L.S.A., Wansford, Northampton.
Buchanan, Arthur, Gloucester.
Chambers, Eber, Ryde, Isle of Wight.
Corric, Alfred Thomas, L.S.A., Plymouth.
Deeping, George Davidson, L.R C.P. Lond., Newark-on-Trent.
Dempsey, Meldon Joseph, L.S.A., Charterhouse square.
Dobie, Stanley Locker, Carlisle.
Dunstan, Lobert, L.S.A., Liskeard, Cornwall.
Edwards, John Ellis, L.S.A., Aberdare, South Wales.
Ferris, John E. C., L.S.A., Bayswater.
Garrett, John, Salisbury.
Godfray, Amiraux, Jersey.
Hues, James John, Handsworth, Staffordshire.
Jackson, George E. C., North Reston, Lincolnshire.
Johnstone, John Lawson, Liverpool.
Jones, Lewis Herbert, Ruthin, Denbighshire.

Kelly, Michael James, Baltinglass, Co. Wicklow.
Langdale, Henry Marmaduke, L.S.A., East Hoathley, Sussex.
Llewellin, George Joseph, L.S.A., Haverfordwest.
Marsh, Walter Alfred, L.S.A., Newington.
Moseley, William Arthur, L.R.C.P.Edin., Nassau, Bahamas.
Pigeon, Henry, L.R.C.P.Edin., Redland, near Bristol.
Pike, William Royston, L.S.A., Leicester.
Procter, Thomas, Wigan, Lancashire.
Pugh, Edgar Joseph, L.S.A., Waltham Abbey.
Rae, William, King's Lynn.
Rix, Benjamin, L.S.A., East Meon, Hants.
Rosten, William Martin, Walsall, Staffordshire.
Salmon, Alfred Lidgey, L.S.A., Truro, Cornwall.
Sarjant, Josiah John, L.S.A., Isle of Dogs.
Shearman, William Millar, Gateshead.
Steele, Russell, L.R.C.P.Edin., Reigate, Surrey.
Sylvester, Kirwan Francis, L.R.C.P.Edin., Trowbridge, Wilts.
Taylor, Herbert, Kennington.
Thornton, Philip, L.S.A., Norwood.
Tudge, James M'Dougall, L.S.A., Hereford.
Underhill, Charles Edward, M.B.Cantab., Tipton, Staffordshire.
Wallis, Edward Darby, L.S.A., Bodmin, Cornwall.
Woodward, George, Bicester, Oxon.

Society for Relief of Widows and Orphans of Medical Men.—The Directors of the above society recently held their usual Quarterly Court at the rooms of the society in London, the President, Dr. Burrows, being in the Chair. Fresh applications for grants were made by 3 widows and 4 children. The case of 1 widow was postponed for further information respecting her income. The sum of £1,249 was distributed amongst the 55 widows and 43 children now recipients of assistance from the funds of the society. The death of 1 widow was announced, and the grant to another was no longer required. Several children had become ineligible for grants during the last half year, 2 having been elected scholars at the Medical Benevolent College, Epsom, and the grants to others ceasing on account of age. Six candidates for membership were proposed to be elected at the next Court.

The case of Christiana Edmunds.—Mr. Baron Martin, who left the case in such an extraordinary fashion to the jury, who made the very unjustifiable remark that persons of position were commonly excused on the ground of insanity, and who expressed his approval of the verdict of the jury in such terms as to lead to the impression that he believed the prisoner to be perfectly sane, has since written to the Home Secretary, recommending that the state of mind of Christiana Edmunds should be inquired into. Accordingly, two physicians, not in the least degree better qualified to form an opinion than those who appeared on the trial, and one apparently selected on the score of his temporary popularity for success in a case not in the remotest degree connected with mental disease, have been charged to examine the prisoner, and have pronounced her insane. Mr. Baron Martin must surely hold that a jury is not a tribunal before which the question of sanity or insanity should be tried, and in this we entirely agree with him.—*Globe.*

War-office, Jan. 20.—The Queen has been graciously pleased to give orders for the appointment of Sir William Jenner, Bart., M.D., one of the Physicians in Ordinary to Her Majesty, to be an Ordinary Member of the Civil Division of the Second Class, or Knights Commanders of the Most Honourable Order of the Bath.

Whitehall, Jan. 20.—The Queen has been pleased to direct Letters Patent to be passed under the Great Seal granting the dignity of a Baronet of the United Kingdom of Great Britain and Ireland unto William Withey Gull, of Brook street, in the parish of St. George, Hanover square, in the county of Middlesex, M.D., and the heirs male of his body lawfully begotten.

The poisoning of a Workhouse-Surgeon in Manchester.—At the Manchester City Police-court yesterday Hannah Steele was brought up on remand, charged with poisoning Mr. Andrew Harris, late-house surgeon at the Manchester Workhouse. Professor Grace Calvert gave evidence as to the analysis of the stomach and intestines of deceased, and said that he had found evidences of atropine poisoning in the blood of the heart. He had also found atropine in the stomach. He found no atropine in the tea or milk. Emily Brandon, wife of the master of the Manchester Workhouse, said when the prisoner heard that the deceased had been poisoned she became very excited and said, "Send to the infirmary for a battery." The magistrates, after a short consultation, said they had resolved to commit the prisoner for trial. The prisoner, on being asked if she had anything to say, said, "I never did it; I did not do it; and I did not know anything at all about it until my husband came and told me."

Comparative deadliness of weapons of war.—The *Elberfield Gazette* publishes some curious statistics of the comparative deadliness of the different weapons used in the Franco-German war. According to them, of 3,453 Germans wounded before Metz, no fewer than 95·5 per cent. were struck by Chassepot balls; 2·7 per cent. only were wounded by projectiles from heavy guns, and there were only 0·8 per cent. of wounds from cold steel. As to the French wounded, it is calculated that as high a proportion as 25 per cent. were wounded by artillery projectiles, and about 70 per cent. by the fire of the *zundnädelgewehr.* No fewer than 25,000 Frenchmen in all were struck by the projectiles of the German artillery. This gives an average of one effective shot in every three fired from the German batteries—a result which appears to us to be hardly credible.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At the Quarterly Examination held on the 9th, 10th, and 11th insts., the following gentlemen passed the first-half of their Examination for the Letters Testimonials, viz.:—

Benjamin Armstrong; Francis T. Bray; Valentine E. Brown; Henry W. Burton; James H. Callery; Charles J. Diamond; Thomas Elliott; William H. Elliott; John K. Gentleman; Mathew P. Healy; Henry J. Hillis; Richard Jackman; Thomas J. Kelly; Robert Margill; Michael J. Malone; Roger MacAuby; James McGann; Archibald McKinlay; James Murtagh, Hamilton Macmillan; John L. O'Keefe; Thomas O'Meard: Edward Poole; Samuel B. Shekelton; Charles J. Smith; William J. Smyly; Henry J. Tweedy; William M. Whittaker; John H. Williams; and Stewart Woodhouse.

At the Examinations in General Education held on the 17th inst., the following gentlemen were awarded Certificates of Qualification. The names in the first and second classes are in order of merit:—

First Class.—Michael Molohan and James J. Hogan.

Second Class.—William J. Cahill; Peter J. Hughes; James J. O'Brian; Frederick Walsh; Michael W. Korin; William Thompson; Henry Howard; Edward Walshe; and Patrick Carney.

Unclassed.—Charles Anderson; Thomas Bellew; Ulick J. Bourke; Edward D. Foley; Robert Grier; John Keogan; Hugh Mackintosh; Patrick M. Poett; Henry N. Powell; Samuel T. Reed; William Ross; Kennedy Ryan; John J. Smith; Bernard J. Smith; Terence Smith; and Lawrence T. Ward.

At the Quarterly Examination held on the 23rd, 24th, and 25th insts.; the following gentlemen passed their first, second, third and final examinations for the Letters Testimonial, and were admitted Licentiates of the College, viz.:—

Nicholas E. Atkin; Robert Baxter; Valentine E. Brown; Arthur C. Clarke; Christopher Elliott; Thomas Elliott; William H. Elliott; Francis E. Flood; Thomas H. L. Heath; Henry J. Hillis; John A. Irvine; Thomas J. Kelly; William L. Micheiy; Hamilton Macmillan; Robert Magill; Charles W. Magrane Myles; O. C. McSwiny; Lyster A. Nolan; Frederick A. Pope; John W. Searry; William J. Smyly; Henry J. Tweedy; William M. Whittaker and Stewart Woodhouse.

THE SMALL-POX IN DUBLIN.

At the last meeting of the Medical Society of the College of Physician, Dr. Grimshaw communicated some very interesting statistics of the progress of the present small-pox epidemic in Dublin. The Cork street Fever Hospital had received altogether 261 cases, out of which 56 had died, being a proportion of 25·1 per cent. of the cases which had been treated to a termination of these 261 cases; 202 had been vaccinated, and 57 had not. Of the 202 vaccinated cases, 19 died, being 9·4 per cent., while of the 56 unvaccinated, 34 died, or 60·77 per cent. of the whole.

Into Dr. Stevens's Hospital, 28 cases had been admitted, of which 2 had died, 1 being unvaccinated. Taking the total of the cases treated in both institutions, 58 deaths had occurred in 289 cases, or 20 per cent. Of these, 229 had been vaccinated, amongst whom 20 had died, or 8·7 per cent.

Of the first 15 cases admitted into Cork street Hospital, eight had taken the infection directly from England, and from Guinness's Brewery, 12 persons had been admitted, the disease had been contracted from a workman who had come from England, and been employed in the co-operage.

Dr. Grimshaw forcibly illustrated the means by which the disease was propagated, by a statement that one of his patients had been working as a tailor in a crowded workshop, another had been dressing hair, a third cutting up meat as a butcher, and a fourth selling groceries while in an advanced stage of the disease.

Of the 300 cases which were admitted to the two hospitals not one had been revaccinated.

NOTICES TO CORRESPONDENTS.

Communications have been received from :—Dr. Chapman, London. Dr. Pope, Rathmines. Dr. Nicholls, Chelmsford. Dr. Morgan. Dr. Balthazar Foster, Birmingham. Dr. Abbott, Brigg. Dr. Nicholas, Wandsworth. Dr. Wilson, Blackburn. Mr. Griffen. Mr. Miller. Mr. C. R. Tichborne, Dublin. Dr. Galton, Norwood. Mr. J. L. Milton, London. Dr. Swanzy, Dublin. Dr. Morgan, Dublin. Mr. R. Hanslip Sers, Epperstone. Mr. Maugham. Dr. Nugent, Drogheda. Dr. Letheby, London. Mr. Henry Lee, London. Dr. Nelson. Dr. Mitchell. Dr. Doyle, Colne. Dr. Birchenall, Macclesfield. Mr. Leader, Sheffield. Dr. Edwards Crisp, Chelsea. Mr. Blackett. Dr. Atherton, Prescot. Mr. G. E. Cockroft, Hurworth. Dr. Kiernan, Buckfastleigh. Mr. Pearson. Mr. Fox. Mr. Aston, Wadingham. Dr. Hurst, Upper Norwood. Dr. Edmunds, London. Mr. G. E. Bell, Morecambe. Dr. Ringland, Lisbane. Dr. Brett, Nottingham. Dr. Peppard, Piltonda. Dr. Francis, Ilchester. Mr. Duke. Dr. Murray, Tobercurray. Dr. W. W. Harrison, Ilkley, Leeds. Dr. Pradley, Stoneyford. Dr. Amadea, London. Dr. O'Rourke, Enniscorthy. Dr. Icard, Lyons. Mr. Croker, Limerick. Dr. Courie. Dr. J. E. Smith. Dr. J. Pope. Dr. Oulton, Queen's College, Belfast. Messrs. Bewley and Draper. Mr. Tichborne, F.C.S. Messrs. McMaster and Co. Dr. Kelly, Mullingar. Dr. Madras, Dripsey. Dr. O'Flaherty, Killarney. Dr. Armstrong. Dr. Clarke, Oughterard. Dr. McGahan, Kingscourt. Dr. Cooke, Enniscorthy. Dr. Kidd, Dublin.

TONED *versus* WHITE PAPER.

In improving the quality of the paper, and giving it the tint which is generally considered most pleasant for reading purposes, we expected to receive the concurrence of all our friends, and were hardly prepared for the following, which we cannot resist giving publicity :—

To the Editor of " The Medical Press and Circular."

Dear Sir,—I should be very pleased could I take your Medical Press and Circular in ; but its being printed on TINTED paper deprives me of the pleasure of reading it. As we advance in life the convexity of vision becomes less and less, and it requires the greatest possible contrast of *black* and *white* to afford old age the facility of reading. It was a sad mistake Her Majesty publishing her works on *toned* paper. Fashion in publishing most books has provoked this same coloured paper, hence many are prevented from reading. Such is my case, and I know many others. I got your number of January 17th, read to me by chance, I was very much pleased with, and regret not being able for the reasons given, to read it myself.

I am, &c.,
J. C. H———.

With all due deference to our Correspondent, we certainly do not think the Retinal Image would be less distinct in the use of *toned* paper, because the contrast is really not less than is the case with *white* paper, while the irritation from too much reflexion of light would be less troublesome. From the many complimentary letters we have received we feel highly gratified with the change we have made in our new volume, but thank our correspondent nevertheless for his courteous letter.—(Ed. M. P. & C.)

◆

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

The Science and Practice of Medicine. Sixth Edition, in 2 Vols. By William Aitken, M.D. London : Chas. Griffin and Co.

A Treatise on Hæmophilia. By J. Wickham Legg, M.D. London : H. K. Lewis.

On Infant Asylums. By A. Jacobi, M.D., New York.

The Practitioner ; Le Mouvement Medical ; The New York Medical Journal ; Nature ; Allgemeine Wiener Medizinische Zeitung ; Lyon Medicale ; La France Medical ; L'Independente.

◆

VACANCIES.

Middlesex Hospital. Physician. Honorary.

Middlesex Hospital. Resident Obstetric Physician. Board and residence free.

Hospital for Women, London. House Physician.

Tunbridge Wells Infirmary. House-Surgeon and Secretary. Salary £100 per annum, with board and residence.

Sheffield Infirmary. Assistant House-Surgeon. Salary £65.

Dorset County Hospital. Physician. Honorary.

North Wales Lunatic Asylum. Assistant Medical Officer. Must be unmarried. Salary £100, with board and residence.

Lismore Union, Ballyduff Dispensary District. Medical Officer. Salary £100 per annum. (See advt.)

Enniscorthy District Lunatic Asylum. Visiting and Consulting Physician. (See advt.)

◆

MEETINGS OF THE LONDON SOCIETIES.

Thursday, Feb. 1.—Royal Institution, 3 p.m. "The Chemistry of Alkalies and of Alkali Manufacture." By Professor Odling.

Friday, Feb. 2.—Royal College of Surgeons, 4 p.m. Professor Erasmus Wilson, " On Dermatology."

Royal Institution, 9 p.m.—" The Identity of Light and Radiant Heat." By Prof. Tyndall.

Monday, Feb. 5.—Medical Society, 8 p.m. 3rd Lettsomian Lecture. " On the Pathology and Treatment of some Diseases of the Liver." By Dr. Habershon.

Tuesday, Feb. 6.—Pathological Society, 8 p.m. " General Meeting for Election of Officers."

Tuesday, Feb. 6.—Royal Institution, 3 p.m. Prof. Rutherford, " On the Nervous and Circulatory Systems."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Jan. 31.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Feb. 1.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Feb. 2.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, Feb. 3.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, Feb. 5.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, Feb. 6.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Archer, E. G., M.R.C.S., Resident Medical Officer to the Jersey Infirmary.

Brett, Dr. A. T., Medical Officer to the London Orphan Asylum.

Campbell, R. L., M.D., Medical Officer of Health for Stourbridge.

Hart, E. J., M.R.C.S., Surgeon to the Brighton Dispensary.

Haynes, S., M.D., M.R.C.S.E., Surgeon-Accoucheur to the Malvern Lying-in and Samaritan Charity.

Holland, J., F.R.C.S.E., Medical Superintendent of the Lancashire Lunatic Asylum, Whittingham, near Preston.

Ley, H. R., M.R.C.S.E., Medical Superintendent of the Lancashire Lunatic Asylum, Prestwich.

Moon, D. S., L.R.C.P.Ed., L.R.C.S.Ed., Surgeon to the East Dispensary District of the Royal Infirmary, Dundee.

Phelps, F. P., M.R.C.S., Surgeon to the Exeter Lying-in Charity.

◆

Marriages.

Webb—Waters.—On the 23rd inst., at St. Paul's, Newton Abbot, G. Fortescue Webb, Esq., F.R.C.S.E., of Exeter, to Georgina Marion, daughter of George Waters, Esq., F.R.A.S., late of the Madras Civil Service.

◆

Deaths.

Clayton.—On the 23rd ult., M. H. Clayton, M.R.C.S.E., of Calthorpe road, Edgbaston, aged 46.

Fergusson.—On the 19th ult., John Fergusson, Surgeon, of Barrow.

Procter.—On the 18th inst., at Marsh, Wistanstow, Thomas Benjamin Procter, M.D., aged 71.

PUBLIC SCHOOL EDUCATION IN IRELAND.
COLLEGE OF ST. COLUMBA, COUNTY DUBLIN.

Visitor : THE LORD PRIMATE.

The College is intended for the Education of the Sons of the Nobility, Clergy, and Gentry, from the age of nine years and upwards. The course of instruction is similar to that of the great Public Schools in England, in which Classical Studies are made the chief foundation. Particular attention is also paid to Mathematics and English. French, German, Drawing, and Vocal Music are also included.

Boys are prepared for the Universities of Dublin, Oxford, and Cambridge ; and to a considerable extent for the Military and Civil Service.

Terms—*Sixty Guineas*, inclusive.

There are Two Exhibitions attached to the School, tenable in the University of Dublin, worth £20 to £30 a year.

Applications should be made to the Rev. the Warden.

The Christmas Vacation ends on January 25th.

COOKESTOWN HOUSE, INSTITUTED FOR
THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Carrick-on-Suir Station, with a like distance from Fiddow, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

The Medical Press and Circular
OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. III.—Secondary Mortification from Disease of the Arteries 111
Notes on Phthisis Pulmonalis, &c. By R. Locke Johnson, Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square, W. 112
A Simpler Mode in Division of the Frænum Linguæ. By R. Hanslip Sers, M.R C.S. 113

HOSPITAL REPORTS.

St. George's Hospital—

Inflammation of the Base of the Tongue 113
Hæmaturia—Calculus in Kidney? 113

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—

On the Excitability of different parts of the Trunk of a Spinal Nerve with a "Schema of the Circulation" 114
Proposed Forms of Surgical Returns and Reports to be used in War 114

LEADING ARTICLES.

Government Injustice to the Profession 115
The Medical Aspect of the Franco-Prussian War.—No. VI. 115
The Small-pox Epidemic in Dublin .. 117
The New Alcoholic Declaration 123

NOTES ON CURRENT TOPICS.

Chelmsford Dispensary 117
The late Dr. G. E. Day 118
Miss Alice Vickery........................ 118
The Progress of Medical Electricity 118
Treatment of Small-pox 118
Dislocation of the Hip Joint—Biglow's Method of Reduction 119
Influence of Movements of the Uterus on the Vomiting of Pregnant Women 119
The Rich Man and Lazarus.................. 119
Saccharated Cod-liver Oil 119
The Sad Sequel 119
Tanacetic Acid as a Substitute for Santonin 120
"Woman" 120
The Qualification for Surgeoncy to Irish County Infirmaries 120
Homœopathic Recantations 120
A Specimen of an Irish Pauper 120
The Training of Army Midwives 121
Xylol 121
Iron in Uterine Injections 121
Progressive Muscular Atrophy 121
Management of Epilepsy.................. 121
Extroversion of the Bladder 122
Chloral in Asthma 122
Chloral in Parturition, &c. 122
Aconite 122

SCOTLAND.

Edinburgh—

The Infirmary Interdict 124
Scholarship in Sanskrit 124

A Medico-Legal Curiosity 125

FOREIGN MEDICAL LITERATURE.

Bouchardat on the Evil Results of Excess of Mental Labour and the Means of Remedying It. (Translated for the Medical Press and Circular by B. Bertrand, Professeur de S. A. Mgr. le Prince Impérial.) 127

CORRESPONDENCE.

Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E., on The Influence of Marriage upon Health 127
Thos. Fearon on The Influence of Ergot in Midwifery Practice 128
Hanslip Sers, M.R.C.S., on Flannel in Obstetric Cases 128
McNab and Fowler on Scrotal Hernia with Complications 128
Dr. Prompt on Visceral Syphilis and its Treatment 129

MEDICAL NEWS.

Royal College of Surgeons of England .. 130
The Geography of Disease 130
The late Dr. Baird, of the British Museum 130
Small-pox in Philadelphia 130

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

III.—Secondary Mortification from Disease of the Arteries.

When the morbid deposit is firmly adherent to the coat of the vessel, a deposit of discolorised fibrin from the blood will take place, which will temporarily unite the torn edges of the divided membrane and cover the exposed surface of the deposit. This layer of fibrin thus forms a bed in which subsequent changes occur. But if the morbid deposit in the artery has undergone any great degree of softening at the time the internal coat gives way, then its more fluid parts become necessarily mingled with the blood and carried to a greater or less distance in the course of the circulation. The same effects will then be produced, whether these morbid deposits be poured into the circulation as now described, whether similar morbid matters be generated in the blood itself, or whether they be brought from some distant part of the vascular system. There is this important fact, however to be noticed, that when any morbid matter is generated in an artery it will expend its first and principal influence upon the parts to which that artery is distributed, and the remainder of the system may, or may not then be affected.

Disease of the arteries has very generally been considered as a cause of mortification, and the diseased conditions, have by most authors (as in cases related in Communication No. II.) been attributed to inflammation of the arterial coats.

Earthy concretions, again, in the arteries of the lower extremities, since first noticed by Cowper and Naish, have been regarded as the cause of the closure of the internal canals, and of the consequent mortification of the extremities. "But," as is observed by Mr. Hodgson "our knowledge of the power of the collateral circulation in every part of the body, will not allow us to admit the obliteration of the trunks as a sufficient cause of mortification from deficient supply of blood." Some other cause of this kind of mortification had then to be sought, and a sufficient one was thought by some writers to have been found in the theory that if the large arteries were diseased the small ones would be so also, while others have supposed that the want of elasticity and organic power would interfere with the due supply of blood in a degree sufficient to account for the effects observed in gangrene. Both these suppositions are entirely devoid of proof, for although in cases of dry gangrene the arteries are often found to contain bony deposits and the smaller arteries are also sometimes found diseased, yet are these deposits never found in those situations in which the gangrene actually takes place; for instance, in the pulpy vascular extremities of the toes, in the lips, cheeks, or lobes of the ears. The smallest spiculæ of bone might be detected by the delicate sense of touch in any of these situations, yet in the arteries of the size here found is there never any bony deposit detected. Again, gangrene is often found where no disease of the arteries can be recognised, as shown by the following cases:—

J. F. L., a boy, æt. 6, apparently in previous good health, suddenly fell down without any complaint on the 23rd of July, 1855. His limbs were found quite relaxed, and after a short time he said it was so dark that he could not see, when taken home he spoke little and incoherently, but his limbs were stiff and cold; in the evening he revived, became warm, and slept. During the night he complained of pain in the left foot and great toe, the latter was found to be black at the tip, towards morning he complained of pain in the thigh and leg of the same side; on the 24th a cord of the thickness of the finger was felt from Poupart's ligament downwards in the direction of the vessels, about one-and-a-half inches long. This cord is tender on pressure and the skin over it is somewhat red coloured, a black gangrenous vesicle, as large as a bean in a half moon shape presented itself under the nail, the toe and that next to it, were swollen, and there was considerable œdema up the instep, motion in the left leg is attended with pain, over the aorta a "doubling" was heard of both sounds of the heart; these sounds were propagated into the vessels of the neck, there was here also a strong nervous murmur.

July 25th.—The upper part of the thigh was œdematous.

28th.—The œdema of the instep had discharged.

August 1st.—The œdema of the groin was gone, but large vibices occupied its situation on the thigh.

8th.—The sore on the great toe was rapidly healing.

24th.—The patient was dismissed, the sore on the toe was nearly healed, the reduplication of the sounds of the heart continued.—Professor Gustaf Von Düben.

Wm. R., a middle-aged man, had suffered from stricture for many years, but otherwise had good health; after having for some time neglected the stricture, he had an instrument introduced upon the 24th of June, 1856. A difficulty occurred in the passage of the instrument, some blood followed, and the water was not drawn off. A severe rigor followed, and he felt very unwell; on the following day he had what he termed a kind of erysipelas, confined to the skin of the mouth, and the right ear, this terminated in the formation of dark black scabs in patches, then peeled off. Both nostrils became stopped with black matter. There was hiccough, and a continued uneasy sensation at the pit of the stomach.

On the 11th of July there were still darkish yellow scabs on the ear and lip, and great general debility, after this he slowly regained his strength.

A woman, æt. 27, died of endocarditis (so called), on the 10th of January, 1856. The mitral valve was covered with brittle masses, which under the microscope, were seen to consist of dense, amorphous, highly granular, yellowish looking lumps. Portions of fibrinous concretion (emboli) were found in the fine branches of the coronary artery of the heart. These could be recognised by the naked eye, and had produced an acute yellow softening of the muscular structure: numerous hemorrhagic knots were found in the spleen in which the endocardic emboli could, with great constancy, be traced into the penicilli. These emboli were also found to fill some of the little arteries of the kidneys.—Virchow.

These cases demonstrate the fact that mortification may be produced by the condition of the blood, alone, independently of any disease of the artery.

Again M. Cruveilhier has shown (*Anatomie Pathologique*, vol. II., p. 301), hat an artery which supplies a limb may be obstructed for a considerable distance without any mortification following; but that if an irritating injection be thrown into such an artery, mortification will immediately follow. It is remarkable, also, that mortification seldom attacks those structures which have a scanty supply of arterial blood, but that it almost invariably shows itself first in those parts which have the largest supply of blood-vessels; the vascular cheeks and lips in children, the vascular extremities of the toes in those of advanced age, are parts very frequently affected. If a simple deficient supply of blood were the cause of mortification, in such cases we should expect to find it first developing itself in the tendons and ligaments, and we should expect to find that the cellular tissue would perish always before the skin. The reverse of all this often occurs. The parts in which mortification in general shows itself have in truth a wonderful power of sustaining their life with a very small supply of arterial blood, and even as demonstrated in Communication No. I., when separated from the body.

In a case formerly under the author's care a flap of skin was taken from the side of the chest and placed across the neck in the centre of the cicatrix of a burn. It appeared to unite favourably in its new position, when the patient suddenly got into very bad health, the old cicatrix ulcerated and left the portion of the skin newly introduced, and attached by a small base, peninsulated. This portion of skin, however, remained unaffected by the ulceration, and ultimately again reunited to the skin of the old cicatrix. In such cases the arterial impulse through the transplanted portions of skin must be very slight, and in the face of such well-known facts the want of arterial impulse can hardly be seriously maintained as a sufficient cause of itself for mortification.

◆

NOTES ON PHTHISIS PULMONALIS, &c.

By R. Locke Johnson,

Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret Street, Cavendish Square, W.

Louisa W., æt. 29, single, was a domestic servant. Has been ill two years or more. Admitted to University College Hospital, Feb. 19, 1866; discharged and went to Home for Incurables. After this took a situation, but got worse and went into the Middlesex Hospital; whence, being discharged was admitted to North London Consumption Hospital, May 14, 1868. Suffering from very great dyspnœa, expectoration of purulent character, constant cough, debility, &c., aggravated by movement; one leg (the left) seems heavy, often loses sensation in it; no fever; complains most of want of breath, and stuffiness of the chest; respiration 30 to 40; pulse only 80, steady; appetite good; asks for stimulants; bowels open twice daily, and somewhat liquid; moist *râles* throughout both lungs.

Tr. Camph. co., & Vin ipeca., ♏xx. *ter die.*

May 23.—Cough and expectoration not at all relieved; worse in the mornings; nurse says spits a whole mug-full daily (1 pint); no fever nor hectic; breath very short and difficult, varies from 30 to 40; pulse 80, fair, but sometimes (as on exertion this afternoon) becomes suddenly imperceptible. Auscultation obscured all over by loud cooing and moist *râles* which occupy the whole space of the thorax front and back; heart sounds very weak and distant, with now and then a tumultuous interruption. There is also dulness on percussion over sternum, apparently caused by encroachment of liver as dulness extends in that direction.

May 28.—Continues much the same; the moist breathing all over remains; the cough very troublesome; expectoration continues; excessively nervous; on attention being directed to breathing dyspnœa recurs, to heart palpitation comes on; listening when she is not aware of it both sounds of heart heard but very weak; attempt to move aggravates dyspnœa and brings on palpitation.

Zinci, val. gr. ss., ter. die., in pills.

June 1.—Better; expectoration less.

June 12.—Has made some progress; feels stronger; has been able to move more; the expectoration is less copious, not more than half-a-pint daily; more frothy; very purulent; cannot take any more of the pills.

℞ Pulv. dov., gr. v.;
Pot. nit., gr. x., h. s. s.;

℞ Tr. camph., co. ʒss.;
Quinia dis., gr. j.;
Acid sul., dil., ♏x.;
Aq., ℥., bis.

June 15.—Has improved a little and walked across the ward several times, but the dyspnœa is excessive; the heart sonnds both heard but very feeble; she is impatient of auscultation and declares the pressure of stethescope, however gentle, gives pain. Her pulse is feeble, but regular, 90; respiration about 40; embarrassed all over the chest; large rhonchi are heard as before; the percussion note clear throughout.

℞ Pulv. dov., gr. v.;
Pot. nit, Pot. bic. aa. gr. v. o. n.;
Rept. mist, quin.

June 20.—Has been improving gradually.

This patient left the hospital a fortnight later, as she felt well enough to go out and do something.

Timothy C. was admitted as a case of "consumption" on Jan. 31st, and on examination it was manifest there was dulness under right clavicle, with prolonged expiration and bronchial breathing, but no rhoncus; muco-crepitant *râles* at both bases; some linctus was ordered as he complained of cough.

Feb. 2.—He complained of pain in the chest and occasional palpitation. On stripping to auscult noticed the ziphoid cartilage much depressed (at level of ziphoid cart. 34 inches) two sides equal. The apex beat is seen distinctly under the ziphoid in the centre of the epigastric angle and felt distinctly; underneath the left nipple is a considerable depression in the heart's place, and in that the respiratory murmur is heard, and it is clear on percussion. Three inches below nipple is a little dulness, as if cardiac; and this extends in a horizontal line across the epigastrium and is lost in the hepatic dulness; seems about one-and-a-half inches deep. Apex sound of heart most distinct where seen beating; base sound heard most between junction of 5th and 6th ribs with sternum; no murmur detected; pulse 80, rather weak.

Tinc. camph. comp., ♏xx.;
Sp. chloroform, ♏xx.;
Inf. cascarilla, ℥. t.;
Ol. morrh.

This patient improved very much so far as pulmonary symptoms go, indeed, he got—as he said—almost well; but still had occasional pains in the chest and palpitation.

He left by his own wish.

Thomas B., æt. 22, single, lawyer's clerk, admitted June 2nd, with a cough of eighteen months' standing, which began with a slight hæmoptysis, and never had any other disease except a fever ten years ago. Has lost his mother and two brothers in consumption. He now has cough, cannot sleep at night for the feverishness, which ends towards morning in heavy sweats; suffers a good deal from palpitation; pulse feeble; lost flesh rapidly the last two months; no appetite; tongue furred; bowels regular. In left subscapular region there is a flattening over, while the voice sound is loud. There is also wheezing at the close of each inspiration. On the right side there is prolonged expiration.

Tr. camph. co., ♏xx.;
A. nit. dil, ♏xx.;
Inf. gent. co., ℥j. *ter die.*

June 15.—Appetite better; bowels regular; cough less; not much now; physical signs same.

Rept. mist., Ol. morr., ʒij. *bis. die.*

June 21.—Appetite improved; tongue cleaner; bowels regular; cough better.

S. J., æt. 30, a widow, with one child, looks anæmic, has been an out-patient several weeks, taking mostly cough medicines and tonics with cod liver oil. She complains of cough, worse night and morning, with yellow expectoration, frothy phlegm, and retching. Has been ill between six and seven years. Is much thinner than a few years ago, but has not lost flesh, she thinks, during the last six months. Has pains in chest and shoulders at intervals; frequent attacks of palpitation and "spasms." Any exertion brings on this, violent coughing is the worst symptom of all. On inspection, the heart's impulse over the left side of the chest is diffused. On palpation there is a distinct thrill, a loud murmur extending over the whole base, and carried upwards along the subclavian. There is also a very loud murmur in the axilla. The patient remained in the hospital two months, during which she greatly improved. The cough subsided; the attacks of palpitation became less severe and less frequent; she increased in weight, and her appetite returned. She took most of the tonics; cod liver oil and various anodynes, cough mixtures were tried during the first part of her stay.

A SIMPLER MODE IN DIVISION OF THE FRÆNUM LINGUÆ.

By R. Hanslip Sers, M.R..C.S.

In division of the frænum linguæ, text books direct us to use a blunt-pointed pair of scissors, to direct their points downwards, to keep as close to the lower jaw as possible, and to avoid the lingual artery. In what might well be made a riskless performance, we are exhorted to provide a special instrument, and to observe a somewhat formidable array of precautions. Any one who has frequently relieved tongue-tied-infants after the customary manner, must be aware of the necessity to apply sharp scissors, otherwise the mucous membrane from its elasticity resists complete division. Simple operations are not invariably performed with ease. An infant may render our manœuvres awkward much to the dismay of the mother and the chagrin of the surgeon. To obviate this difficulty, I can recommend the following practice:—Direct the infant's face towards the light, pass the left index finger along the floor of the mouth (the lower jaw is kept open by being made its fulcrum), along the left side of the frænum linguæ until the latter is fairly put on stretch, so as to make palpable the necessary extent of incision, place the sharp-pointed blade of an ordinary pair of scissors horizontally across the right angle of the mouth, in a line with the apex of the engaged finger, push its point through the membrane on to the tip of the finger, bring the blunt blade hitherto outside the mouth into contact with its fellow, and withdraw them directly forwards protected by the aforementioned finger, and this minor operation is completed.

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Inflammation of the Base of the Tongue.

(Under the care of Dr. John W. Ogle.)

The patient was a man, æt. 22, who on the day before admission, suddenly became affected with what he called "sore throat" and a pricking sensation in the fauces. This became worse in the course of the day, and he passed a painful restless night. The breathing, however, was not affected, and there was no cough. When admitted he had much pain on both sides of the throat, and great difficulty and pain in swallowing. The tongue which was coated was very œdematous, and he had difficulty in opening the mouth wide. Nothing wrong was found on examining the fauces, excepting slight enlargement of the tonsils. The voice was not affected; the pulse 100, and feeble, and the hands and feet cold; the expression was anxious. It appeared that five months previously he had had a similar, though less severe attack. Leeches were applied to the throat, and mineral acid with chlorate of potash and bark given, and he inhaled the steam of vinegar and water. On the day after admission, he was with difficulty purged by calomel and senna. For three or four days he was in great pain, not only about the throat, but also in the ears, which was much relieved by poultices, and the nights were very painful. No affection of the larynx came on, nor did the tongue swell to any great extent. Improvement came on about the 9th day, and seven days after admission he was "quite relieved;" he left the hospital well about fourteen days after admission.

Hæmaturia—Calculus in Kidney?

The patient, Louisa B. æt. 27, had been suffering for eight days with pain at the bottom of the back which was at first attended by "cold shivering," and which had so increased as to become most agonising, and had extended round the loin on the right side and down in front towards the groin. On the day before admission, so much blood had passed mixed with urine, that it was thought to be entirely blood. As soon as admitted, being in excruciating pain, she was placed in a hot bath, and a grain of opium with three of calomel were given, followed by castor oil in four hours. The bladder was emptied by a catheter, and the urine was drawn off mixed with a very large amount of blood of a bright red colour. Great relief followed the use of the bath, and on the next day scarcely any pain existed. As the bowels were not opened by the oil a purgative enema was given, and at the same time gallic acid in 15 grain doses were given thrice a day. There was no return of pain, and the urine which was passed abundantly day by day became freer from blood. At no time was anything wrong found on examination of the urine microscopically or otherwise, and Dr. Ogle supposed that the hæmorrhage must have arisen from the presence of a calculus in the right kidney.

◆

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 23RD, 1872.

J. A. BOSTOCK, C.B., Vice-President, in the Chair.

ON THE EXCITABILITY OF DIFFERENT PARTS OF THE TRUNK OF A SPINAL NERVE WITH A "SCHEMA OF THE CIRCULATION."

BY WILLIAM RUTHERFORD, M.D., F.R.S.E.,

Professor of Physiology at King's College, London.

IN this communication Professor Pflüger's experiments regarding the excitability of different part of the trunks of the motor fibres of spinal nerves are described, and his "avalanche hypothesis" founded thereon criticised. The faulty character of his experiments is pointed out, and those performed by the author are narrated. The latter conclusively show that Pflüger's explanation of his experiments is untenable; that the avalanche hypothesis regarding the transmission of nerve force has no fact in its support; and that the excitability of both the *afferent* and *efferent* fibres of a spinal nerve is inversely as the distance from the spinal cord. The possible explanations of this singular and novel fact are considered, and the bearing of this discovery upon our ideas regarding the nature of the influence which travels along a nerve is indicated.

MR. HENRY POWER always considered Pflüger's hypothesis fraught with difficulty—that force should gain by being expended. Did Dr. Rutherford think the increased excitability due to the thinness of the coats of the medullated fibres near the spinal cord?

DR. RUTHERFORD was glad of the suggestion; meantime, he had not made up his mind.

DR. RADCLIFFE was glad to hear a refutation of Pflüger's views. Did not the fact that nerves die centripetally explain something?

DR. RUTHERFORD sometimes cut the nerve at the distant electrodes, when the cutting for a time caused the excitability to increase, so as almost to equal that of the other and cerebral end.

MR. POWER asked if Dr. Rutherford had seen Schiff's experiments, which went to show that the excitability of the pneumogastric was greatest near the brain?

DR. RUTHERFORD had done so. They confirmed his view.

PROPOSED FORMS OF SURGICAL RETURNS AND REPORTS TO BE USED IN WAR.

BY DEPUTY INSPECTOR-GENERAL C. A. GORDON, M.D., C.B.

(*Communicated by* BERKELEY HILL, F.R.C.S.)

The object of the proposed forms is to present information regarding wounds received in battle and operations performed in their treatment in a manner calculated to facilitate comparison regarding their severity, results, prevalence, and fatality of complications usually met with, and also to arrange observations upon subjects of surgical interest in a definite manner.

Table No. 1.—In this form wounds are arranged (*a*) according to their position, (*b*) according to severity, and (*c*) the deep parts of importance implicated. The different columns into which the form is divided indicate the circumstance under which wounded have been admitted, the several conditions in which they are discharged, and, in regard to those who die, the causes of death, distinguishing particularly the cases of mortality by *hospital* diseases and complications.

Table 2.—This form is intended to contain a record of the various operations performed. The operations are arranged according to their kind, as—(*a*) amputations, (*b*) excisions, (*c*) resections, (*d*) ligatures, (*e*) trephining, (*f*) extractions, (*g*) other operations. The first four classes are severally arranged according to region or part of the body, and in regard to each case the return will show the manner in which it was admitted, period of operation, the circumstances under which the patient is discharged, and in cases of death, the precise cause, as far as practicable, of the fatal termination.

Form 3, or Report. This presents different "headings" under which information may be arranged for the purpose of being subsequently collected and condensed. These headings include the following points—viz., (1) those referring to form 1; (2) those referring to form 2; (3) conditions of individual hospitals; (4) as to certain diseases that may appear among the wounded; (5) as to the important question of hæmorrhage; (6) as to the relative success of primary and secondary operations; (7) as to other surgical points of interest, some of which are enumerated; (8) as to the character of wounds by new projectiles and other arms; and (9) such other general subjects as are not included under any other of the above heads.

The CHAIRMAN thought that, as an army surgeon, he ought to tender his thanks to Dr. Gordon.

MR. WYATT said that the more succinct the forms of notes to be taken in actual campaign, the more likely were they to be accurate. One would hardly be able to note all the points suggested by Dr. Gordon under such circumstances. He had drawn up a form which was approved of in the operations at Paris. It was important to have a form which would be available for use afterwards. In all the civil hospitals of Paris one definite form was used. It would be well could we have a similar one adopted in London.

DR. CHARLES MAYO agreed with Mr. Wyatt as to the difficulties in the way of filling up these forms. Field statistics were very uncertain, especially when the army was constantly moving on. Then it would be impossible to fill them up, however desirable to do so.

DR. RUTHERFORD next demonstrated the uses of a New Schema of the Circulation, and the meeting adjourned.

Placental Expression.

DR. T. PARVIN in an interesting article on placental extraction and expression, gives an elaborate review of all the authorities on the treatment of the third stage of labour. He has adopted and strongly recommends the method of Prof. Crédé, of Leipsic. It is thus described: "Crédé's method is simple in principle and easy execution. Its object being to reinforce the uterine contractions, the accoucheur should act during a pain and not in the interval. Success is the more rapid the sooner after the expulsion of the fœtus this effort is made. Nevertheless, it may succeed a quarter or even half-an-hour after, but this presents an unfavourable condition when the retraction of the uterus has attained its maximum in the first contraction which normally occurs after the escape of the infant; embrace the fundus and the superior part of the anterior wall of the uterus with the entire hand placed transversely, then press downward and backward, assisting, if necessary, with the left hand. Under this pressure, the placenta and membranes are detached; then engage in the uterine orifice; sometimes even escape from the vagina suddenly just as a cherry seed escapes when the cherry is pressed between the thumb and finger." The advantages claimed for this practice are 1st, air cannot enter the uterus; 2nd, hæmorrhage and retention of the placenta are prevented; 3rd, uterine inversion and hour-glass contraction will be more securely guarded against; 4th, the time required to complete the last stage of labour is greatly shortened, three to thirty minutes being all that is needed.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1872.

GOVERNMENT INJUSTICE TO THE PROFESSION.

M. DECAISNE has translated into French the account of the Siege of Paris read at the Plymouth meeting of the Medical Association, by Deputy Inspector-General Dr. Gordon, C.B., who was sent by the British Government to report. The translation has appeared in the *Revue Scientifique*, and has since been issued as a pamphlet by the publishers to the Paris Academy, MM. J. B. Baillière et fils.

This appreciation of the value of Dr. Gordon's work reminds us that his own government has not yet promoted him or conferred any honour upon him,—an instance of that unaccountable neglect of deserving Medical officers against which we have several times protested. It further reminds us that the Ministry refused to present to Parliament the reports of the medical officers sent to the Franco-German War, but that a short time afterwards one of our contemporaries professed to have seen these reports in print, and to give some notice of them. Now, it is obvious that the Director-General did not give them to one paper and withhold them from others, after they had been refused to Parliament, and we think he would confer a benefit on the Profession by publishing such parts as would not affect other governments, either in the next Army Report, or as separate pamphlets. The latter would be preferable, and we confidently appeal to Sir G. Logan to consider the matter, and at the same time we hope he will bear in mind that their authors have been shamefully neglected,—so shamefully that the French Government has remarked upon it, and offered them its own Legion of Honour in testimony of their value. This is, of course, useless to them, and only illustrates more fully the injustice of the British Government.

In the name of military surgery we ask for so much of the reports as may be useful. In the name of the surgeons of the Public Services we ask some British recognition of services that have been recognised by Governments and by the scientific world abroad. We have spoken of these points before, and now just as Parliament meets we urge on the Medical Director-General the necessity of some representation on his part on behalf of those of his brethren who naturally look up to him as their head.

A short time since we printed Charles Lever's letter recommending the Peerage for Medical men, and truly there are several who might add wisdom to the Upper House. But look how few and small are the social distinctions which have been given to members of our Profession. Still this flagrant neglect of military men is worse than all, for a trifle has been given to a medical civilian who stayed in Paris during the siege.

A Knighthood has been conferred on Dr. Rose Cormack in recognition of his services to British subjects during that eventful period. We are glad of it, and have previously congratulated Sir Rose Cormack. At the same time we are reminded by this of the shameful manner in which the government has neglected others. The promotion of a physician in civil practice, who stayed in Paris by his own option, while military surgeons, who were there *by order of the British Government* are passed over, evinces a determination to drive all high-minded men from the Public Services. Why the services of Surgeon-Major Wyatt and Dr. Gordon, C.B., the Deputy Inspector-General, sent officially to Paris, were such as to procure for them the special gratitude of the French Government, and yet the authorities at home have not promoted them. Surely it is time for the Director-General to remonstrate against injustice to the best men in his department. Should he fail to obtain a hearing we hope some member of Parliament will exact from the Ministry an explanation of an injustice which cannot but be resented by the 20,000 doctors of the kingdom.

We speak thus for our brethren in the Public Services because they have no other means of making their grievances known, while our contemporaries have indicated the names of a number of civil practitioners who deserve recognition by a baronetcy, a knighthood, or the order of the Bath.

Let us hope that a long list may be gazetted on the day when the Queen goes to St. Paul's to express thanks for the restoration to health of the Heir to the Crown.

◆

THE MEDICAL ASPECT OF THE FRANCO-PRUSSIAN WAR.—No. VI.

The German Administration.—It is probably known to most of our readers that in the Prussian Army the *Etappen* department, in addition to other duties, provides all supplies in the field, and not only so but furnishes the necessary guards for protecting the depots of provisions established at successive points according to the advance of each military force on service, and it is perhaps also known that in raising supplies for individual *corps*, a distinct organisation for the purpose exists in the territorial district to which each belongs.

Some idea of the scale upon which arrangements for feeding the armies in France had to be made if we consider the quantities of various articles required for one corps alone for one day's consumption, namely, 18,000 loaves of bread of 3 lbs. each, 120 cwt. of rice and barley, 70 oxen, or 120 cwt. of bacon, 18 cwt. of salt, 1,000 lbs. of coffee, 3,500 quarts of arrack, 3,500 ounces of essence of bitter orange. Each horse was allowed 12 lbs. of oats, and 24 lbs. of hay and straw, and besides all these, we learn that in one week, there were transmitted along the main line of railway alone for the use of the soldiers 60 cwt. of tobacco, 1,000,000 cigars, 37,400 flannel shirts, 35,000 pairs of stockings, 35,000 flannel belts, and 25,000 blankets. Of the enormous quantities of military stores sent on it is not our province to take count. They have, however, been alluded to by various newspaper correspondents from whose accounts we are enabled to form some idea of the convoys connected with those armies during their advance upon Paris. Thus we read of "innumerable columns of supply, food and provender taking their place with baggage and ammunition," that at one place there were miles of hay-waggons of bacon, and beef waggons, that horned cattle were driven by the score to make beef bye-and-bye, and, indeed, in some instances, the aspect presented by the flood of invasion was likened to what is related in Sacred history of a whole people emigrating and carrying with them their flocks and their herds. As will be observed above, it was not alone in regard to food that the German troops had ample provision made for them; clothes, articles of equipment, blankets, and medicines were all furnished with similar profuseness. But large as were the supplies of the articles in question, they were made use of only as reserves. The Germans seem to have from the first studied how best to make war support itself. As they advanced, *requisitions* were made by them upon towns, villages, and individual houses through or near which they passed, and every private citizen had, as elsewhere mentioned, to supply the number of men who might be billeted upon him with food and drink. It is true that the several armies were each provided with field bakeries and *abattoirs*, these being established at suitable distances along the line of route; yet these were evidently only had full resource to when no *better* arrangement was to be obtained, and here was their ordinary way of proceeding: Before starting on their day's march each man was supplied with a cup of hot coffee; on halting during the march a well-provided *canteen* supplied all their requirements at a moderate expense, and, indeed, so distinct have been the advantages of this canteen service to the comfort and consequent efficiency of the men that special improvements had shortly before the war been introduced into it. When their troops arrived in a village they immediately took possession of the bakeries and butcheries, placed sentries over both, gave the requisite number of trained *artistes* to the original holders of the establishments to carry on the work, *requisitioned* flour and cattle, and then having first supplied their own wants, issued fixed quantities to the inhabitants on presentation of a ticket obtainable at the mairie, and on payment being made for the allowance. The results to the peaceful inhabitants have been described by various writers. "In some instances," says one, "their food resources became so exhausted that even actual starvation overtook them." According to another (*a*), the result was "a pitiful scarcity of food and sudden despair," "not a drop of wine is left, not a crust of bread," and here let the remark be made that these particulars, *sensational* as in their nature they may appear to be, have an important bearing upon our present consideration, which is to indicate some of the more prominent respects in which war inflicts its physical evils upon all who take part in it, whether they belong to a victorious or defeated army, or are merely peaceful inhabitants of the districts which for the time being become the theatre of conflict.

But notwithstanding the wonderful organisation of the Germans and amplitude of supplies with which their armies were provided, there are occasions in which even their means were scarcely equal to the strain put upon them. This took place especially after the battle of Gravelotte (*a*), and the circumstance should have its weight in the minds of those who on occasions are inclined to contrast points of our own smaller organisation with the more gigantic arrangements of continental nations. Indeed, this one instance is alluded to to indicate the impossibility, whatever may be the extent or perfection of a system to invariably meet all requirements in active war, and it is clearly with this knowledge in view that experienced officers insist as they do upon individual soldiers having with them a reserve of food.

In cases where the Germans travelled by rail, arrangements were made at stated places to supply them with refreshments, and the circumstance deserves to be recorded as showing how minute were their arrangements, that in all cases where their supplies were transmitted by means of the railway, each train conveying a sufficient variety of provisions to prevent any inconvenience arising to the troops in the case of an accident occurring to any particular train. Those who marched found accommodation in public and private buildings of towns through which they passed, the inhabitants in not a few instances giving place to them for the time being, and not infrequently having to exist as best they could until the next onward move of the invading forces permitted them to return to their own dwellings. Their billeting system was carried on with the same regularity as other portions of their marvellous organisation. An advance party always preceded the arrival of the bulk of the army at a town selected for their halt or temporary residence. With this party were the several quarter-masters who demanded from the several *maires* a list of all available accommodation for troops and horses. This being obtained the accommodation was portioned off, the numbers of either to be billeted on each establishment written upon the door, so that on the arrival of the main body there is neither delay nor confusion in housing the whole. In some of the towns described the French had shortly before been accommodated when proceeding in an opposite direction, and now the inhabitants themselves made remarks on the different plan adopted by the latter. In their case no such arrangements were made for the accommodation of the men. The officers did indeed attend to their own individual comfort, but the soldiers are left to bivouac in the streets and squares, and only food consisting of bread and such other articles as they could obtain from the people, their clothing insufficient and worn, and their shoes dilapidated. No wonder then that accounts of marauding by them find place in the writings of correspondents and others who have mentioned such matters.

On arriving at the positions to be taken up around Paris, the buildings left vacant in villages and elsewhere are immediately occupied by the Germans, and even in their advanced posts ruined houses and enclosed walls furnished a certain degree of shelter and protection for them. The

---

(*a*) See *Daily News* Correspondent. Pp. 89, 170, 174, 412.

(*a*) Forbes. Vol. I. P. 201.

neighbouring fields were cleared of their produce for food, the grain stored for use throughout the expected siege, and *requisitions* for supplies of various kinds levied upon the inhabitants over a zone of fifty to sixty miles in depth (a). Huts and houses of very rude and temporary kind, were, in some instances, run up for the purpose, but for the most part existing buildings or the ruins of those destroyed were amply sufficient for all purposes.

THE SMALL-POX EPIDEMIC IN DUBLIN.

We are favoured by Dr. Kenny, Visiting Physician of the North Union Small-pox Hospital, with the following report of the progress of the epidemic. Dr. Kenny having kindly communicated the facts to us at our request, and without the time necessary to make his statistics quite precise :—

In reply to your inquiries as to the progress of the small-pox epidemic, I beg to inform you that I have received into the sheds since their opening on the 28th October, 1871, to the present date, four hundred and fourteen cases. The greatest number of admissions recorded in one week, occurred in the week ending January 9, 1872, when it reached fifty-two. The following week the number was thirty-nine ; the next week forty-one ; and for week ending at date of last return, Jan. 30th, the number was twenty-seven. I expect about an equal number for current week. The numbers steadily increased up to first named date and have since, as shown, declined. I do not, however, believe that any very definite or reliable conclusions, as to the increase or decrease of the epidemic, can be drawn from the weekly hospital admissions. I have heard from the dispensary medical officers of many cases under their care where the patient objected to go to hospital ; and I have also, on good authority, heard of many cases attended by medical officers of trades' union and other societies, the members of which having their medical attendance and medicine for a small annual subscription, do not care to seek hospital relief, wishing, I suppose to get as much value as possible for their money. I fear it would be hasty to conclude, because the number admitted to the sheds last week, showed a diminution on the week previous, that the epidemic was declining. Where so infectious a disease as small-pox, capable, as is conclusively proved, of attacking those not recently vaccinated, invades a community consisting of so many non-revaccinated individuals, as are to be found in the lower classes of Dublin, where filth is so plentiful and sanitary precaution, even of the feeblest kind, so scarce, I fear it is not likely to depart, without using to a greater extent, than it has hitherto done in the present epidemic, the food provided for it in such abundance. Of the total number admitted into the sheds about three-fourths were primarily vaccinated. The remainder consists of cases which were, without any doubt, never vaccinated, and of cases in which no vaccine mark was discoverable, and in which the patients or those connected with them, could not say if vaccination had ever been performed. As a rule the disease has been of a moderately mild type amongst those who were ever vaccinated, but I have, nevertheless, in this class, met with many cases of the worst form of confluent small-pox, and even in some instances the most fatal form of the disease, viz., purpuric variety. The latter form has, however, been much more frequent amongst the unvaccinated. The death rate has been about 20 per cent. on all cases, but whilst, it is not more than about 10 per cent. of the vaccinated, it is about 50 per cent. of the unvaccinated. I cannot too strongly recommend re-vaccination. I have not had one case of small-pox in a person vaccinated within the last five years, where the operation was performed before the patient had been exposed to infection. I have had six cases where vaccination was done after full exposure to infection, in three of them primarily, and in the other three for the second time. In these cases the vaccinia pursued its ordinary course to about the sixth or seventh day, when it was quietly overhauled by the varioline poison which seemed to have been incubating all the time. The vaccination did not modify the disease apparently, as two of the cases turned out confluent, ending fatally. These cases seem to prove the possibility of the two poisons co-existing, as in all of them the vaccination had taken and followed the usual course up to the period named, when it seemed to recede, and be overpowered by the variola which supersede it and occupy its ground. The chief characteristic of the present epidemic, according to my observation, is the great number of purpuric cases to be met with. In all the cases of it I have seen (about thirty to forty), with the exception of four or five, where the purpuric spots were few in number, and no hæmaturia existed, the result was fatal. I do not think any more terrible form of disease afflicts humanity than purpuric small-pox. Death usually supervenes on what, in ordinary cases, would be the third or fourth day of the eruption, but I have seen it occur on the first day within twelve hours of the patient's admission into the hospital. Properly speaking there is no eruption, or at least, none that closely resembles that of ordinary cases. When any does appear, it consists of minute blister-like elevations of the cuticle, sometimes coalescing all over the face. The appearance of the usual eruption is to be regarded as favourable especially if it reach the pustular stage. The body, especially about the abdomen, flexures of the hip, shoulder and elbow joints is mottled deep purple as though steeped in logwood juice. The conjunctivæ are suffused, expression of the eyes, furtive and anxious, pupils contracted, tongue coated at first with a thin chocolate colour exudation, which gradually thickens into a dark leathery coat, tonsils and uvula enlarged and purple in hue, pulse small and weak, heart irregular in its action, the second sound becoming gradually lost. There is usually, though not always, very severe pain in the loins, and great anxiety expressed in the general demeanour of the patient. There is generally low muttering delirium before death, seldom furious delirium. In some cases hæmatemesis occurs, in very many hæmaturia, and in a few hæmorrhage from the bowels, and in all evidences of intense blood poisoning and prostration. The *post mortem* examinations showed congestion of all the internal organs, the kidneys in many cases being filled with blood of a dark granular character. The most frequent cause of death in all cases not purpuric was, inflammation of the trachea, but in nearly all cases where this was the cause the disease was confluent, and there existed secondary fever quite sufficient to cause death without the tracheal complication at all. Death generally in confluent cases occurs from the eleventh to the fifteenth day from the commencement of primary fever.

Notes on Current Topics.

Chelmsford Dispensary.

This institution, to which we alluded last week, has given rise to further discreditable proceedings. The *Chelmsford Chronicle* of the 2nd inst. contains a number of letters, from which we gather that a Mr. Veley, who appears to be the honorary secretary, has addressed to Dr. Roche one of the most impertinent letters it has been our lot in thirty years of journalism to see addressed by an official to a member of our Profession. We are glad that Dr. Roche has upheld the dignity of his calling by refusing to recognise the right of a secretary to interrogate and threaten any medical man as to whether he addressed a letter to the *Chronicle* or not. We are glad too that our contemporary takes this view of the "very pretty quarrel as it stands." Mr. Veley is we hope only the cat's-paw of the mean committee which as a board has no soul to be saved nor body to be kicked, and which therefore may think it well to beg for advice gratis from all the members of the Profession in the district, and then address to one who refuses, a series of impertinent questions.

(a) Forbes, Vol. II. P. 72.

Why did not Mr. Veley attempt to bully the Editor of the *Chronicle* out of the authorship of the letter that gave offence? Perhaps he knew too well that the honour of the Press was safe in our contemporary's keeping, and that if he went there for wool he would be as well shorn as he has been by Dr. Roche.

The Late Dr. G. E. Day.

We regret to have to announce the decease of this gentleman, who formerly filled the post of Chandos Professor of Medicine at the University of St. Andrew's. Dr. Day was for a long time an invalid, and had resided at Torquay for the benefit of his health. He was a first-class anatomist, and had devoted much attention to the cerebral ganglia, upon which, on one occasion, we well remember he subjected a candidate to examination at St. Andrew's. Shortly after then he had the misfortune to break his arm, through an accident in a mountaineering trip. He suffered for a long time from the non-union of the bone. Dr. Day was only fifty-six years of age. His work on the "Diseases of Advanced Age" has long been the standard one on the subject, and he was also the writer and translator of other scientific books.

Miss Alice Vickery.

We notice that at the Apothecaries' Hall, London, on the occasion of the Examination in Arts, out of 66 candidates 47 passed, and among the successful candidates was a lady named Alice Vickery. This is the fourth lady we understand who has taken advantage of the portal of the Apothecaries to approach the sacred precincts of Medical practice. Mrs. Anderson, Mrs. Thorne, Miss Downing, and Miss Vickery have all graced the Hall by their presence. Probably some of these ladies will take advantage of the Obstetrical Society's Examination.

The Progress of Medical Electricity.

On Saturday evening, Mr. J. L. Pulvermacher, whose name is almost as familiar as a household word in connection with Medico-Galvanic Appliances, gave a Soirée, to which were invited several members of the Profession, and of the Press, who take an interest in the progress of Medical Electricity. There was a goodly number present and the short lecture which was given by Mr. Pulvermacher, who traced the development of the Science of Electricity from its infancy to the present time, was listened to with great interest. This gentleman, although a German by birth, delivered himself in excellent English, and his explanations of the various phenomena produced by this agent, and the illustrations and experiments which were given in a lucid and scientific style, prove him to be a thorough master of his subject. With one thing we were particularly pleased, viz., an utter absence of self. There was scarcely an instrument, either English or foreign, that was not either shown or mentioned, with a proper acknowledgement of the merits of each; in fact his own inventions, which are so well known to the Profession, and deserve to be more extensively used, were touched upon only incidentally, and with modesty. In these days of charlatanism and quackery it is refreshing to observe this feature: an inventor who merges personality in an invention which in the hands of Medical men is capable of so much good, and whose highest aim is to receive a similar acknowledgement at the hands of the Profession of this country to that which has already been accorded to him by the Academy of Sciences and the heads of the Profession in France, deserves the recognition he solicits. Indeed, the Medical literature of France upon the subject seems not to be considered perfect without illustrations and descriptions of his inventions, and we are glad to see also a tendency on the part of writers in this country,—men whose names are a guarantee—such as Drs. Russell Reynolds, Handfield Jones, Powell, &c., to acknowledge the merits of such inventions, and to suggest their more general adoption. From the great success which has attended the treatment of cases which have been brought under our immediate notice, together with the extreme portability and simplicity of the machines, we feel perfectly justified in endorsing the views expressed by these gentlemen, and wish the inventor the success he undoubtedly merits.

Treatment of Small-pox.

In the *Union Med.*, Nov. 1871, we find an account of a paper read by M. Briquet in the Academy of Medicine in October concerning an epidemic of variola which took place in the ambulance of the Rue de Clichy during the siege. This paper aroused an interesting discussion, in which mercurial treatment in variola was shown to be dangerous. Varioloid and cases of discrete variola were left to themselves, and only in cases of confluent small-pox was anything attempted. The topical application of mercurial preparations was made use of in this. The end attempted to be attained was to produce swelling of the face, to prevent the formation of thin layers of pus, which escape through the fissures of the epidermis, occasion much pain, and give the head such a repulsive appearance. Ninety-five small-pox cases with intense eruption were submitted to the application of mercurial topical remedies with the following results:—In discrete variola the inflammation of the pustule either diminished, or was completely prevented; the red areola surrounding the pustule disappeared; the fibro-plastic exudation took place very incompletely. Of 95 patients submitted to this treatment, all of whom were severely attacked, there were 40 cures and 55 deaths. The two inconveniences arising from employing mercurial ointment were salivation and hydrargyrism; the first was pretty frequent, but was not severe; the collyria of Laupauce and gargles made them quickly disappear. Hydrargyrism was very rare. The mortality was zero in varicella, it was 1 in 8 in varioloid, and 2 out of 3 in variola.

Dislocation of the Hip Joint.—Biglow's Method of Reduction

A MUSCULAR man, æt. 31, a surgeon, says the *Lancet*, was brought to the University College Hospital, on account of dislocation of the left femur, caused by his having stepped from a railway-carriage whilst in motion, and falling between the train and the platform as a consequence. Thirteen hours after the accident reduction was effected according to the Biglow method, and in the following manner. The house-surgeon stood on the left side of the patient (the patient lying on his back was placed on a mattress, and the mattress placed on the floor) the limb was first fixed at right angles to the patient's body by the house-surgeon, who then placed his *foot* on the pelvis to steady it, and made a moderately forced traction from the fixed knee. The bone returned to its cavity with a loud snap, the force used was inconsiderable, and the time taken to reduce the dislocation scarcely a minute.

Influence of Movements of the Uterus on the Vomiting of Pregnant Women.

DR. AUBERT (*Lyon Med.*, Oct. 15) says that the pains and accidents attributed to uterine deviations or deformities of the uterus are not due to the sole fact of the deformity or deviation, but are caused by the movements and shocks which the displaced uterus undergoes. In all cases of uterine displacement there are two elements to be taken into account, the anatomical and the locomotor, the first consisting in alteration in position and form, the second in the movements or shocks which the displaced organ undergoes. Both of these appear to be met with in pregnancy. Thus it is found that rest in bed will sometimes cause the vomiting of pregnancy to cease, but not always. Vomiting in pregnancy comes on generally at two periods of the day—firstly, in the morning, when the patient begins first of all to move in the bed, and when she rises. This is the most common time. The early months of pregnancy, too, when the uterus is less intimately connected with the other organs, and thus more mobile, is the epoch of vomiting. The author recommends in some cases the use of pessaries in bad cases of vomiting in pregnancy, in order to keep the uterus motionless.

The Rich Man and Lazarus.

THE last issue of the *Food Journal* affords a study in philanthropy which would be amusing were it not painfully real. We quote *verbatim* from communications which stand side by side.—

"The following is the *carte* of the dinner of a *Journée Russe*, given by a celebrated *gourmet*, at a watering-place in France, before the war:—Potage Palestine à l'Impératrice ; Consommé aux pointes d'asperges ; Petites bouchées Rostégayi ; Saumon du Rhin, sauce Valence ; Langue de veau á la milanaise, &c., &c., &c., with ten wines of the most costly brand.

Nothing could be more *recherché*—one kind of fish, one *pièce de resistance*, and one dish of poultry ; all the rest the very poetry of the *cuisine*—the flowers of the gastronomic garden ; and all sprinkled with the choicest dew that Bacchus sheds over our dusty paths. Twenty-one guests partook of the dainty feast ; and, though half ladies, all were epicures, and did thorough justice to the well-studied *menu* of the great Amphytrion."

"At Netherton, one of the outlying parts of Dudley, are eight cottages. Three of these form one property, which is destitute of any water supply. The people can thus only get water by stealing it at night or by using the contents of a filthy swag, into which the drainage of roads, houses, and stables runs. In the first cottage Dr. Thorne found seven persons, all of whom had had typhus. In the second cottage lived ten persons, members of three different families. Three of these ten were orphans through the death of their parents by typhus. Five of the ten had fever when Dr. Thorne paid his visit, and the other five had recently had it. In one room were two beds. In the first bed was a case of typhus ; yet three other persons, all females, slept in the same bed at night. In the second bed was a child ill with typhus, and three others occupied this bed each night. The second bedroom barely held the bed. In it lay two men terribly ill of fever (supposed to be typhus), and another male slept with them at night. In the third cottage six inmates out of seven had had fever. Truly a nice property this !"

Saccharated Cod-liver Oil.

M. TISSIER, in the November part of the *Journal de Pharmacie et de Chimie*, publishes a method for preparing a granulated saccharate of cod-liver oil, for which he claims several advantages, and which may be flavoured by orange, vanilla, &c. The ingredients are as follows :—

White Gelatine,	4	grams ;
Distilled Water,	25	„
Simple Syrup,	25	„
Finely Powdered Sugar	50	„
Pure Cod-liver Oil	50	„

The gelatine should be cut and placed in a wide-mouthed bottle ; the water and syrup added, and the whole heated in a water-bath until dissolved. The cod-liver oil and the sugar should next be well rubbed up together in a mortar and then the warm solution of gelatine stirred in, the stirring being continued until the mixture is quite cold.

After some time the mass will present the appearance of a dense homogeneous jelly ; it is then necessary to add a sufficient quantity of finely-powdered sugar to form a firm paste, weighing 250 grams. The paste is spread upon a marble slab, divided into small pieces and left for some hours to harden. It is then divided into small pieces the size of a lentil, which, after further drying, become sufficiently firm to allow of granulation in a mortar. The drying of this granulated powder is accomplished on a stove at a temperature of 30° to 35° C. The product will contain one-fifth of its weight of cod-liver oil. It should be kept in well-closed bottles.

The Sad Sequel.

IT is sure to be in the recollection of most of our readers that a short time since a Professional brother, Mr. F. B Eaton, of Nuneaton, was found by the roadside in a dying and unconscious state, having been frozen to death during his return journey from a professional visit. Poor fellow, he has left to mourn his loss and totally unprovided for a wife and three children, the oldest of the children being under three years. Messrs. Nason (Nuneaton) and Wyer (Leamington), will gladly receive subscriptions on behalf of this afflicted family, and we feel confident the Profession at large will warmly and substantially support the object aimed at. Subscriptions handed to us shall be acknowledged and forwarded to the aforesaid treasurers.

Tanacetic Acid as a Substitute for Santonin.

ACCORDING to an article by Fronsina Merletta, in the *Journ. de Ph. et Chim.* cited in the *Pharmaceutical Journal* tanacetic acid is prepared in distilling the heads of the common tansy (*Tanacetum vulgare*); the filtered residue is evaporated to the consistency of honey. Treated with lime and animal charcoal and dried, it is diluted first by water, acidulated with hydrochloric acid and afterwards by acetic acid. The tanacetic acid is deposited in coloured crystals, which are purified by repeated washings in distilled water. It has a sharp, bitter taste. It is insoluble in water, but soluble in alcohol and ether. Nearly all its salts are crystallisable.

The author states that as a vermifuge it operates in the same doses as santonin.

"Woman."

SUCH is the interesting title of a new weekly journal started this week with much vigour, and edited by an able lady Mrs. Amelia Lewis (by birth a German 'we hear). It consists of 24 pages, the size of the *Saturday Review*, and all its articles both leaders and others, have the signatures of the contributors, who are all remunerated. In the Educational Department we notice an article by Dr. C. R. Drysdale on the present means for Medical Education for Women in England and Scotland, and another by Adolph Rolenteau on Medical Education for Women in France. Both contain most interesting facts, and we think that with care *Woman* may live.

The Qualification for Surgeoncy to Irish County Infirmaries.

THE disputed questions in reference to this matter which have been raised in connection with the Kerry Infirmary, came before the Court of Queen's Bench, Dublin, on Friday last, when—

> Mr. W. Hickson moved on behalf of Dr. Lalor for an information, in the nature of a *quo warranto*, against the defendant, with the view of cancelling the defendant's election to the office of surgeon to the County of Kerry Infirmary. It appeared that Dr. Francis Croupe having through ill-health resigned the office in question after holding it for fifty years, notice was given that the Board of Governors, consisting of 17 members, would, on the 28th July, 1871, proceed to elect his successor. On the day mentioned 12 members of the board attended. Three candidates offered for the office. A second polling placed Drs. Alton and Lalor on an equality of votes —6 for each. Dr. Lalor's supporters suggested that the election should be postponed for a larger attendance of the governors, but the chairman, Mr. Sandes, after some hesitation, yielding to the wish of Dr. Alton's friends, gave a casting vote in favour of that gentleman, who, having nominally a majority of one vote over Dr. Lalor, was declared elected.
>
> Dr. Alton was a member of the Royal College of Surgeons, and co-opted by the Royal College of Surgeons in Ireland, in 1844-5; yet not being a L.R.C.S.I., counsel contended that the honorary distinction he obtained did not constitute letters testimonial, and therefore he was disqualified to fill the office of surgeon to an Irish Infirmary. It was also alleged that the giving of the casting vote was illegal. The conditional order granted on both grounds.

As we have already informed our readers the subject of dispute really is as to whether a Fellow of the College of Surgeons, who obtained his Fellowship without examination in the year 1844, possessed the privileges which by the Act of Parliament are conferred on the olders of the "Letters Testimonial" of the College. Dr. Alton contends that by the first clause of the Collegiate Charter, all the rights, "privileges, and immunities" of a member of the Corporation are given to him, and amongst these is the holding of a County Infirmary, while Dr Lalor maintains that as Dr. Alton never possessed the "Letters Testimonial," he is ineligible, and that it never was intended to confer on co-opted Fellows the privileges of Licentiates by examination.

Homœopathic Recantations.

THE conversion of homœopaths to common sense has, as we have more than once pointed out, been recently making rapid progress. Obviously the temper of our day is not with billimeths of vacuity, nor will sick people not spare time for the vagaries of homœopathy when, by the other road, they may help to hasten the unaided efforts of Nature. In the last *Homœopathic Review* Mr. Charles Allen reads the following remarkable recantation:

> "The carefully-recorded results of 860 cases leave no doubt on my mind as to the marked general superiority of the low attenuations of drugs.
>
> "Years ago I used the thirtieths almost exclusively, and I did not find that the most carefully-chosen medicine was by any means to be relied on in cases that required *serious* (*sic*) treatment.
>
> "I tried lower and stronger attenuations with ever-increasing success.
>
> "I now find that, save in rare cases, I can certainly cure my patients with the first centesimal, the first decimal, *or drops of the strong tincture* extended in a proper quantity of water.
>
> "I, for one, would rather follow Hahnemann while in the full vigour of his mid-age maturity, than in the comparatively enfeebled epoch of his increasing senile infirmity.
>
> "I respectfully ask my fellow-practitioners . . . . to remember only that, when Hahnemann was getting very old, he advocated the thirtieth attenuation.
>
> "It can be no indignity to compare one great man to another. Let me, therefore, remind our ultra-Hahnemannic brethren, that even Homer sometimes slept.
>
> "We want, therefore, stern, unflinching truth.
>
> "We may well, then, *after fair trial*, ask ourselves these simple questions :—
>
> "Do Fincke's high potencies cure?
>
> "Does *merc. sol.* 30, cure syphilis?
>
> "Does *sulph.* 30, cure the itch?
>
> "Experience says—No.
>
> "And the utmost that can be urged in favour of high potencies is, that they may cure under certain favourable circumstances of exceptionally exact diagnosis."

We gladly welcome the emergence of any practitioner from the fog of Hahnemannism, but we venture to enquire whether Mr. Allen still continues to call himself a homœopath. It has often been said that homœopathic practice is in many instances a false pretence to satisfy the prejudices of old women who have a taste that way, and who would not willingly submit to medical treatment if they knew it. We hope that such an insinuation is undeserved, and that the whilom disciples of infinitesimalism take care that snuffs of starch and potions of cold water do not get the credit due to medicine scientifically prescribed.

A Specimen of an Irish Pauper.

THE *Nenagh Guardian* publishes a letter addressed by a pauper in the workhouse to the Board of Guardians—a sort of ultimatum statement of the accommodation and privileges which he will accept at their hands in lieu of board and lodging in the union, and in default of which he unequivocally refuses to yield possession. If we may judge of the style of the communication, which is faultless both in orthography and composition, the "man in possession" is a person of education and manners, and apparently well versed both in law and diplomacy. He writes as follows:—

> "GENTLEMEN,—I beg to inform you that it has been intimated to me that my stay in this workhouse is a subject of some concern to the ratepayers of Cullenwane. I therefore think it necessary to also say something on the matter, by the way of reason for my remaining here. It is unnecessary for me to inform the ratepayers above that I have a helpless family—my eldest boy being scarcely strong enough to assist me in daily work. Nevertheless it is only a question of employment with me. On the day I get *permanent* employment I will leave the workhouse. I want such employment to be constant, *otherwise it would not suit me in my present circumstances. Until such as I have now spoken of is procured me, I cannot consent to leave the workhouse, and if they can't get me suitable employment, let them send me to America* (which, perhaps, might be easily done now in connection with free and assisted passages of families, &c.), then I am no longer a tax on their generosities."

It was stated to the guardians that this pauper cost the union £83 a-year. Was there ever a more scandalous misappliance of charity than his maintenance at the public expense?

The Training of Army Midwives.

THE Lieutenant-General commanding at Aldershot having approved of a limited number of the wives of non-commissioned officers and soldiers being trained as midwives at the female hospital, the *United Service Gazette* says that officers commanding regiments in the South Camp and Barracks, likely to be some time at the station, and in which there are at present no qualified midwives, have been requested each to send in the name of a respectable married woman, who has sufficient leisure to afford the necessary time for instruction. The course will occupy about three months. Persons selected must be intelligent, and able to read and write, and must reside in her own quarters. It is proposed to take four into training at one time, and these will be selected from the names sent in. The course of instruction commenced on February 1.

Xylol.

IN Berlin it seems that this hydrocarbon has been used in small-pox with good results.

The *Berlin Klinische Wochenschrift* states that Dr. Zuelzer, of the Charité Hospital, had administered xylol in cases of small-pox, with the most complete success. It is given in doses of from 3 to 5 drops for children, 10 to 15 drops for adults, every hour to every three hours: as much as a teaspoonful at a time has been taken. The most convenient form of taking it is in capsules containing 3, 5, 8, and 12 drops each.

The theory has been broached that xylol is taken up by the blood, and acts as a disinfectant. Absolute purity of the xylol is necessary, as toluol and other analogous compounds do not possess this peculiar action, and it seems there are some practical difficulties in obtaining xylol absolutely pure.

Xylol, or xylene, C_8H_{10}, was first separated from coal naphtha by Dr. Hugo Müller; it is obtained by fractional distillation until a distillate is obtained of about 140° C. boiling-point; this is mixed with sulphuric acid, which dissolves xylol, forming xylol sulphuric acid; this acid is decomposed by dry distillation, and the xylol thus obtained is further purified. Pure xylol is colourless, it has a faint odour, somewhat like benzol, but different, boiling point, 139° C., specific gravity 866.

Iron in Uterine Injections.

IN a discussion on uterine injections, at a late meeting of the New York Obstetrical Society, Dr. Noeggerath believed the subsulphate of iron less dangerous than the sesquichloride, from the use of which he once occasioned a metro-peritonitis.

Progressive Muscular Atrophy.

A CASE of "Progressive Muscular Atrophy, Simulating Glosso-Labio-Laryngeal Paralysis," is related by T. M. Cross, M.D., New York (*Journal Psychological Medicine*), from which the subjoined deductions are drawn:—The motor cells are only partially involved at the origin of the facial nerves. The embarrassment in speech arises from three factors, namely, the weakened tongue, the paresis of the lips, and the paralysis of the soft palate; these, conjointly reacting upon each other, are the cause of all the difficulty in articulation, and are the result of the changes taking place in the nuclei of the hypoglossal and facial nerves. The diminution in the electric contractility of the tongue is directly caused by the loss of its muscular fibre, while the fibrillary contractions which are the precursors of atrophy, together with the loss of power and the lack of dexterity in performing nice manipulations with the left hand, show very plainly that the disease has already the cervical enlargement.

Management of Epilepsy.

DR. BROWN-SEQUARD recommends, in the treatment of epilepsy, the following combination of the bromides of ammonium and potassium:—

℞ Potassii iodidi, ʒj.;
Potass. bicarb., ℈ij.;
Potassii bromidi, ℥j.;
Ammonii bromidi, ʒiiss.;
Inf. columbæ, ℥vj.;

S. A teaspoonful before each of the three meals, and three teaspoonfuls at bedtime, with a little water.

Dr. Robert Bartholow's (*Fisk Fund Prize Essay*) plan of treatment consists in giving a powder, containing two scruples of bromide of potassium dissolved in water, three times a day, and after the cessation of the paroxysms a drachm dose at bedtime only. It is now well known that a patient cannot omit his dose for a single day without danger of having the attacks return, and he cannot be considered exempt until he has passed two years without a convulsive seizure.

To prevent the development of bromism, Dr. Brown-Séquard is in the habit of combining arsenic with the bromide of potassium. Since using this combination, he has not observed so much the debility caused by its prolonged administration. The use of iron, strychnia, the hypophosphates, is also indicated to maintain the health of epileptics during a course of bromide of potassium. The hygienical means consist of abundant food, wine, outdoor employment, and a careful regulation of the moral life.

Extroversion of the Bladder.

Dr. John Ashurst, junior surgeon to the Episcopal Hospital, Philadelphia (*Am. Journ. Med. Sciences*), refers to twenty cases (including his own) in which plastic operations have been resorted to during the last eighteen years, for the relief of extrophy of the bladder. Of these 20 cases, 14 were absolutely successful, 3 were failures (Holmes 2, Wood 1)—the patient's condition being, however, in no degree rendered worse by the operation—while three terminated fatally (Richard, Pancoast, Wood), though in only one (Richard) was death attributable to the interference of the surgeon. Of the 20 patients, 16 were males and 4 females; 13 were under and 5 over twenty years of age, the age of the other two not being mentioned.

Chloral in Asthma.

From the many reports on chloral we select the following from American sources. Dr. W. H. Canaday in the *Ind. Med. Jour.* says :—

"A child, 11 months old, had colitis in the early part of the summer, with frequent relapses since—was enfeebled and emaciated—took measles, attended with an incessant cough, which harassed it day and night, preventing sleep. It took one and a half grains of chloral every two hours, in simple syrup, for a week, which kept the cough quieted. If it were left off for a few hours over the time, the cough would become very harassing, but on giving the chloral again it was soon relieved. After continuing it for a week or more it was afterwards given occasionally, as the cough seemed to require. I have used it in several cases of bronchorrhœa with the effect, apparently, of relieving cough and drying up the secretion; have given it to small children in grain doses frequently repeated, for colic, restlessness, &c., and find it the best soothing syrup that I have ever used."

"A little boy, 3 years old, has asthma, cannot lie down on account of difficulty of breathing; slept none last night, was nursed and carried in his parents' arms all night. Now (ten o'clock, A.M.,) his breathing is very laboured, countenance anxious and dusky, appears to be almost asphyxiated. Gave him fifteen grains of chloral, by estimation, and went across the street to see another patient; returned in an hour, found him asleep and breathing much easier. We left him some powders of pepsin and bismuth on account of indigestion, to be taken every four hours, with from eight to ten grains of chloral half way between, unless he should be hard to awaken, in which case leave it off. Next day he was breathing much better, and was running around in a few days."

"A gentleman, subject to attacks of nephritic colic, which lasts him from a few hours to two days, while suffering from a very severe attack, took forty grains of chloral, and repeated it in two hours, and afterward less frequently, which so far annulled the pain as to rob it of all torture, until the gravel had reached the bladder."

CHLORAL IN PARTURITION, ETC.

Dr. T. Curtis Smith, of Middleport, Ohio (*Med. & Surg. Reporter*), gives the following results of his experience with chloral :—

"In parturition, it is an agent of great value for the relief of pain or to relax a rigid os or perineum. Especially is it useful in those cases where the pain is peculiarly distressing, with but feeble contraction of the uterus and but slight dilatation of the os. During the first and second stages of labour the pain can be greatly diminished or entirely destroyed, without affecting the contractile power of the organ, and labour is often expedited by completing the relaxation necessary. But during the third stage and for a few days after it, I can hardly deem it a proper remedy, for the reason that it allows or causes too great relaxation of the uterus, thus favouring hæmorrhage, which would be difficult to control while the relaxing power of the chloral should last. Now, as the effect of doses given during the second stage must continue into the third, it follows that this relaxation continues, and it becomes the duty of the accoucheur to attend more closely than usual to the contraction of the uterus and the quantity of the discharge that is going on. It has, two or three days after labour, been followed by dangerous hæmorrhage, and must be used under such circumstances with *great care*, if at all. In pertussis and coughs it is a highly beneficial agent, given at bed time, securing the patient good sleep over the night, but during the day, if given in doses large enough to control the cough, its hypnotic power proves objectionable. For pleuritis, pleurodynia, gastralgia, colic, and very painful diseases, I have not found it equal to opium or its alkaloids, but it is very admissible where opium is followed by ill consequences.

"In strangury, intestinal stricture and spasmodic maladies generally, I deem it a highly valuable agent; I cannot, however, speak highly of its value in the convulsions of children, having used it but a few times, and then observing somewhat dangerous symptoms following it."

Aconite.

Dr. S. S. Keene, of Providence, has reported a peculiar case of "Poisoning by external application of tincture of aconite root, through a wound in the index finger of the right hand," describing the effects of the poison, and the remedies effectually applied.

Sir B. C. Brodie will, it is said, resign the Professorship of Chemistry at Oxford. We regret to hear that ill-health is the reason.

Dr. Bradbury, of Downing College, Cambridge, has been appointed Linacre Lecturer in Physic at St. John's College, vice Dr. Paget, recently appointed Regius Professor of Physic.

The will of the Rev. T. Fownes Luttrell, late vicar of Dunster, Somerset, contains the following charitable bequests :—To the Taunton Hospital, £500; Bath General Hospital, £300; Eye Infirmary, Taunton, and the Village Hospital, Dunster, each £200.

Dr. C. T. Gardner, of Providence, reported to a late meeting of the Rhode Island Medical Society a very interesting case of "Hydatid Degeneration of the Kidneys," in a newly-born child, which occurred in his Medical practice, with an exhibition of the diseased kidneys preserved in alcohol. Dr. Gardner gave a full report of the details of the case, which was the third instance in which it had occurred to the same mother, and some discussion followed the reading of the paper.—(*Boston M. and S. J*).

Dr. Thomas C. Lawton has met with a very remarkable case of "Extra Uterine Fœtation." He gave to a society a very interesting account of the case, says the *Boston Medical and Surgical Journal* in which death occurred July 17, 1871, æt. 62 years. A *post-mortem* examination discovered a fœtus at large in the abdomen, which, upon removal, weighed four and a half pounds, and had been considered a movable tumour by nine physicians, which had been borne by the mother for *twenty-nine years*, and always declared by her while living to be a child.

THE United Hospitals' Annual Dinner on Thursday evening last was a great success.

THE Annual Meeting of the Governors of the National Hospital for Consumption, Ventnor, will be held at the London offices this day (Wednesday).

THE communication on "Epiphysary Fracture" in our last, was by Mr. Edward Hamilton, of Dr. Steven's Hospital, Dublin, whose name was by error omitted in its heading.

AT a public meeting held in London last week for the purpose of promoting the Livingstone Search Expedition, the Lord Mayor, Sir H. Rawlinson, Colonel Grant, the African explorer, and Lieut. Llewellyn Dawson, who is to command, were amongst the speakers, and it was announced that the funds amounted to nearly £3,000.

THE illustration which appeared in Mr. Croly's communication on "Bent Knee" last week, was inadvertently inserted there. It had reference to a coming paper by Mr. Corley, on the Bavarian method of treating fractures and will appear with it.

WE are informed that in the course of a few days—probably on Saturday or Monday—their Royal Highnesses the Prince and Princess of Wales will proceed to Osborne for the benefit of the Prince's health. The Royal party will rest at least one night at Windsor on the way down, and will not pass through London at all.

ACCORDING to the quarterly return of the Registrar-General, in the United Kingdom the births of 256,319 children, and the deaths of 175,890 persons of both sexes, were registered in the three months ending on the 31st of December, 1871. The national increase of population was thus 80,429. The deaths were raised to the extent of 7,000 over the average by the severity of the weather; and the mortality was above the average, especially in the towns of the kingdom. Small-pox, owing to the defective administrative arrangements, was, in spite of the Compulsory Vaccination Act, more fatal than any other epidemic; of it more than 6,000 died, chiefly children. Last week in the metropolis 1,602 deaths were registered, being 170 below the average.

THE French Minister for War has, according to *L'Abeille Medicale*, issued instructions that the principal veterinary surgeons of the army shall perform an inspection of the horses belonging to that service both in France and Algeria. In that inspection they will be directed to report upon the actual sanitary condition of the animals, and to assure themselves that all regulations relative to their hygiene are practically carried out. They will further indicate what improvements seem to them to be required in regard to the food of the horses, and take notice in regard to the *personnel* of the veterinary departments. This inspection, which has already begun, is expected to yield useful results to the army and the treasury, as well as to the veterinary body itself.

A NEW ALCOHOLIC DECLARATION.

THE use and abuse of alcohol in medicine has, since the memorable Declaration—which was first published in these columns, and subsequently copied into hundreds of other publications—taken its place amongst the most important medico-physiological questions of the day,—all the more urgent because it is a subject on which the public has formed its own independent ideas, and which the profession cannot therefore debate simply on scientific therapeutic grounds.

The action of a very unscientific *quorum*—an Irish Board of Guardians,—animated by a very unscientific object—that of economising the rates—has put us in possession of a document which, *pro tanto*, is a very significant corollary to the Declaration, and to which we think it right to call attention. The Clerk of the Mountmellick Union submitted to the last meeting of his Board a return, prepared by him at their suggestion with care and accuracy, of the quantity of wine, beer, and spirits consumed in 91 out of the 163 Union Workhouses of Ireland in the last year, and side by side with it a statement of the daily number of persons relieved, the average cost per head for stimulants, the mortality and the percentage of deaths to the number relieved. This return presents the most extraordinary extremes of expenditure. The actual cost of stimulants varied in different Unions from 16s. up to £879 a year, and the cost per head of persons relieved from 0¾d. in Lurgan (where an average of 385 persons consumed only a guinea's worth of stimulants in the year), 1½d. per head in Mullingar, and 2½d. per head in Newtown-limavady, up to £1 5s. 10d. per head in Donaghmore, and 17s. 6d. per head in Urlingford and Rathkeale. In the Unions we have named, and which we take as extremes, the percentage of deaths to average daily number of paupers relieved was—

Lurgan,	35½ per cent. ;
Mullingar,	21 „ „
Newtown-limavady,	20½ „ „
Donaghmore,	18 „ „
Urlingford,	12½ „ „
Rathkeale,	22 „ „

The author of the Report sums up his results in the statement that of 20 unions whose expenditure does not exceed 1s. per head per annum, the mortality is 22¾ per cent.,—in 30 whose expenditure is over 1s. and up to 5s., the mortality is 22¾ per cent., and in 34 whose expenditure is over 5s. the mortality is 25 per cent.

These figures must, of course, be taken *quantum valeant*, and no accurate conclusion can be drawn from them except on a close comparison of the age and health of the paupers in each union, and the proportion of old and sick to able-bodied inmates. So far as it goes, however, Mr. Goodbody's valuable and painstaking report undoubtedly establishes the hypothesis that, as a matter of health and mortality, a large expenditure in stimulants is not justified. There are grounds of humanity on which, perhaps, a moderate ration of stimulants to weak and aged paupers may be defended, but the medical profession is concerned for their health, and a very important and radical issue has been raised, the data for which ought to be official and unchallengeable as to their accuracy, and we, therefore, trust that Mr. Goodbody's return may be the subject of a more comprehensive and conclusive investigation.

SCOTLAND.

EDINBURGH.

On Wednesday evening Dr. Lyon Playfair, M.P., delivered a Lecture before the Philosophical Institution, "On Teaching Universities and Examining boards." The lecturer discussed the views recently announced by Mr. Lowe, at Halifax, and advocated the preservation of the individuality of Universities as teaching institutions, and deprecated the destruction of such individuality through the establishment of Common Examining Boards.

The Infirmary interdict.—Counsel were heard on Wednesday by Lord Mackenzie on the note of suspension and interdict against the March election of Surveyors for the Royal Infirmary. His Lordship has taken the case to *avizandum.*

Dr. Andrew Wood has addressed a letter to the contributors of the Royal Infirmary urging the claims of that institution, and deprecating the idea that the present divisions which have arisen among the contributors upon a certain question will diminish the support already granted to it. Dr. Wood under any contingency is prepared to give a subscription equal to what he originally gave.

Scholarship in Sanskrit.—Dr. John Muir has placed in the hands of the Senatus Academicus of the University of Edinburgh the sum of £100, to be given as a prize to the candidate who shall manifest the highest proficiency in the examinations for the degree of doctor of Science in the departments of Sanskrit and comparative philology at that university. The competition for the prize will be open to graduates in arts by examination (of not more than seven years' standing) of any British or recognised university.

◆

Literature.

LECTURES ON CLINICAL MEDICINE (a).

Valuable as the three preceding volumes of lectures were, we are not sure, but that the present one is superior to the others. It consists of sixteen lectures, chiefly taken up with diseases of the digestive system. Each and all of these are marked by the peculiar features which pervade all the writings of our author. A large and well digested experience; a most extensive knowledge of the labours of others, especially of English writers, including our own Graves, a familiar acquaintance with human physiology; and the whole evidently guided by an intellect of the largest calibre; such appear to us to have been the acquirements possessed by the late A. Trousseau, which naturally placed him at the very head of the French physicians; and which, we believe, he held to the latest moment of his life. It is rarely, indeed, that any one's mind is so gifted, and, when so, turns the gifts to such good account; and we do not know that we could name any other physician who has contributed so many essays of the highest merit: as these must all be allowed to be. No single person could possibly write a complete system of medicine. But our author has gone as far in this direction, or indeed further we may say, than any other physician; and this is no small triumph. To compare him, for instance, with Niemeyer would, it appears to us, be a very great mistake. It is true the latter has written a "Practice of Medicine;" but we doubt much if it will hold its ground; though we are quite aware of its being greatly thought of, and of its author being considered in Germany as the first of physicians. We repeat that we do not look upon the German as at all equal to the French physician. And now, to come to the contents of the volume before us. The first lecture—essay we would call it—is "On Dyspepsia," which the author professes to treat in only an incomplete manner. The reader will arrive at a different conclusion, for the whole lecture is full of remarks of the highest practical value. We observe, too, our author speaks very strongly against those who imagine that they have nothing to do in treating dyspepsia, but to order alkalies if there be over acidity, or *vice versâ.* In other words they look on the living organism as if it were a chemical laboratory, in which their remedies will act similarly. Against this mechanical idea our author protests, and we entirely concur with him; and he not only speaks in this way, but proves by a direct appeal to experience that such notions frequently lead to erroneous practice, and do far more harm than good. But we must refer our readers to the lecture itself about this point. We notice that our author speaks of a remedy, in certain forms of dyspepsia, which has been but very little used in these countries. We allude to the inhalation of oxygen which has been recommended in France, and has succeeded in cases of a very grave character. The author details two such cases where success followed its use, after all other means seemed to have failed. The use of this agent is due to Demarquay, and it is a point of practice not to be forgotten. The second lecture is "On Chronic Gastritis," and it also is excellent in its way. The author enters at some length into the diagnosis between cases of chronic gastritis and cancerous disease of the stomach; a point in practice we need scarcely add, often of the utmost moment to decide. In many cases our author thinks it matter of prudence to suspend our judgment till we have made a fair trial of remedies. No doubt this is a most important rule; for it is certain that cases occur, and, indeed, such are not uncommon in our own experience, where all the symptoms of malignant disease exist, and yet the case is one of chronic gastritis. A very well detailed case of this latter kind is given, where our author thought cancer must have existed, and yet the patient got quite well.

The third lecture is in close connexion with the last being "On Chronic Ulcer of the Stomach," the diagnosis of which is known to be so frequently obscure. The cases detailed, as well as the remarks of our author, are of the highest practical value. We do not observe, however, that he alludes to those cases of the disease where perforation is almost the first symptom which declares itself. We need scarcely add that such cases are always fatal; though one came under our own notice, where, with all the symptoms of perforation existing, and in a profound degree, the patient rallied, and is still alive, after several years. The diagnosis of this case may, of course, have been erroneous. Such cases as these—we mean of perforation—may not be common in France. But they are certainly tolerably frequent in these countries, and occur always, we believe, in young women, and while, to all appearance, in good health. In more than one case we have known the suddenness of the attack, and rapid death, give rise to the suspicion of poison. Our author's remarks apply chiefly to cases where hæmorrhage arose from the ulcer, and this is to be met in both sexes. In this lecture we would specially direct the attention of our readers to the author's remarks on "Melæna."

The two following lectures are occupied with the subject of "diarrhœa" in its several forms. We do not observe any special points to notice; with the exception that our author speaks very highly of the use of raw meat as being of great use in many cases. He uses it in both adults and children, and the fullest account is given of the mode of both preparing and giving it. We notice this plan here, as we believe it is not in as general use as it deserves to be. There is clear evidence of its succeeding after the ordinary treatment had failed, and some cases in illustration will be found detailed. It is worth noting that the use of raw meat has been followed by the appearance of worms, and our author dwells on the fact. The next lectures are on "Lactation," and "Weaning," "Dysentery," "Constipation" and "Fissure of the Anus." Though all good in their way, we do not observe any special points to notice in them. These again are followed by a very valuable essay on "Intestinal Occlusion," in which our author enters very fully into the question of performing gastrotomy; of course, after all ordinary means have failed. This question we consider one of the very highest practical importance, and one which has got little, if indeed, any special attention in these countries. We have both seen and known of cases of intestinal obstruction in which it seemed to us the surgeon would have been fully justified in opening the abdomen. Yet the opposite opinion prevailed, and nothing was done. Our author would not have acted this way, for he advocates the measure strongly. For ourselves the liberties which are, at the present day, taken with the abdominal cavity, and without any bad results, has long since satisfied us of the possibility of success; to say nothing of the frequency with which the abdomen is opened in cases of hernia, and with success. The subject, however, is too extensive to be entered upon here, and we shall only make one remark about it; which is that, in many cases—probably the majority—the strangulation is due to a cause which the very slightest manipulation would remedy; as a slight twist in the bowel, or a knuckle of intestine hanging through an abnormal opening in the mesentery, or a chord of lymph fixed at both ends, and under which a portion of intestine has passed.

(a) "Lectures on Clinical Medicine," delivered at the Hotel Dieu, Paris. By A. Trousseau. Volume Fourth. Translated from the Edition of 1848. By John Rose Cormack, M.D.Edin., M.D.Paris. The *New Sydenham Society, London,* 1871, pp. 470.

With this knowledge in our minds we repeat an operation would be fully justifiable, and the day will, nay must come, when it will be undertaken as a matter of course. No doubt the risk will ever be great; but better to give the chance than let the patient die miserably.

Our space forbids us to do more than name the next few lectures, which are on "Hepatic Colic," "Biliary Calculi," "Hydatic Cysts of the Liver," "Malignant Jaundice," and "Syphilis in Infants." In each and all of these the reader will find many practical observations. The cases given too, and particularly in the first of these, are of special value, and any one who might be at a loss in their diagnosis, will be very likely to get assistance here. Into the intricate subject of syphilis, we do not venture to speak at all.

The concluding lectures of the volume are occupied with gout, and what may be called the allied affections; that is, rheumatism and its varieties. The first of these is of more than ordinary practical value. From the author's great experience and grasp of mind, we do not know there is any lecture in this volume of more importance than the one which treats of gout, both in its regular and anomalous forms. We observe the author is entirely opposed to any treatment which can interfere with the regular attack of the disease, and on this point of view he has many to support him. For ourselves we believe gout is to be treated as well as other diseases. But we do not mean by this that any vigorous measures are to be adopted, such as what are understood as the antiphlogistic treatment. We have known patients try and bear an attack of gout, to let it burn itself out as the expression is. But very few are able to endure to the end, and we repeat that gout, like other affections, may and ought to be treated, and with ordinary discretion can be brought to a termination much sooner than if left to itself. When, however, gout becomes chronic, our author does not hesitate to treat it, and all he says is excellent and to the point. In the use of alkalies and alkaline waters, he considers that great caution ought to be used, else that mischief will surely accrue. Indeed, we have ourselves known patients return from the alkaline Spas not bettered in any respect. The fact is, they do not suit all constitutions, and in some they certainly disagree. Yet the feeling is, that a gouty patient has nothing to do but visit one of these places, and get well at once. Our author, we should add, approves, in chronic gout, of the limited use of colchicum, by which he means its being prescribed for three or five days at one time. He also combines with it both quinine and digitalis. The next lecture is on "Nodulear Rheumatism," which our author considers to belong to neither gout nor rheumatism; but to be a disease *sui generis*. Like all the preceding lectures, this one is almost exhaustive, and will well repay perusals; as will also the last one in the volume on "Acute Articular Rheumatism, and ulcerating Endo-Carditis." This lecture is not so much occupied with the subject of acute rheumatism, as with the varieties the disease exhibits, and the more unusual complications met with. Besides those of the heart and chorea, we have affections of the brain, described with embolism, phlebitis.

Our author does not seem to have a preference for any special plan of treatment. Speaking of the alkaline, he hopes it may prove as successful as it has been stated to be; and to the opiate plan of treatment no allusion whatever is made. Still, if the heart get affected, he advises both local bleeding and blistering to be at once used.

We have thus given the very briefest sketch of the chief contents of this volume. Possibly, what has been said may have been enough to induce our readers to peruse it for themselves; and we venture to say their time will not have been thrown away, and they will arise from its perusal with the conviction that they have been in company with one of the master minds of our Profession.

GUIDE TO THE STUDY OF THE MATERIA MEDICA.

Dr. Alexander Harvey and Dr. A. Dyce Davidson, joint professors of materia medica in the University of Aberdeen, being impressed with the exceeding great number of articles and preparations that have a place in the Pharmacopœia have arranged for the guidance of students a very useful little pamphlet wherein the articles and preparations of the Pharmacopœia are printed according to their relative value.

The pamphlet is in fact, as its authors state, a *catalogue raisonné*. Of the primary articles of the materia medica four degrees of value have been assumed, and these are indicated by four different forms of type. In the same way the Galenical preparations have assigned to them a higher and lower degree of value, and any member of the higher or lower division to which it is desired to draw special attention is indicated by an asterisk (*).

Opinions will, of course, differ as to the values assigned to articles and preparations, this is unavoidable, but of the great use of this little book to students there can be no question; a single glance down one of the pages shows at once all the most important names by the character of the type, while the remaining less important members on the list are enumerated in type of less conspicuous form.

The book is dedicated to Dr. Parkes, of Netley Hospital, and in the short introduction will be found some good hints for teachers of materia medica.

A MEDICO-LEGAL CURIOSITY

COURT OF QUEEN'S BENCH.

February 2nd and 3rd.

WILLIAMS V. THE CAMBRIAN RAILWAY COMPANY.

This was an action to recover £174 5s. 3d. for medical advice, &c. The defendants had paid £90 into court, but disputed their liability as to the remainder.

Mr. Lopes, Q.C., and Mr. Charles were counsel for the plaintiff; Mr. H. James, Q.C., and Mr. Turner were for the defendants.

The plaintiff was a medical man residing at Aberystwith, and on the 2nd November, 1869, he was called upon to attend professionally a gentleman named Dashwood, who had received serious injuries in a collision on the defendants' line at a place called Carno. The plaintiff's case was that his charge was at the agreed sum of ten guineas per week, Mr. Dashwood having been removed to Llanysillea, with Miss Dashwood, who was slightly injured in the same accident, about four and half miles from Aberystwith. Mr. Dashwood's injuries were such as to require almost daily attention for seventeen weeks, nine weeks of which time he was confined to his bed. The charge included attendance on Miss Dashwood and another passenger, who was also injured.

In cross-examination by Mr. H. James, Plaintiff stated that at the request of the company he sent in a bill of particulars. In it he had charged at the rate of 755 doses of medicine, 73 lotions and outward applications, and 100 pills and powders, supplied to Mr. Dashwood; and at the rate of 222 doses, 9 powders, and 44 lotions for Miss Dashwood, in seven weeks. There was also an item in the bill for correspondence with Mr. Elwes, the traffic manager, in 25 letters both ways, each at the rate of 10s. 6d. per letter.

He had made the charge of 25*l.* to the station-master at the Bow-street Railway Station, for attendance, &c., but never expected to receive anything; the man offered to pay him in cauliflowers (laughter). He planted him a quantity, and they had all rotted (laughter). The man also paid his tailor's bill with cauliflowers (renewed laughter). This was the first time he had attended a patient under contract. His charge for visits and medicines varied from 5s. to 7s. 6d. per visit in Aberystwith. He sent in the bill to show what really had been done and not for the purpose of charging. He knew he gave all the medicine (laughter), and the charges were fair and reasonable.

Mr. Payton Dashwood said he negociated the settlement of the compensation for his brother, Mr. Arthur Dashwood, who was the person injured. The amount of compensation received from the Company was £375. Mr. Elwes then told him the medical attendances came to £120 or £130, which he urged was a reason why the Company should pay less compensation, but he (witness) said he considered it as a reason why the compensation should be greater, as showing the serious character of the injury. Mr. Elwes said he should have to get plaintiff to take less than ten guineas per week. The injury turned out more serious than was expected. The family were highly satisfied with what the plaintiff had done for his brother. By arrangement with Mr. Elwes, plaintiff was to attend his brother until he was able to travel to London.

After two or three medical men in the neighbourhood had given evidence for the defence, alleging excessive charges by Dr. Williams, the jury ultimately returned a verdict for the plaintiff for £10 in excess of the amount paid into court.

The case certainly presents a ludicrous, and perhaps not very creditable aspect in regard to the enormous quantity of drugs which the unhappy patients are alleged to haveneigest

A dose of physic and a rubbing of liniment every hour and half for a hundred and twenty working days, must inspire at least amazement, and admiration for the iron vigour of the patient's constitution, if it does not say much for the purity of the doctor's surgery. But we don't see that his claim can be disputed on that ground. Dr. Williams was admittedly retained by the Company to attend the patient until his return to London, and he did so to the avowed satisfaction of the patient, though, perhaps, with over-much assiduity to please the Company. It does not seem to be denied that the thousand and eighty-six doses of physic, and the hundred and seventeen lotions were supplied; whether they were necessary no one but the doctor can be the judge, and whether they were taken none but Heaven and the patient's stomach can tell, and we don't at all see how the Company could expect to be allowed to repudiate their ten-guinea contract, or to assess the quantity of medicine which a man may take and live.

THE VITAL STATISTICS OF IRELAND.

Births.—The births registered during the quarter afford an annual ratio of 1 in every 39·5, or 2·53 per cent. of the population.

Deaths.—There were 17,585 deaths registered during the quarter, an annual ratio of 1 in 76·6, or 1·30 per cent. of the population. The average number registered during the corresponding quarter of the previous five years was 18,575.

It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 39·5; and for deaths, 1 in 76·8. The registration of marriages under the provisions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory.

The average number of persons in Ireland receiving indoor relief on Saturdays during the third quarter of the present year was 41,332, against 43,751 for the corresponding period of 1870.

The average weekly number of persons receiving outdoor relief during the quarter was 23,744 against 20,292 for the third quarter of 1870.

Health of the People.—According to the number of deaths registered during the quarter, the public health was in a satisfactory state. The registered deaths show a decrease of 990 as compared with the average number in the corresponding quarter of the previous five years, and are 704 less than in the third quarter of the year 1870.

Scarlet fever and small-pox were very prevalent during the quarter. Scarlet fever was generally epidemic; 75 registrars noted the presence of this pestilence in their several districts.

Small-pox has been steadily spreading in various parts of the country. Twenty-three of the registrars report upon the appearance of the disease in their several districts. Two cases of confluent small-pox were imported into the Forkill district, Newry Union, from Middlesboro'; they both, however, recovered.

Fever, especially typhoid, prevailed in some districts. In Tullow district, Carlow Union, "several cases of relapsing fever occurred; 1 only fatal in an aged and broken-down subject." A death from relapsing fever occurred in the Castleblayney district.

Improvements in the sanitary condition of certain localities have been reported, while some districts appear to be in a sadly neglected condition. The Registrar of Castlegregory, Dingle Union, states "that scarlatina prevailed at Magharees and in no other part of the district. Some children died from it. The severity which characterised it there may probably be ascribed to the excessive filth of the villages, and to the almost total want of good water in every part of that sandy peninsula." Seven other Registrars have made reports equally unfavourable as to the sanitary condition of their districts.

NUMBER OF BIRTHS AND DEATHS IN EACH OF THE FOUR PROVINCES.

Births.—There were registered in Leinster during the quarter, 7,845 births, or 1 in every 42 of the estimated population; in Munster 1 in every 40 of the estimated population of the province; in Ulster, 11,921, or 1 in 39; and in Connaught, 5,597, or 1 in 38.

Deaths.—The deaths registered in Leinster during last quarter amount to 5,026, 1 in every 65 of the population; in Munster, 4,512, or 1 in 78 of the population; in Ulster, 5,906, or 1 in 78; and in Connaught, 2,141, or 1 in 98. The average ratios for the third quarter of the years 1866-70 were—Leinster, 1 in 61; Munster, 1 in 75; Ulster, 1 in 75; and Connaught, 1 in 96.

Foreign Medical Literature.

BOUCHARDAT ON THE EVIL RESULTS OF EXCESS OF MENTAL LABOUR AND THE MEANS OF REMEDYING IT.

(Translated for the MEDICAL PRESS AND CIRCULAR by B. BERTRAND, *Professeur de S. A. Mgr. le Prince Impérial.*)

THE principal evil result of excess of intellectual work is that it induces a neglect of bodily exercise. Men absorbed by the workings of their mind forget their body; they forget those opposite cares required by human duality. The principles so admirably laid down by Plato are transgressed every day.

This neglect of the body among brain workers is especially common in France; it is far less so in England. In this latter country the aristocracy has maintained itself, because several old families have retained their vigour in consequence of the equal care they have bestowed on their mental and physical development. The English gentleman fortifies his mind by study, and his body by daily exercise. I will sketch slightly the principal dangers incurred by neglect of bodily exercise by those persons whose lives are spent in intellectual labour, or in any sedentary occupation.

The class of society in which intelligence is developed by exclusive intellectual exercise, is generally one which enjoys that modest competence so favourable to health, and which understands best how to shelter itself from such dangerous excess.

In spite of these favourable conditions, old age is too frequently premature, and death comparatively early in this privileged class. Cancer of the stomach occurs more often in this than in any other class.

Over excitement of the nervous system is one of the causes of the frequency of certain forms of insanity. There is also another which I ought to mention, although it is little noticed, I mean, inordinate pride.

The exclusive care bestowed on the mind, and the neglect of due exercise of the body, leads inevitably to loss of strength. Then in consequence of marriages between individuals infected with hereditary disease, one observes the lowering of the physical level of races, which at last become extinct after a very limited number of generations.

I cannot repeat too often that perfection is only to be attained by a due division of time, in order to reach by physical and mental exercise that harmonious development of all our faculties, and of all our organs. Nothing is easier; in order to succeed we have only to resolve not to squander our time. Let us never forget time wasted is life wasted.

Correspondence.

THE INFLUENCE OF MARRIAGE UPON HEALTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you have mentioned, M. Bertillon has lately given to the Academy of Medicine of Paris, a statistical confirmation of what had *à priori* been clear enough to all thinkers of note, that the unnatural life of abstinence from marriage is very fatal to the celibate population. M. Bertillon having had to draw up a paper on the influence of marriage on mortality, consulted the registers of the only three countries in Europe which were carefully enough kept to give him a reply to his question, those of France, Belgium, and Holland, and shows that if the male sex be first considered, we find that from 25 to 30, of 1,000 married men furnish 6 deaths; 1,000 unmarried, 10 deaths; and 1,000 widowers, 22 deaths. From 30 to 35, of 1,000 married men, 7 die; of 1,000 unmarried men, 11½ die; and of 1,000 widowers, 19 die. From 35 to 40 of 1,000 married men, 7½ die; of 1,000 bachelors, 13 die; and of 1,000 widowers, 47½ die; and so on at all the following ages, the married man continues to live with greater facility than the bachelor. It has been said that since the most fortunate men can afford to marry, it is not astonishing that these persons should live longer. But this will not, of course, account for the very great mortality of widowers at all ages, which, indeed, surpasses that even of bachelors. Insufficient exercise of a vital function, doubtless, is *the* cause.

However, it must be noticed that 8,000 young men marry in France yearly, under the age of 20. This is very fatal to such young men, for M. Bertillon finds that, whilst 1,000 young men from 15 to 20 furnish 7 deaths, when unmarried, no less than 50 deaths occur among 1,000 young married men under 20. Hence he says with Hufeland, that "the *premature* exercise of the generative organs is the surest way to innoculate old age," a sentiment which all will endorse.

Women seem to reap less advantage from marriage than men, and there is but little difference in the mortality of unmarried and married women before the age of 25. It is but little marked even between 25 and 30. From 30 to 35, out of 1,000 spinsters, 11 die; and of 1,000 wives, 9 die. This difference augments up till 55 years of age. Thus, from 50 to 55 years of age, 1,000 wives have 15 to 16 deaths a-year, whilst 1,000 spinsters or widows, have 26 to 27 deaths. This advantage rests very marked beyond this age, although it diminishes a little; but before 25 years of age in France, and before 20 in Paris, marriage, far from being favourable to the life of women is injurious to it. The mortality of maidens from 15 to 20 is 7·53 per 1,000; of wives of the same age, is 11·86 per 1,000; and the mortality of married women from 20 to 25 being 9·92 per 1,000, the mortality of maids of the same age is 8·32.

Thus, gestation causes some dangers to women, more in Holland than in France. In Holland, 1,000 married women produce 330 children yearly; in France, 1,000 women produce 210 children yearly.

With respect to widowhood, from 25 to 30; widowhood is injurious to health; and whilst 1,000 wives and maids of this age furnish 9 deaths a-year, 1,000 widows have 17 deaths.

But in France, and especially at Paris, this mortality quickly diminishes, and at 45, the death-rate of widows is lower than that of spinsters at the same age. And at this age women who have had children are least attacked by death. "Thus marriage in women retards old age, and soothes its sufferings."

The conclusion of these statistics is that marriage is an element of health much more powerful than has been supposed, that it exercises its salutary influences especially on the male in the age of vigour, and on the female in her declining years. A calculus of probabilities shows that the man who marries between 20 and 25 has 40 years to live in place of 35, and that the young woman who marries between 20 and 25, has 40 in place of 36. Criminality and suicide are far less common among the married than the single, and insanity is less common.

What, then, must we say of all this evidence? Does it not inevitably lead us to condemn the common custom of late marriages, which is so well-marked a feature in this country? Certainly, in all respects but one, early marriages *are* beneficial to life and happiness. That one exception is the danger of bringing into existence numbers of children in excess of the capabilities already accumulated to feed and employ them. It is seen, too, from M. Bertillon's statistics, that marriage is dangerous to young men under 20. The result of these facts would seem to make any person who cares for scientific reasoning arrive at the conclusion that, after 20, marriage should be almost universal, in order to secure the "greatest health and happiness," whilst families should be as small as is compatible with the keeping up of that population which is required for the division of labour of modern times. Those who have had to think often on this question, will feel gratified to M. Bertillon for giving some precision to their language on this very interesting point of human life.

Those of the Medical profession who have occupied themselves with questions of public and private hygiene, must have long been aware that a certain amount of obscurity has existed in that part of the science which relates to the functions of generation, and that a good deal of contradictory evidence has been put forward by men of note to justify the rules they have laid down for the conduct of individuals with regard to marriage or celibacy. It has of course been long known to most men of science that whatever leads to over-rapid multiplication of the race in already peopled countries, tends to produce early death, especially in the form of increased mortality among children, and epidemics of fever and disease produced by under-feeding. Mr. Alexander Bain truly says, in an essay on "Happiness," "the public registers have demonstrated that mortality and disease diminish at every rise in the scale of wealth." M. Levy, in his treatise "On Hygiene," too, says, "It is too true that the duration of life is by no means equal in the different classes of society. Some attain on an average seventy years of age, others do not go beyond forty-five." Consumption, according to D'Espine, occasions 68 deaths per 1,000 among the rich, and more than 230 per 1,000 among the poor. All this mass of evidence has justified the expression of Mr. J. S. Mill, "that, little advance can be expected in *morality* (*i.e.* public happiness) until the production of a large family is looked upon in the same light as drunkenness." ("Princ. of Pol. Econ.," vol. i.)

The writer quite accepts this rule of conduct as laid down by Mr. Mill, as a deduction from the facts adduced by Malthus, Villermé, and the whole body of scientific economists of the 19th century, but it would appear that Medical men have something more to say on this subject in order to complete the theory of Malthus, Mill, and their school. Thus, it has been known for many years from the writings of Levy, in France, and Dr. Farr, in this country, that the mortality of married persons was less than that of celibates, and this has been accounted for by some physiologists by supposing that the non-exercise of the reproductive functions was apt to lead to derangement of the whole economy, with earlier decay and death, a view quite in accordance with the writer's belief. But many able men have dissented from this deduction from the ordinary principles of physiology, among whom may be mentioned Dr. Carpenter, Mr. Wm. Acton, and, among literary men, Mr. F. W. Newman. Dr. Carpenter, in his advocacy of prolonged celibacy as innocuous, seems to consider that the "development of the individual is opposed to the reproduction of the species," and *vice versâ*. Dr. Chapman and Mr. Herbert Spencer may be cited as holding somewhat similar tenets. Mr. W. Acton, a gentleman who has done so much good service in all questions relating to the difficult questions of sexual disorders, says in his most interesting work ("On the Functions and Disorders of the Reproductive Organs"), "under the age of twenty-five I have no scruple in enjoining perfect continence." Mr. F. W. Newman, whose opinions this writer should not think it worth while to advert to in a grave medical journal, were it not that he has seemed to influence one who has done so much as Mr. Acton, has written a pamphlet on the "Relation of Physiology to Sexual Morals," in which, after denying the induction called the *Law of Population*, he rushes into all sorts of crude speculations as to the superior splendour of chastity. Mr. Newman has, however, lived too late, and the ascetic days of monasteries alone were suited to enjoy his dogmas upon subjects he is by education utterly unfitted to propound. All physicians and surgeons of large experience who have kept their eyes open, know well the manifold evils which result from prolonged celibacy in both sexes. Males, they know, have recourse to prostitution, and contract syphilis in immense numbers; females, especially of the upper classes, too, are much addicted to masturbation, when unmarried, to the great detriment of their health of mind and body. Nor has anyone ever doubted the enormous evils caused by masturbation in the male sex since the writings of Tissot and others have pointed them out.

I am, Sir, yours, &c.,
Charles R. Drysdale, D.M.,
M.R.C.P.L., F.R.C.S.E.

◆

ON THE INFLUENCE OF ERGOT IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the last issue of your valuable journal there appears a communication from the pen of Dr. M'Keogh, of Thurles, on the above subject, in which he compares the result of a case as met with in his own practice, where he administered the ergot with one as related by Dr. Sheil, of Killyleagh, in a letter which appeared in your paper, of 15th November.

Now, Dr. Sheil in his report of the case, states, "there was not the slightest return of pains, notwithstanding repeated doses of ergot," whereas Dr. M'Keogh in his letter, says, "I gave her *forty drops* ethereal tincture of ergot; pains soon returned, and with very much force, and in precisely *one hour and a half* afterwards she was delivered safely of a large, well-developed, male child, which was in a semi-asphyxiated state, &c." Further on in his letter he says, "When only a single and so small a dose of ergot, and in so short a time, produced such effects as in this case, I am grieved to think what it might not, or rather ought not, have produced in a case where *several doses* of it were administered, and so left for a space of *three* days! Perhaps it is all owing to indiosyncracy."

Now, Sir, would not the difference in the result of these two cases (as far as the administration of the ergot is concerned) seem to prove the opinion of those authors who advocate the theory, that the injurious influence of ergot on the fœtus is due to its causing very powerful or incessant interim contractions, and thereby interfering with the circulation through the umbilical cord, rather than to any idiosyncracy of the patient or other tonic effects.

I am, Sir, yours truly,
Thos. Fearon.

Warrenpoint, 27th Jan., 1372.

◆

FLANNEL IN OBSTETRIC CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In order to avoid chills, catarrh, rheumatism, &c., woollen materials are worn in contact with the skin. Chamois leather strikes coldly when damp. Systematic wet-packing cannot be efficiently practised in midwifery cases, although it is true that blankets duly applied palliate the ill-effects of exposure to cold wet. Yet strange to say in the lying-in room the parturient female is permitted to remain hours together with drenched linen or cotton underclothing. The obstetrician in the course of his duties finds the under garments remarkably cold and uncomfortable, and orders extra covering. It would be well to institute a radical change, and insist upon the uniform use of flannel, merino, or other woollen fabric in napkins and dressing-gowns. These remarks apply also more or less to patients suffering from incontinence of urine, and to surgical cases in which wet-packing is inapplicable. Colds, fevers, mammary abscesses,—the latter perhaps rarely—may be occasionally attributed to no other cause than this wearing during long hours clothes or linen saturated with the liquor amnii, or the lochiæ.

I am, &c.,
Hanslip Sers, M.R.C.S.

◆

SCROTAL HERNIA WITH COMPLICATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The *post-mortem* appearances in the following case may interest some of your readers:—A gardener had a long-standing scrotal hernia, for which of late he had been wearing an inefficient truss. On the Friday, when lifting a heavy frame, he felt a strange sensation at the seat of the rupture in the left side, and from that time the rupture never came down. He continued well, the bowels being relieved, till the following Monday, when he sent for us. He was then suffering with sickness, pain, and constipation; there was a decided fulness and some induration in the left iliac fossa, but the finger could be readily passed along the inguinal canal, and the internal ring plainly felt. An exploring operation was thought not desirable and was objected to by the patient. He lived about ten days. At the *post-mortem* examination the hernial sac with its contents was found lying within the abdominal wall in the iliac fossa. The neck of the sac was *puckered and unyielding*, and about the size of a shilling. The sac was about as large as a fist, and contained a dark fluid, several inches of intestine, which was very dark but smooth and glistening, and a portion of omentum. The omentum was firmly attached by old adhesions to the lower portion of the sack. These attachments may account for the passing up of the hernial sack itself along with the contents into the abdomen. It may be remarked that pressure and manipulation in the locality of the hernial sac gave very little pain. To those of your readers who may remember the case narrated by us, in which a large number of hydatids were removed through a trochar passed into the abdomen, it may be interesting to know the case terminated in complete recovery. We are, yours obediently,

McNab and Fowler.

Epping, Feb. 1st, 1872.

P.S.—Can any of your correspondents disprove the statements of an old writer, that the expansion and contraction of the brain is a primary motion, and that respiration is not the cause but rather a consequence of this motion of cerebral substance? D. R. McNab.

◆

VISCERAL SYPHILIS AND ITS TREATMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—This interesting monograph on "Visceral Syphilis," by Dr. Prompt, has been translated from the *France Medicale*, by a student of the Apothecaries' Hall, A. Vickery, and is so interesting that I send you it for insertion, if you think it will suit your columns.

C. R. Drysdale, M.D.

January 31st, 1872.

Few questions have given place to so many researches and difficulties as that of visceral syphilis. The diagnosis is sometimes extremely difficult; the cause is obscure, the nature doubtful, and the treatment uncertain. It is for this reason that, in the cases where we meet with internal lesions of a suspicious nature, coinciding with well-marked specific antecedents, it is necessary often to be on guard against the *axiom post hoc, ergo propter hoc*, which reserves to observers the most grievous mistakes regarding visceral syphilis; it may be said that the *post-mortem* examination alone permits an absolutely rigorous diagnosis. As to the first origin of these accidents, there is at the present day, a general tendency to attribute them to syphilis itself; however, one is obliged to make some reserves on this subject, when one finds a clinical writer as eminent as Dr. Graves, consider the anatomical alterations which are observed at the *post-mortem* in inveterate syphilitic cases, not as the result of the venereal malady itself, but as the effect of the mercurial treatment, of which the subjects of this kind of disease have always made a veritable abuse. And, admitting that it may not be thus, and reserving to the constitutional lesion the etiological rank which, without doubt, belongs to it in effect, there remains still among the majority of patients a considerable incertitude on the true nature of the morbid phenomena. When the phenomena are reduced to the formation of visceral gummata, that is to say to accidents which their anatomic form invests with a special character, we are then forced to give them a place in the picture of tertiary syphilis. But what shall we say of amyloid degenerations? Is it necessary to attribute them to syphilis itself, or to the cachectic stage occasioned by syphilis? If we reflect that they are encountered equally in marsh fevers, scrofula, and cancer, we have a natural tendency to suppose that they are a result common to a crowd of maladies entirely different in their nature, and that it is not permitted to see in each case a specific effect. On the other side, the actual imperfection of pathological anatomy ranges in identical groups, formations very diverse from a physiological point of view; syphilis itself furnishes us a striking example of this insufficiency of our means of observation; thus, between a cutaneous tubercle of syphilis and a cutaneous tubercle of leprous elephantiasis, magnifying glasses show no essential difference. Certainly a day will come when fine anatomy will emerge from this state of barbarism and inferiority; but, awaiting this epoch, we are obliged to be on our guard against the identities which the microscope seems to establish between facts; and it is wise to repulse until a new order of things, all the practical consequences which might be deduced from the use of this instrument. Notwithstanding this, the treatment of visceral syphilis is and will be still for some time uncertain; the anatomic data is a starting-point too seductive for the mind not to seek to attach itself to it, even in cases where it is not laid down with precision; as long as there can be any doubt if visceral syphilis is really syphilis, as long as there exists an apt anatomical doctrine to favour therapeutic hesitation, they will willingly refuse to anti-venereal agents the confidence which they would accord to them if their ideas were better fixed on the real nature of the malady.

M. Hardy has in his service at the Hospital of Saint Louis, an interesting patient, on whose account he has been called practically to resolve this grave question of treatment of visceral syphilis. The patient is in bed No. 31 of the ward Saint Jean. On examination, one is first struck by the livid taint which is spread over the features. This lividity contrasts with the normal colour of the rest of the body; it is a greyish yellow, and gives to the physiognomy a miserable aspect, an expression of suffering, and exhaustion. The cheeks are thin, and the eyes sunk in their orbits. The expression is vague and wearied; the lips are very pale, the conjunctiva is bloodless.

The abdomen presents a uniform tumefaction, not very considerable, in which one recognises without trouble the habitual signs of ascitic effusion. The inferior members are œdematous, but not very much so. Otherwise the anasarca and ascites are to-day in process of diminution.

M. Hardy has observed both in the patient in a much greater degree of intensity, and has seen them diminish little by little, thus we will say to the present time, in proportion as a gradual amelioration is produced in the whole of the symptoms by the effect of the treatment which he has instituted.

In examining the urine, M. Hardy has recognised that it was albuminous. Lastly, the volume of the liver is not normal, which gives rise to a suspicion of cirrhosis, or some analogous lesion of this organ.

The patient does not conceal his syphilitic antecedents; he carries irrefragable marks of it, which, did he desire it, would renders his confessions useless. These are very extensive, white, slightly depressed cicatrices occupying especially the external face and anterior part of the arms, which, for an exercised eye, leave no doubt about the previous existence of cutaneous alterations of a specific nature.

M. Hardy is of opinion that this is a case of visceral syphilis, and that there is in the viscera, and especially in the kidneys, amyloid degenerations more or less considerable; this would be, therefore, a grave and inveterate case, belonging to the class which Virchow professes to designate under the special name of quarternary syphilis, because there is an intoxication more generalised and more perfect than in cases where the disease, after having exercised its ravages on the skin and mucous membranes, and on their neighbouring lymphatics, is carried to the muscles and skeleton, and limits there its action in a definite manner.

Regarding treatment, M. Hardy has rejected the use of specifics; he has limited himself to the administration of tonic medicines, combined with repose, and a nourishment as abundant as the parsimonious traditions of the administration of the *Assistance Publique* will permit. Under the influence of these means, the patient has regained some strength; he has seen the serous effusions which were produced in the peritoneal cavity, and in the cellular tissue of the inferior members. M. Hardy considers this success as an additional proof of the exactness of his diagnosis. He admits that visceral syphilis is a relatively mild affection, which tends of itself towards cure, when it is submitted to proper treatment; that is to say, when therapeutics, properly so-called, are suppressed, to limit the treatment to indicating to the patient an appropriate hygiene. This is no because M. Hardy agrees with the adversaries of mercury. He follows the errors of the ancients, and administers mercury and iodide of potassium in the immense majority of cases where he has to deal with venereal affections. But he judges it more advantageous to abstain when the evil presents a generalisation and exceptional gravity.

This practice is followed, in our days, by many syphilographers whose ability cannot be doubted. Thus we have seen M. Bazin institute with success tonic treatment in grave syphilitic rupia; and it is remarkable that the indications for mercury are restricted more and more, in proportion as a more exact recognition of venereal maladies has been acquired. In the time of Hunter, the least gonorrhœa was, for the majority of practitioners, a sufficient motive for having recourse to mercury and its compounds. Little by little, we have cut off gonorrhœa, the soft chancre, and the primary accidents of syphilis from the domain of this heroic medicament. The grave tertiary accidents, the quarternary accidents, have been detached in their turn;

lastly, we have been present recently at the debates provoked by M. Armand Desprès, which tend to nothing less than the refusal to mercury of all useful action on venereal diseases, under whatever form, and at whatever period they present themselves. This is then a particular case of the march which the art of therapeutics follows in our school; it becomes less and less active; it attaches an always increasing importance to the simple action of the curative forces of nature. It is necessary to recognise truly that our predecessors were enterprising to a degree which terrifies us to-day. Every pleurisy, every pneumonia, was considered as the effect of an exaggerated plethora, and rendered legitimate the blood-lettings to which the death alone of the patient came to put an end. For the least wound of the head, they used to declare the cranium fractured, and to apply to see what would happen two or three trepans. If a patient had an attack of epilepsy, they declared him afflicted with cerebral congestion, and made his innocent blood run in waves. There was no case of keratitis, or ciliary blepharitis, which did not necessitate as a necessary accompaniment, a seton at the nape of the neck. For a simple fracture of the clavicle, they made the patient carry on his shoulders twelve graduated compresses, in a twenty-two metres of bandages. Each little child afflicted with Pott's disease found itself at the head of a regiment of cauteries, methodically arranged in two files, right and left, along its vertebral column.

We have become at the present day more sceptical. When it appears to us that the patient will cure himself, we give him every facility for obtaining that result. On the other hand, we are wrong perhaps to assist so often, as simple spectators, at the fatal march of pathological phenomena which the ancients would have sought to modify by violent and terrible procedures. Are we progressing? The future is the supreme judge which will, as a last resort, decide this question. For us, who live now, we have a more modest part to play; it consists in congratulating those practitioners who, by the success obtained in the treatment of doubtful and difficult maladies know how to work toward the perfection of our art. This is what we do now with regard to M. Hardy.

◆

Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 25th and 26th ults.:

Bethell, Alfred, L.S.A., Pilton, Somerset.
Bland. George, L.S.A., Gerrard street, Islington.
Cartwright, Henry Gordon, Burton-on-Trent.
Cawley, Thomas, Great Yarmouth.
Fordham, John William, L.R.C.P. Edin., Stepney.
Foster, William James, Birmingham.
Griffith, Richard Glyn, Bangor, North Wales.
Hamilton, Alexander, M. S., M.D., Queen's Univ. Irel. Ballymoney, Co. Antrim.
Magrath, John, L.S.A., Forest row, East Grinstead.
Matcham, Alfred, L.R.C.P. Edin., Lowestoft.
Moore, Arthur Jackson, L.S.A., Debenham, Suffolk.
Murdoch, Donald. L.S.A., Rotherhithe.
Newman, Alfred Kingcombe, Hawk's Bay, New Zealand.
Oldham, Charles Edmund, B.A. Cantab., Cambridge.
Pitt, Isaac, L.R.C.P. Edin., Birmingham.
Palmer, Ambrose Myrie, Clapham.
Popham, Francis W. H., L.S.A., Gawler, South Australia.
Bendall, William, L.S.A., Maiden Newtown, Dorchester.
Ross, W. Graham, M.D. M'Gill Coll. Montreal, Ontario, Canada.
Russell, Ebenezer Geer, L.S.A., Pool, Cornwall.
Skaife, Frederick, L.R.C.P. Edin., Easingwold, Yorks.
Steele, Edward Henry, L.S.A., Dorchester.
Stokes, Henry Haldane, M.B. Dub, Tralee, Co. Kerry.
Wade, Reginald, L.S.A., Cross, Somersetshire.
Wallace, Thomas, M.D., Queen's Univ. Irel., Cardiff.
Ward, Walter Alfred, L.S.A., Notting hill.
Weatherhead, John Fraser, L.S.A., Holloway.
Williams, Alfred Henry, M.B. Aberd., Brixton.

The Geography of Disease.—The first of a weekly series of six lectures on the Geographical Distribution of Disease in England and Wales, was delivered on Thursday evening in the theatre of St. Thomas's Hospital, by Mr. Alfred Haviland, whose careful mapping-out of the comparative local prevalence of dropsy and heart-disease has attracted much notice, and will now be followed by a similar system of charts and investigations of typhoid fever, cancer, phthisis, and scrofula, concluding with a summary of the geographical distribution of health. After a general introduction, Mr. Haviland entered upon the theme which is designed to occupy, more minutely, the space of his second lecture, namely, Typhoid Fever. He drew the necessary though often overlooked distinction between this disease and typhus, showing how the two maladies differ in all their most characteristic phenonema. With regard to the preventibility of typhoid fever—a modern doctrine to which he gave his qualified acquiescence—the lecturer remarked on the lamentably slow advance of practical instruction on the subject. True typhus fever, Mr. Haviland observed, is peculiar to crowded towns. Typhoid exists in rural districts as well as in towns; co-exists with typhus, it may be; but is distinct from and independent of that disease. Pointing to the coloured divisions of maps, Mr. Haviland showed to what extent typhoid fever follows the conditions of physical geography; and at the same time took care to remark how far the disease might be attributed to social rather than geological causes.

The late Dr. Baird, of the British Museum.—In losing Dr. Baird, F.R.S., F.L.S., the British Museum has lost one of the most valuable members of its staff. Dr. Baird, who was born in Scotland in 1803, was educated at Edinburgh, Dublin, and Paris, for the medical profession, and served for some years as a surgeon in the naval service of the late East India Company. His voyages in this capacity gave him ample opportunities for the study of his favourite pursuit—zoology. In 1841 he accepted an appointment in the Zoological department of the British Museum, and this he retained up to the time of his death, which occurred on Saturday last, after a protracted illness. His leisure hours were often devoted to the employment of his pen upon the various branches of natural history. His writings are chiefly to be found in periodicals: but his most important work was a "Natural History of the British Entomostracæ," which was published under the auspices of the Royal Society in 1850. Subsequently Dr. Baird was elected a Fellow of the Royal Society. In private life he was greatly beloved on account of the unvarying amiability of his disposition and the kindness of his manners.—*Standard.*

Small-pox in Philadelphia.—A correspondent of a morning paper says that, small-pox of a very malignant type has been prevailing for many weeks, and still prevails, in Philadelphia, to an extent that makes that city shunned by travellers, and greatly injures its trade. It was the small-pox that deterred Nilsson from singing in Italian Opera to the Philadelphians upon the close of the opera season in New York. The malady was at one time so fatal and wide-spread that the deaths from it constituted one-fourth of the entire weekly mortality of the city. The number had fallen, however, last week from 260 to 216, and hopes are entertained that it will soon disappear. In New York there has been during the winter a constantly-increasing number of deaths from small-pox every week, but nothing like the alarm inspired by it in Philadelphia has yet been felt, nor is the disease itself of so virulent a character. The Board of Health is hard at work vaccinating the poorer classes of citizens, and endeavouring to get the richer class to be re-vaccinated, as the only means of checking the progress of this scourge.

◆

Veratrum Viride as an Arterial Sedative.

Dr. John S. Wilson states: (*Atlanta Med. Jour.*) "Veratrum is one of the few drugs in the administration of which we can have the unerring guide of figures as to the regulation of the dose. And so uniform and certain is its sedative action, that we can confidently predicate our directions on this result. Therefore, all we have to do in the administration of the remedy is to begin with a minimum dose and gradually increase until the desired reduction of the pulse is accomplished, as counted by the watch. My practice has been to begin with two or three drops Norwood's Tincture for an adult, repeated every three hours, increasing one drop each dose until the pulse is reduced to the normal standard. When this is attained, I diminish the dose to one drop, and discontinue, if the pulse sinks below the point mentioned. By pursuing this course, I have succeeded in effecting the desired sedation in almost all cases, without nausea, vomiting or other disagreeable symptoms."

Uterine Tumour in Child One Year Old.

Dr. P. J. Farnsworth details a case in the *Medical and Surgical Reporter*, of a child a year old, afflicted with a uterine tumour. He diagnosed it as a polypoid tumour of the gelatinoid variety, attached to the neck of the uterus. The tumour grew rapidly as it was removed, so that the operation had to be repeated. The fourth removal was by the écraseur, after which the little patient sank and died on the third day. It was believed that she died of metro-peritonitis, as she was the very picture of health up to the day of the last operation. The doctor had never seen the record of such a case, a uterine tumour in a child little over a year old, reappearing only after the manner of nasal polypi.

NOTICES TO CORRESPONDENTS.

A Correspondent says: When the question of a baronetcy for the Surgical Profession in Ireland has been mooted in the Medical Press, it would seem but just that the prior claim of Edinburgh should not be forgotten. Comparisons are said to be invidious, yet (as names have been brought forward) I suppose it will generally be conceded that in Syme, Fergusson, Liston, and Miller, Edinburgh has produced surgeons of a higher repute than any who have emanated from the Dublin school. Moreover, as far as I am aware, a baronetcy has not been conferred upon any surgeon practising in Scotland during the present century. It is, therefore, to be hoped that the Profession in the Northern Capital may not be any longer ignored in the distribution of merited honours.

Syphilitic Inoculation.—A Correspondent who takes great interest in this subject, asks us if we know of instances in which the theory recently propounded in our columns by Dr. Morgan, and since advocated in his work "On the Contagious Diseases," has been tried; or the experiments as to vaginal discharge repeated in other quarters, and with what results? The whole question being of such vast importance to the Profession and the public at large, we shall be pleased to receive and compare notes on the subject from any of our readers.

Mr. Sloane, East Grinstead.—You will find the name in the Pass List of the Royal College of Surgeons, in the news column of our present number.

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

A Text-Book of Pathological Histology. Translated from the German of Dr. Rindfleisch, by Drs. Kloman and Miles. Philadelphia.

"Suggestions for a Ready Method of Recording Surgical Cases in Hospital Practice."

On Antisepticity in Surgery. Two Pamphlets by Edward Lund, F.R.C.S. Manchester: J. E. Cornish.

Worms: A Series of Lectures on Practical Helminthology. By T. Spencer Cobbold, M.D. London: J. and A. Churchill.

Monthly Microscopical Journal; Hardwicke's Science Gossip; Nature; British Journal of Dental Science; The American Practitioner; Allgemeine Wiener Medizinische Zeitung; The British Pharmacist; Boston Medical Journal; La France Medicale; The American Chemist; The Public Ledger Almanac, &c.

VACANCIES.

Township of Manchester. Senior Resident Surgeon to the Workhouse Hospital. Salary £300 per annum.

Kent Hospital, Canterbury. Assistant Surgeon. Salary £50.

Salford Union. Assistant Medical Officer. Increasing salary, commencing at £130, with residence.

Newark Hospital. Resident Medical Officer. Salary £100, with board.

Weston-Super-Mare Hospital. House-Surgeon. Salary £60, with board and residence.

Royal Sea Bathing Infirmary, Margate. Resident Surgeon. Salary £100, with board.

Nottingham General Hospital. Assistant House-Surgeon. Salary £80.

Mile-end Union. Medical Officer. Salary £200 per annum.

County of Meath Infirmary. Apothecary. Salary £52 per annum, with residence. (See advt.)

Clane Dispensary District of the Naas Union. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Feb. 7.—Royal College of Surgeons of England, 4 p.m. Professor Erasmus Wilson, "On Dermatology."

Hunterian Society.—7 p.m. Annual Meeting for Election of Officers. —8 p.m. Annual Oration, by Dr. Hughlings Jackson.

Obstetrical Society of London.—8 p.m. Annual Meeting.—Dr. Phillips, "On Retroflexion of the Uterus as a frequent Cause of Abortion."—Dr. Bantock, "On the Use of the Sponge Tent in Menorrhagia."—And other papers.

Thursday, Feb. 8.—Royal Institution, 3 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, Feb. 9.—Royal College of Surgeons of England, 4 p.m. Prof. Erasmus Wilson, "On Dermatology."

Clinical Society of London.—8½ p.m. Adjourned Discussion on Mr. Cooper Forster's paper, "On the Treatment of Popliteal Aneurism." —Mr. Hulke, "On the Therapeutic Value of Condurango as a reputed Cure for Cancer."—Mr. De Morgan: A supplemental paper on the same subject.—Mr Bryant, "On Two Cases of Recto-Vesical Fistula successfully treated by Colotomy."

Royal Institution, 9 p.m. Prof. Humphry, "On Sleep."

Saturday, Feb. 10.—Royal Institution, 3 p.m. Mr. Wm. B. Donné, "On the Theatre in Shakespeare's Time."

Monday, Feb. 12.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, Feb. 13.—Royal Institution, 3 p.m. Prof. Rutherford, "On the Nervous and Circulatory Systems."

Royal Medico-Chirurgical Society, 7.30. Election of new Members by Ballot.

Wednesday, Feb. 14.—Epidemiological Society, 8 p.m. Dr. J. N. Radcliffe, "On the Recent Diffusion of Cholera in Europe."

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Feb. 7.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations. 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations. 3 p.m.

Thursday, Feb. 8.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Feb. 9.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, Feb. 10.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, Feb. 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, Feb. 13.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Carter, R. C., L.R.C.S.I., Medical Officer for the Kilcullen Dispensary District of the Naas Union, Co. Kildare.

Connolly, P., L.K.Q.C.P.I., Medical Officer, &c., for the Multyfarnham Dispensary District of the Mullingar Union, Co. Westmeath.

Fleetwood, W. J., L.R.C.S.I., L.K.Q.C.P.I., Visiting Surgeon to the General Infirmary, Chester.

Jardine, J. B., M.D., Medical Officer of Health for Chatham.

Kelly, R. W., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Ballindine District of the Claremorris Union, Co. Mayo.

Marshall, J., L.R.C.P.L., Assistant Visiting Surgeon for Canterbury and Dover, under the Contagious Diseases Acts (Women).

O'Connor, A. D., M.D., Medical Officer, &c., for the Blackrock Subdistrict of the Cork Dispensary District, Cork Union.

O'Sullivan, S., M.D., Medical Officer, &c., for the Bishopstown Subdistrict of the Cork Dispensary District, Cork Union.

Strathy, F. R. L., M.D., L.R.C.P.Ed., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

Sweenie, W. F., M.B., L.R.C.S.Ed., Medical Officer for the Killea Dispensary District of the Londonderry Union.

Army Medical Department.—Assistant Surgeon W. S. Oliver, M.D., from the 60th Foot, to be Staff-Surgeon, vice Alfred Hooper, placed upon half-pay.

Assistant Surgeon J. H. Hughes, M.D., from the 38th Foot, to be Staff Assistant Surgeon, vice W. G. Martelli, appointed to the 60th Foot.

Marriages.

Lacey—Kirbell.—On the 31st ult., at St. Michael's Church, Chenies, Bucks, Thomas Warner Lacey, L.R.C.P.L., M.R.C.S.E., of Plumstead, Kent, to Sarah Anne (Daisy), youngest daughter of Mr. Edward Kirbell, of The Dell, Latimer, Bucks.

Madras—Gillman.—On the 28th Dec., 1871, at Majourney Church, by the Rev. John Madras, assisted by the Rev. Edward Spring, Robert Conner Madras, M.D., Bilgoumy Villa, son of the late Rev. John Madras, Vicar of Aglist, to Eliza Bennett Gillman, youngest daughter of Herbert Gillman, Esq., of Cloutradmore.

Margary—Monro.—On the 1st inst., at Stoke Church, Devonport, Arabel Sophia, second daughter of P. J. Margary, Esq., to Edward William, second son of Henry Monro, Esq., M.D., of Cavendish square, London.

Walker—Rougier.—On the 30th ult., at St. John's Church, Lancaster, Samuel Walker, M.R.C.S.E., of Middlesbro'-on-Tees, to Emily Tymms, second daughter of the late Wm. Rougier, Esq., of York.

Deaths.

Baird.—On the 27th ult., at Burlington road, Westbourne park, Wm. Baird, M.D., F.R.S., of the British Museum, aged 69.

Day.—On the 31st ult., at Andersey, Torquay, George Edward Day, M.D., F.R.C.P., F.R.S., late Chandos Professor of Medicine in the University of St. Andrews, aged 56.

Lampard.—On the 30th ult., Jacob Lampard, M.R.C.S.E., of Neyland, South Wales, aged 67.

St. John.—On the 1st inst., at Maryland road, London, Charles St. John, M.R.C.S., aged 33.

FIRST-CLASS PRACTICE FOR SALE.—Price £400. Average nett income, £700.—In consequence of the retirement of the present incumbent, who has been in the practice upwards of 30 years, a very exceptionally good opening occurs. The practice is situate in the North-east of England in a first-class farming and agricultural district, with good fees, &c. For particulars apply to A. A. T., care of Messrs. Baillière and Co., Publishers, 20 King William street, Strand, London.

COUNTY OF MEATH INFIRMARY.

WANTED a properly qualified

APOTHECARY, who will also have to act as SECRETARY and REGISTRAR, and keep the Books and Accounts; he will probably be required to reside in the house. Salary £53 a year, with furnished apartments, coals and candles.

The Election will take place at Navan, in the Board-room of the Infirmary, on WEDNESDAY, February 14, at One o'clock, P.M. A personal attendance will be required. Testimonials, or copies of them, to be lodged with T. FITZHERBERT, Esq., Blackcastle, Navan (if by post prepaid) on or before Wednesday, February 7th.

NAAS UNION.

CLANE AND TIMAHOE NORTH DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of Management of the above District will, at their usual Monthly Meeting to be held at the Dispensary, Clane, on MONDAY the 5th FEBRUARY, at Twelve o'clock (the late Medical Officer having resigned), proceed to appoint a Medical Officer for the District, at a Salary of One Hundred Pounds per annum, exclusive of Vaccination Fees.

The person to be appointed must possess the qualifications required by the Poor-law Commissioners and to reside in the District.

Applications and Testimonials will be received by me up to Eleven o'clock on the day of election, and Candidates to be in attendance on that day.

RICHARD WILSON, Hon. Sec.

Prosperous, January 25, 1872.

PUBLIC SCHOOL EDUCATION IN IRELAND.

COLLEGE OF ST. COLUMBA, COUNTY DUBLIN.

VISITOR: THE LORD PRIMATE.

The College is intended for the Education of the Sons of the Nobility, Clergy, and Gentry, from the age of nine years and upwards. The course of instruction is similar to that of the great Public Schools in England, in which Classical Studies are made the chief foundation. Particular attention is also paid to Mathematics and English. French, German, Drawing, and Vocal Music are also included.

Boys are prepared for the Universities of Dublin, Oxford, and Cambridge; and to a considerable extent for the Military and Civil Service.

Terms—*Sixty Guineas*, inclusive.

There are Two Exhibitions attached to the School, tenable in the University of Dublin, worth £20 to £30 a year.

Applications should be made to the Rev. the WARDEN.

The Christmas Vacation ends on January 25th.

COOKESTOWN HOUSE, INSTITUTED FOR

THE MEDICAL TREATMENT OF THE INSANE OF BOTH SEXES.

This highly respectable Mansion in no respect resembles, either internally or externally, what is usually known as an Asylum.

The Demesne, Conservatories, Graperies, and Grounds are unusually extensive, and in good condition.

There are Billiard Tables for both sexes, with indoor and outdoor amusements, including Vehicles.

Cookestown House is within three miles of Carrick-on-Suir Station, with a like distance from Fiddown, both on the Waterford and Limerick Lines, and in connection with the G. S. & W. and Kilkenny Lines.

For terms, and Form of Admission, apply to the Resident Physician.

JOHN PEPPARD, M.D., &c.
Cokestown House, Piltown, co. Kilkenny.

OXYGEN.

BARTH'S NEW PORTABLE APPARATUS

WITH CONDENSED GAS.

See "MEDICAL PRESS AND CIRCULAR," of *July 19th*, 1871.

Price £4 4s. 0d. complete.

A LIBERAL ALLOWANCE TO THE PROFESSION.

GEORGE BARTH AND Co.,
26 DUKE STREET, NEW OXFORD STREET,
LONDON, W.C.

May be had on hire.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S.,

&c., (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 888. MIDLAND. In a small town in a well-populated district where there is an unusually favourable opening. Receipts upwards of £400 a year; appointments to the value of £100 a year can be at once secured; house contains twelve rooms, with stable and garden. Can be let or sold.

Y 895. DEATH VACANCY. In a pleasant country town, the succession to a practice which realised about £500 a year, though the income has recently declined, the connection affords an excellent introduction. There is a convenient residence at a low rent; easy terms would be conceded to an immediate purchaser.

Y 894. Within 100 miles of LONDON, with easy access by rail, a well-established first-class Country Practice, realising £500 a year, but capable of increase to double that amount; no opposition within four miles; appointments £240 a year, could be transferred to a suitable successor. There is a very convenient residence, with detached surgery, &c. Rent £30. An efficient introduction can be guaranteed.

Y 891. The LEADING PRACTICE in a large and prosperous town in the Midland Counties. The connexion is old-established, and includes the best residents in the locality. The receipts have averaged for many years £1,000, but during the last year have declined somewhat, in consequence of the ill health of the incumbent, which is the cause of transfer. The appointments yield upwards of £400 a year, and it is believed can be transferred without difficulty to a suitable successor. The usual midwifery fees are £2 and £3 3s., those at lower rates attended by the assistant. The residence is situate in the best part of the town; is large and commodious, with extensive garden, greenhouse, and groom's cottage. Rent of the whole £70. A most efficient introduction can be given.

Y 886. Old ESTABLISHED PRACTICE in the suburbs of a large manufacturing town in the West Riding of Yorkshire. Receipts £600 a year; appointments £100; one horse does the work, the practice lying within a radius of 3 miles; a good introduction can be given. The whole for immediate disposal.

Y 897. Within 20 miles of LONDON with easy access by road and rail, a well established PRACTICE, realising upwards of £450 a year, and capable of great increase. Appointments yield £100 a year; no opposition within three miles; considerable building is going on in the neighbourhood. The house contains ten rooms, with garden and stabling, orchard, &c. Rent £40; terms moderate.

Y 896. FIRST CLASS PARTNERSHIP in a town and country practice, carried on for many years past by the present incumbent. Average receipts for last three year, £1,350; last year, £1,450. There is no dispensing; patients include the best residents in the locality; a third share for disposal for £950 with provision for succession to the one-half at an early date, and the reversion of the whole at the end of the term of partnership.

Dr. Langley's Quarterly List of selected Practices and Partnerships for January is now ready, post free on application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture I. 133
On the Use of the Bavarian Apparatus in the Treatment of Fractures. By Anthony H. Corley, M.D., Queen's Univ. Ireland, F.R.C.S.I., &c. 136
Case of Poisoning by Carbolic Acid. By R. W. Harley, L.R.C.P. 1 7
Alcohol as a Medicine. By James Edmunds, M.D., late Senior Physician to the British Lying-in Hospital 137

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland—
  Removal of the Os Calcis 140
  Glove of Cuticle 140
  Case of Poisoning by Carbolic Acid 140
  On the Bavarian Plaster Apparatus for Fractures 140
Sheffield Literary and Philosophical Institution—
  The President's Address 142
Quack Doctors and the American Newspapers 142
PAGE

LEADING ARTICLES.

The Session 143
The Supply of Vaccine Lymph for Ireland 144

SCOTLAND.

Edinburgh—
  The Lady Students 144
  The Installation of Sir W. Stirling Maxwell, Bart. 144

NOTES ON CURRENT TOPICS.

Increase of Temperature in Death 144
A Medico-Ethical Difficulty 145
Royal College of Physicians 145
United States Army Report 145
Condurango 145
Reproduction of the Membrana Tympani 145
The first Lady Doctor 145
Failure of Calabar Bean in Tetanus 145
Skin Diseases in India 146
Small-pox in Philadelphia 146
Physician Senators 146
Pruritus of the Face as a Precursor of Small-pox 146
Clerical Impertinence 146
Nitrate of Amyl and Chinese Samshu 146
The Conjoint Examining Scheme for Ireland 147
New Books in Medicine and Science 147
Testimonial to Dr. Hitchman 147
Reform of Inebriates 148
PAGE
Small-pox in Utero 148
The Action of Quinine on the Blood 148
The Carmichael Prizes 148
Tenia in a Newly-born Infant 148
Cod-oil—Pepsine—Pancreatine 148

LITERATURE.

Lectures on the Clinical Uses of Electricity. By J. Russell Reynolds 150

FOREIGN MEDICAL LITERATURE.

Diagnosis of Syphilis from Microscopic Examination of the Blood. (Translated from the *All. Wien. Med. Zeit.* for the Medical Press and Circular, by Dr. C. R. Drysdale) 151
Abscess of the Spleen 151

CORRESPONDENCE.

B. D., on Sir William Gull on Medical Science 152

MEDICAL NEWS.

H.R.H. the Prince of Wales 152
The London Fever Hospital 152
The Duchess of Saxe-Meiningen 153
The Medical Society of London 153
Sanitary Inspection of Shipping 153
Royal College of Surgeons of England .. 153
Naval Assistant Surgeons 153
Pass List of the Army Medical School 153

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

Erasmus Wilson, F.R.S.,
Professor of Dermatology to the Royal College of Surgeons of England.

Lecture I.

Mr. President and Gentlemen,—In approaching a subject of study of whatever kind, it is important that we should make ourselves acquainted with its bearings and landmarks. And, applying this principle of reasoning to the study of the cutaneous investment of mankind, we shall find that the principal points of that organ to be considered are,—

The cutis vera,
Epidermis,
Follicles,
Hair, and
Glands;

To which may be added two principal functions of the organ, namely,—

Nutrition, and
Secretion.

In the diagnosis of the state of the skin, it is necessary, therefore, to investigate these separate parts and functions, and if any abnormal condition present itself in either, the discovery of such aberration will constitute the basis of the pathology of the skin, and we may thereupon be led to conclude that the disorder is one of the skin proper, or cutis vera; of the epidermis, that is, the epithelium of the skin; the follicles; the hair; the sebiparous, or sudoriparous glands; or of the function of nutrition or sensation.

In a compound organ like the skin, made up of mutually co-operative and mutually dependent parts, it is a rule, almost without exception, that several of the component structures will be involved in any abnormal process that may be in action. For example, in common inflammation of the skin, the epidermis and follicles will suffer as well as the cutis vera, but it is evident in that case that the affection of the epidermis and of the follicles will be subservient or secondary to the inflammation of the cutis vera, and may, therefore be lightly regarded in forming our diagnosis. Diagnosis, in fact, should determine, not only the essential and primary aberration from the normal standard, but must distinguish also that which is secondary and of comparatively little importance.

If we turn from the anatomical and physiological consideration of the skin to its abnormal or pathological condition we shall find that it is liable to—

Common inflammation,
Specific inflammation,
Aberration of nutrition, and
Aberration of sensation.

These *four* heads are the basis of arrangement of subject, or classification, which I have adopted for the present lectures, and for the disposition of the objects constituting the dermatological collection in the College museum; whilst, as a matter of convenience, I have appended to these primary groups the special function of pigmentation and disorders of the epidermis, nails, hair, and glands, thus:—

Aberrations of Pigment,
Diseases of Epidermis and Nails,
Diseases of Hair,
Diseases of the Glands.

The diseases of *common inflammation* of the skin are typified by—eczema and scabies, affections of the cutis vera, lichen and impetigo, affections of the follicles, erythema, pemphigus, furunculus, and traumatic affections.

The diseases of *specific inflammation* are,—the eruptions accompanying the exanthematous fevers, namely, rubeola, scarlatina, and variola, the cutaneous manifestations of syphilis, and the cutaneous manifestations of elephantiasis.

The diseases of *aberration of nutrition* constitute a large and important group, beginning with lepra, lupus, and epithelioma, and embracing trophic changes of the skin and its different constituents; for example, the epidermis, rete mucosum, papillæ cutis, vessels, fibrous tissues, and cell-tissues.

The diseases of *aberration of sensation* are pruritus and prurigo.

Finally, although all the remaining diseases might have been treated of under the four general heads already stated, a certain practical advantage is obtained from considering them in separate groups; for example:—

Aberrations of pigment; diseases of epidermis and nails; diseases of hair; and diseases of the glands of the skin, sebiparous and sudoriparous.

My *first* and inaugural course of lectures in 1870 was devoted to a brief definition of the different diseases of the skin, and the construction of a framework or arrangement which should accommodate and find place for every member of the family, however insignificant; in a word, a synopsis of affections of the skin.

In my *second* course I commenced the more exact description of these affections, beginning with "Diseases of common inflammation," and directing my attention especially to eczema and its allies, namely, scabies, lichen, and impetigo.

The summary of my treatment of this subject was to the effect,—

1. That eczema is an example of common inflammation of the skin.
2. That the inflammation of eczema differs in no respect from inflammation of other organs of the body.
3. That if any apparent differences be presented to the observation, such apparent differences will be found to arise out of the configuration and situation of the organ.
4. That the variety of appearance of eczema is due to the composite structure of the skin, and to the modification of the organ by age, vital power and idiosyncracy.
5. That as a corollary to these data, eczema requires the therapeutical treatment that is applicable to every other surgical affection attended with inflammation.

Our dermatological collection is comparatively rich in objects representing eczema, of which eighty-six will be found in the catalogue; and included in this number there occur illustrations of eczema in its manifold forms; in its dry and in its moist form; eczema in which a general redness or erythema is the predominant character; eczema with congested and uplifted follicles, giving rise to pimples; eczema with vesicles; eczema with copious exudation; eczema with hypertrophy and desquamation of the cuticle; eczema with hypertrophy of the tissues of the integument and of the limb; eczema with hypertrophy of the nails, and eczema of the mucous membrane with hypertrophy of the epithelium. Of the number, eighty-six, thirteen are models constructed by my amiable and accomplished friend, M. Baretta, and to this number two others have been added since I had the honour of addressing you, Sir, and the Fellows and Members of this College, in this theatre, at the beginning of the past year.

Model 514 is an example of chronic eczema affecting the hands, front and back, the skin is inflamed, indurated, and fissured, and the epidermis thickened by hypertrophy. The fissures are produced by stretching the indurated and brittle integument, and are chiefly met with in the lines of motion, and the hypertrophy of the epidermis is consequent passive congestion of the vessels of the skin.

Model 515, is another example of chronic eczema, affecting the the front and back of the hand, with fission, hypertrophy of the epidermis and desquamation. Hypertrophy of the epidermis of the tips of the fingers has given rise in the left hand to displacement and thickening of the nails, or onychogryphosis. Both hands also present a number of large papules, which are conical on the back of the hand, and flattened in the palm. Scratching shows the papules to be solid in structure and exudative. On the back of the hand they are surmounted with a thick epidermic crust, while in the palm they are prevented from rising by the normally thick epidermis of that region. The eruption began in the form of pruriginous papulæ, and reached its present state in a fortnight, and subsequently got well without other treatment than water-dressing and baths.

Another addition which has been made to the eczematous group within the same period is No. 516, a model representing the leg, and exhibiting one of the forms of lichen planus. The eruption is aggregated; a few scattered papulæ may be seen around its circumference, but it is chiefly remarkable for its purple colour and brown pigmentation. The morbid surface is corrugated and papulous, and bears evidence of a chronic history, while an oozing spot at its upper and front margin is indicative of pruritus, and the consequence of scratching with the nails. Wherever the papulæ have subsided, a deep pigmentary stain is left behind; and the purple hue of the whole eruption must be referred to prolonged congestion and chronic dilatation of the capillary vessels.

The term "lichen" has undergone considerable modification of meaning since it was first made use of by the Fathers of Medicine. By them it would seem to have been applied to a circular blotch of eruption, possibly to a lamina of altered epidermis, which gave the idea of being stuck on the skin, as we might stick a wafer to its surface by *licking* the wafer with the tongue. Thus there may have been red lichens and white lichens, the latter, no doubt, being represented by lepra, the so-called psoriasis of certain writers subsequent to the period of Willan. And it is deserving of remembrance that the term "lichen" was borrowed by the naturalists from the physicians, and was conferred by them at second hand on the cutaneous growths which are met with so commonly on the bark of trees.

By Willan, however, and at the present day, lichen is the term used to distinguish pimples, some writers including under this name every kind of papular prominence of the skin, and others, with myself, limiting its use to those that result from inflammation of the follicles. It is in this latter sense that the pimples on the model before us are termed lichen; and it is in consequence of their flatness, the depression of their surface, and the smooth horn-like polish of their summit, that I have termed the eruption "lichen planus." Each pimple presents also in its centre the appearance of umbilication, resulting from its perforation by the follicle, and not unfrequently the aperture of the follicle is distended, and, as it were, choked with exuviated epithelium and desiccated sebaceous substance. When the papulæ are rendered confluent by the inflammation and thickening of a broader extent of integument, they exhibit the appearance which is presented on the model. Their colour when isolated, or in small clusters, is a dull purplish red, but in their aggregated form they constitute blotches, which are covered over for the greater part of their extent by a ragged desquamation, consisting of epithelial exuviæ and disintegrated epidermis.

In determining the *diagnosis* of a cutaneous disease, we recognise a general or distant appearance, and a particular or closer aspect; the essential characteristic of the eczematous family is a complication of appearances, a mingling together of several of those states of the morbid skin, which are termed "lesions." For example, there is redness, there is papulation, sometimes there are minute vesicles, sometimes pustules, then there is exudation in its moist and running or encrusted stage, and desquamation. Again, there is swelling to a slight degree, and more or less induration of the skin; and in very chronic cases there is hypertrophy of the tissues of the skin, extending more or less deeply. The *plus* or the *minus* of these lesions we endeavour to distinguish by the terms—erythematous, papulous, vesiculous, pustulous, ichorous, squamous, and so forth; by which terms we have no intention of implying a different kind, but simply a difference of manifestation of eczema. Sometimes the cases are so markedly papulous that we employ the term lichen; and sometimes the eruption is specially distinguished by purulent vesicles, and then we use the term impetigo. Nor must the student of dermatology be surprised when, after a further insight into the phenomena of this protean affection, he discovers such terms as lichenous eczema, and impetiginous eczema or eczema impetiginodes.

A correct appreciation of eczema helps us very much to the diagnosis of other cutaneous affections, and particularly so does the absence of the multiple manifestation which is so specially characteristic of that disease. It is thus that at a glance we are enabled to differentiate erythema, pemphigus, and furunculus, the three forms of disease which next claim our attention.

ERYTHEMA.

The essential characteristic of erythema is—hyperæmic redness; it is typified by a blush, and may be termed a pathological blush. It not only very commonly appears like a blush, but it as commonly passes away like a blush, leaving behind it no trace of injury to the skin, and no vestige of its existence. The local pathology of an erythema is identically the same in all its varieties, a vascular congestion of the tissues of the skin determined by paresis of the vaso-motor nerves; but the cause of the affection may be various—it may be internal or constitutional, or it may be local. Nevertheless, the surgical aphorism of treatment, "remove the cause," remains precisely the same. Comparing erythema with eczema, we might venture to say that eczema is a state of hyperæmia of the skin, with a breach of its continuity, whereas erythema is hyperæmia without breach of continuity. Nevertheless, erythema is sometimes accompanied or followed by desquamation, and sometimes as in erysipelas, which is an aggravated erythema, by vesication, as well as by desquamation.

The members of the erythematous group, the erythematous affections, are three in number, namely:—

Erythema,
Erysipelas, and
Urticaria.

These affections are characterised by the possession of certain features in common, for example,—a bright tint of redness, more or less swelling, more or less itching, and more or less mobility or change of position. If the redness be general in its distribution, and apparently superficial, or if it be partial and at the same time superficial and with only slight swelling, we may be sure that the case is one of *erythema*. If, on the other hand, the redness being the same, there is a manifest swelling with infiltration and œdema, a sense of depth of penetration of the skin, and if, furthermore, the skin relieves itself of its inward tension by effusion and vesication on the surface, the case is one of *erysipelas*. But if, on the other hand, the most striking symptoms of the case be itching and evanescence, the case is named after a similar affection produced by the irritation of the nettle on the skin, namely, *urticaria*. In the fewest possible words I may define erythema to be redness without swelling; erysipelas as redness with infiltration and vesication; and urticaria as redness with slight elevations of a white colour produced, to all appearance, by a state of muscular spasm of limited districts of the skin.

The erythematous family brings to our notice very strongly certain pathological phenomena of the skin which are deserving of more than passing attention; for example, there is the *fugitive* character evinced by suddenness of appearance and disappearance; secondly, there is the *migratory* character, as shown by the wandering propensities of the affection; and thirdly, there is the *tumescent* character, which is equally remarkable. These phenomena are all of a neurotic character, a state of temporary relaxation of nerve-force gives rise to distension of the capillaries as represented by hyperæmia; while nervous tension, by inducing contraction of the capillaries, restores the equilibrium of the circulation, or in a greater degree, produces pallor of the skin. The blush and emotional paleness of the surface are physiological illustrations of these phenomena, which are repeated with greater force and severity, pathologically, in that example of erythema termed "erythema fugax," in the occasional recession or retrocession of erysipelas, and very manifestly in urticaria. Erythema fugax is a form of the affection excited by emotion, and very commonly, as a reflex phenomenon, by the stimulation of the gastric plexus of the pneumogastric nerve, and is developed on the face, neck, or chest; it may last for a few hours or for a few days, and it may recur at uncertain periods, very often, daily. This form of erythema contrasts very forcibly with the redness produced by contact and attrition of contiguous surfaces of the skin, with the erythema excited by irritants, and especially with the erythema of heat or cold; the latter being exemplified by common chilblain.

The *migration* of the erythematous affection is due to a propagation of the nervous impulse or shock, and consequent hyperæmia, to the neighbouring part of the skin, sometimes by continuous and sometimes by centrifugal progression. Continuous migration is illustrated by the wandering propensities of erysipelas; and centrifugal migration by the annulate forms of the affection termed erythema annulatum, circinatum, gyratum, marginatum, and iris, forms in which the spot first attacked is rapidly forsaken, and the hyperæmia moves like a wave to a distance, still preserving its annulate figure; and the same phenomenon is also seen not unfrequently in urticaria.

The *tumescence* of the erythematous affections is a consequence of exudation from the capillaries into the cell tissues, giving rise to prominence in a greater or less degree, and appearing often with remarkable suddenness. It is in this manner that we explain the smaller prominences termed erythema papulosum, tuberosum, and nodosum, which are varieties differing only in degree, and the sudden and occasionally massive swellings of erythema tumescent, as also the dense and sometimes brawn-like thickening of erysipelas. The wheals of urticaria have likewise been attributed to exudation, but their rapidity of formation in certain instances seems to point to muscular spasm for their production, as, for example, when they spring up in the course of pressure with a pencil, tracing figures on the skin.

The exudation from the capillaries in the erythematous affections, after being detained in the tissues for awhile, is usually absorbed, leaving scarcely a vestige of its existence behind; but in one of the forms of erysipelas the exudation finds its way to the surface, lifting up the horny epidermis into vesicles or blebs. The precise character of the exudation also presents certain varieties, being more plastic in some instances than in others, and more or less impregnated with the colouring elements of the blood. Very commonly the prominences of erythema leave behind them yellow and purplish stains in the skin, and in one form of erythema, namely, in *purpura*, there is an absolute escape into the tissues through the capillary vessels of the red colouring matter of the blood.

Another phenomenon which accompanies the erythemata and is most conspicuous in urticaria, is *pruritus*. In fact, it is from this symptom, as much as from the development of white studs and wheals, that urticaria derives its name. The pruritus is present in different degrees, which are termed tickling, burning, and tingling, the pruritus of urticaria being of the latter kind. In some of the erythemata there may be no sensation beyond heat; in others there is heat with itching; and in others again a shooting pain that seems to appertain to vertical fibrillæ of nerves.

The examples of erythema in our collection are at present limited to erythema and urticaria. Among the former, we have the prominent varieties of the eruption assuming the appearance of papules, *erythema papulosum*, and protuberances, as in the instance of erythema *tuberosum* and erythema *nodosum*. Constitutionally, these forms are all due to disordered function, principally of digestion and assimilation. Nos. 86 to 92 are examples of eczema papulosum; the eruption is developed chiefly on the joints —in this instance, on the elbows and dorsum of the hands, and the size of the papulæ ranges from one and two lines to a quarter of an inch. Some of the papulæ have grown by the extension of their circumference to the breadth of half an inch, and one to a breadth of three quarters of an inch. The eruption was consequent on indigestion, and was attended with a teazing pruritus, most considerable at night. It yielded quickly to mild aperients; and after their decline, the papules left behind them purple yellow stains, resembling bruises of the skin.

(*To be continued.*)

◆

ON THE USE OF THE BAVARIAN APPARATUS IN THE TREATMENT OF FRACTURES (a).

By Anthony H. Corley, M.D., Queen's Univ. Ireland, F.R.C.S.I., &c.

Some months ago I introduced to the notice of the Medical Profession in this Kingdom a new method of treating fractures of the long bones. Some of my hospital colleagues and many of my friends have adopted it since, and I have myself acquired much more experience in its use. In describing it I endeavoured to explain its mode of application clearly, and accompanied the description with a woodcut, intended to render it more easily understood. Whilst in the hands of myself and my colleagues its success has exceeded our most sanguine expectations, I have not had such encouraging reports from others, and as these less fortunate results may depend on imperfect application, I wish, Mr. President, to direct to it in a special manner the attention of your society, exhibiting all the appliances necessary, the mode of using them, and detailing some of the results which I have obtained.

I am satisfied in my own mind that an apparatus which enables us to dispense with the use of splints, which permits us to inspect daily, if necessary, the state of the fractured limb, and which allows the patient to escape the wearisome necessity of six or eight weeks unchanging "dorsal decubitus," must quickly, when properly understood, supersede for ordinary cases every other method of treatment.

The appliances are few and inexpensive. A yard of the cheapest flannel, a pound or so of plaster of Paris, a few large pins with their heads bent, and a piece of calico or common roller make the surgeon independent of the surgical-instrument maker. The flannel is cut into two rectangular pieces the length of the fractured bone, and broad enough to encircle the limb and to leave a margin. One is a little wider than the other. Placing the narrow one evenly over the other they are sewn together by longitudinal stitching down the mesial line. They now resemble two sheets of note paper stitched together at the fold, the outer a little larger than the inner.

Raising the fractured limb carefully the flannel is to be spread smoothly under it, taking care that the line of sewing corresponds to the posterior mesial line of the limb. The two ends of the inner sheet are now brought evenly over the limb and fastened together by means of the bent pins, leaving the two outer half sheets spread on the surface of the bed. By extension, counter-extension, and manipulation, exact coaptation is secured, and now the plaster, mixed to a proper consistence with water, is partly smeared and partly poured on. The two outer sheets of flannel are rapidly brought over the surface of the plaster (which is now caught on both sides between the inner and outer layers) and are held together at their margins till the plaster sets, taking care that the extension and counter-extension are kept steadily up during that period. The pins must now be taken out (and it is for this purpose that their heads are bent), the edges trimmed, a few turns of the roller, or this kind of bandage (the use of which I have learned from my senior colleague, Dr. Stapleton) now being applied, and the entire operation, which does not occupy ten minutes, is finished. Muscular spasm at once ceases, the patient acquires the power of shifting his position, and a steady equable lateral pressure is secured, adapted exactly to the shape and inequalities of the limb.

Should it be necessary to maintain any peculiar position, as in the treatment of Potts and Colles's fracture, the assistant holds the limb while the plaster is setting, and a firm rigid case is at once secured, exercising uniform pressure, incapable of slipping, and maintaining the fractured ends in steady apposition. But the most important advantage connected with this apparatus is the facility with which it may be taken off. Most plaster and starch bandages are not only troublesome to apply, but so difficult to remove, that there is a strong natural tendency on the part of the surgeon to leave them on, and trust that the bones are uniting properly. I believe I am not the only surgeon who has seen, when the bandages are cut, certain peculiar angles and curves in the limb that Nature never intended to be there. Again, there are certain fractures, as compound ones, &c., in treating which we must keep a portion of the limb in such a way as to be readily examined. In the Bavarian apparatus, when the bandages are loosened, the two opposite sides can be separated, like the bent covers of a book, the line of stitching (which prevents the running together of the plaster) acting like the back or hinge of the book, and allowing the limb to be exposed or to be taken out if necessary. If the swelling, usually present at first, diminish very much, the anterior edges can be trimmed so as to allow tightening, or the whole case may be taken off and lined with cotton. I have used it *immediately* after accidents, and the only cases where I should defer its application are those of fracture from direct violence where there is such contusion that even the most equable pressure would be contra-indicated. I have used it with success in fractured femurs, tibia, fibula, humerus, radius, ulna, as well as with Potts and Colles's fractures, and have seen it used equally successfully by my colleagues, Drs. Stapleton and Walshe. When I say that Dr. Stapleton stamps it with his approval, I may at once claim attention for it. It is however with special reference to its efficiency in the treatment of Potts' fracture, Colles's fracture, and fracture of the shafts of the femur, that I now wish to speak. Everyone knows the difficulty of treating the first of these very common accidents. I have tried Dupuytren's splint applied with care by myself, and have had the pleasure in a day or two of finding the splint slipped round to the back of the limb, a circumstance highly calculated to allow the fracture (to use the time-honoured witticism) to turn out remarkably well. I have used the same splint, placing the limb after its application in a box, and I have used the box alone, trusting to padding to keep the proper position. I have secured *tolerably* favourable results, but only by means of constant trouble, frequent re-adjustment, and exemplary patience. When the Bavarian apparatus is applied there is no further interference necessary, the patient can at once lie on his side and get up to sit in a chair in two or three days.

With Colles's fracture I have since my attention was directed to Gordon's splint by Mr. Porter's paper, used none other until recently, and am perfectly satisfied with its superiority over every method of treatment before adopted. I have, however, tried how the plaster apparatus would suit, and have every reason to be pleased with the result. In applying it in this fracture I place a pad of cotton over the dorsal prominence, and hold the hand strongly adducted till the plaster is set. In the two cases of fractured femur which I have treated in the last six months I have secured such admirable results, and with such comfort to the patient, that I shall dwell at some length on the accessories to its successful use. I have always been under the impression that if in this fracture the ends of the bone could be got fairly into apposition and *kept together* by equable lateral pressure, there would not be the great necessity for extension and counter-extension now presumed to exist. The long splint, which enforces a constant recumbent attitude, and the use of a perineal band, has been felt to be such an imperfect mode of treatment, that dozens of modifications of it have been proposed, of which a few trials have convinced surgeons that the proper apparatus is still a desideratum. Counter-extension by the perineal band is particularly objectionable from its pressure, from the irritation or even ulceration so likely to be produced, especially in children, and from its tendency in fractures high up to increase the deformity.

(a) Read before the Surgical Society. See discussion on page 141.

With the plaster apparatus the necessary lateral pressure is produced, and the only requisite afterwards is some means by which slight extension and counter-extension can be kept up, less I believe for the purpose of producing any effect at the fracture than for preventing the motions of the patient's body (which I freely allow) from disturbing the position of the fractured ends. Having adjusted the apparatus I apply two long strips of soap plaster to the opposite sides of the leg, uniting them in a loop below the foot; to this loop I fasten a cord, which passes over the foot-rail of the bed, and has a weight dependant. This is the extension. I then raise the lower end of the mattress so that the feet are considerably higher than the pelvis, and the body forms the counter-extension. After the second day I found in both my cases that the patient could sit up to eat his dinner, &c., without pain increasing or disturbing his limb in the slightest degree.

My second case is still under treatment, and through the courtesy of my colleague, Dr. Walshe, I am able to mention that there is at present in Jervis-street Hospital a child, æt. 4, both of whose thighs and right humerus were fractured by being caught in the wheel of a car. All the broken bones were at once put up with the plaster apparatus. Immediately afterwards the little patient seemed quite at ease, and free from suffering, and has since continued to progress. The efficiency of the plaster in this case, and the difficulty which the application of two long splints would present, speak volumes.

The cases which I have noted (some twenty in number) may seem too few to give me such confidence in the apparatus, but I trust, for the reasons I mentioned, the society will excuse my bringing this mode of treatment forward, and that my explanation and advocacy may secure for it a more complete and satisfactory trial.

◆

CASE OF POISONING BY CARBOLIC ACID(a).

By R. W. Harley, L.R.C.P.

I wish to detail, very shortly, the history of a case of poisoning by carbolic acid, with the view of obtaining information on the subject, especially as to the best antidote for it.

On the 11th of last month, at a quarter past eight in the morning, I was sent for by my friend Dr. Brownrigg, of Sandford road, to render him what assistance I could in the following case:—About eight o'clock he had been called to Mr. Timothy Horan, of 16 Bushfield avenue, of whom he received the following account: He was about sixty-five years of age; he had been taking medicine for bronchitis, to which he was subject. Two-thirds of a bottle of the red impure carbolic acid had remained in his bed-room since some previous disinfecting had taken place. He had risen, as was his habit, about half-past seven. The morning was dark and foggy, and his family supposed he had drank carbolic acid in mistake for his medicine, as it was beside him on the table, with the measure-glass alongside it smelling strongly of the acid. The smell was all through the room, and strongly off his breath. He was sitting insensible in his chair, with his head hanging over the side of it; and, on being roused, only said, "Let me alone." About a quarter of an hour had then elapsed from the time of his taking the dose.

On Dr. Brownrigg's arrival, a few minutes after eight, he found him quite unconscious, with a strong smell of carbolic acid off his breath. His lips and tongue, and the mucous membrane of the throat and fauces, as far as he could see, were perfectly white; his heart was fluttering, and his pulse could not be counted. There had been no attempt at vomiting. Dr. Brownrigg endeavoured to pour some oil down his throat, but it flowed back. He then sent for me, as the nearest assistance he could think of, and in the meantime applied galvanism over the heart and chest, in hopes the patient might be roused sufficiently to swallow either an emetic or antidote. When I arrived the pulse was scarcely perceptible, and the heart was only audible under the stethoscope, and then very feebly so. A thick milky froth was coming from his lips and throat; his extremities were cold; his chest heaving, and his breathing laboured and stertorous; the eyes were fixed upwards, and the pupils contracted; he was in every sense moribund. We put sinapisms over the heart and stomach, hot jars to his feet and back, got his clothes off, and had him made as warm as possible. We tried to give him brandy and water, but even plain water came back, and the attempt to administer it brought on asphyxia. We were afraid to introduce the tube of the stomach-pump, the mucous membrane was so destroyed, and it seemed useless risking it. We administered a turpentine enema, which was retained, without producing any effect; and the heat was kept diligently applied to the surface of the body. He never rallied, but died about one o'clock the same day, about five and a half hours from the time he took it. The quantity he swallowed was about an ounce.

There was an inquest, but no autopsy. It seems probable that, had he recovered the shock, he would have died of the erosive effects of the poison.

◆

ALCOHOL AS A MEDICINE.

By James Edmunds, M.D.,

Late Senior Physician to the British Lying-in Hospital.

Mr. Skey is so manly and outspoken in all his habits that one is not surprised at his appearing a second time in the columns of the *Times*, to protest against a professional declaration which must have made him very uncomfortable. Mr. Skey, one of our most distinguished surgeons, and occupying a commanding position in the Profession, deliberately avows in the *Times* of the 8th ult., that he has taught his views on the use of alcohol "for a long succession of years, to some of the largest classes of Medical students assembled in London," and he invites a comparison of notes, in order that "the real value of alcohol in the treatment of disease may obtain its solution." This important question is one on which, in the columns of a Medical journal, some discussion may be of real service, and the more so, as Mr. Skey may be said to champion that very practice against which so many leading members of the Profession have thought it their duty to protest.

In Mr. Skey's letter to the *Times*, he takes the public into his confidence, and broadly announces that "all illnesses, in one stage or another, betoken debility," and that "for this condition of real weakness, he prescribes wine as a prominent remedy, to be administered at intervals, more or less according to the circumstances." In order "to exemplify this principle," he relates the following case:—

"About a year before Dr. Todd's death, I met him in consultation at the house of a young officer who was suffering from water in the chest, and from which by puncture I removed six pints of fluid. The operation concluded, the gentleman was a good deal, but not seriously, exhausted. His pulse had risen to 130 beats in the minute. Now, at this stage of the case I am relating, let any Medical man ask himself what measures he would have adopted to reduce the pulse towards the natural standard? Would he have done anything, or nothing, and thus taken the chance, a very indifferent one perhaps, of its falling spontaneously? Dr. Todd said to me, 'You and I shall not differ in the means of reducing that pulse,' and the patient was ordered one ounce of brandy with an equal quantity of water, every four hours. On the day following his pulse was reduced in number to 100, and on the following to 90, and his recovery was rapid."

(a) Read before the Surgical Society of Ireland. Discussion on the communication at page 140.

I do not know whether the case with which the readers of the *Times* are thus favoured is one of Mr. Skey's greatest successes with alcohol, but it appears to be a recital, *with variations*, of a case published by Mr. Skey, in 1867, in his lectures on "Hysteria," &c. In that work, however, the narrative closes with these words:—

"He took the only remedy that could have probably saved his life. He was ordered one ounce of brandy, diluted with an equal quantity of water, every *three* hours, and on the day following his pulse had fallen to 90, and he recovered. If this treatment were not sound it ought to have proved fatal." I venture to say that the discrepancies between these two statements are very remarkable. How came they into the picture of a typical case, drawn by the hand of a master for the purpose of "exemplifying the truth of a principle" which other leaders repudiate? In his book Mr. Skey states that the brandy was given every *three* hours, and that on the following day the pulse had fallen to 90. In the *Times* he states that the brandy was given every *four* hours, and that on the following day the pulse had fallen, not to 90 but to 100! As to the argument, it needs no formal analysis in a Medical journal. Every one knows that such a case will probably recover, and that an ounce of brandy every three or four hours, would be very unlikely to "prove fatal." Hundreds of practitioners could cite cases infinitely more conclusive, and in which treatment by simple rest, judicious feeding, and proper posture, without any alcoholics, has eventuated in speedy convalescence. Indeed, cases of hydrothorax in young persons, unless complicated with disease of the heart or kidneys, of which there is no mention in this case, almost always do well after puncture, and so soon as the heart and lungs are set free by the removal of the fluid the pulse falls as a matter of course. Yet this case is put before the readers of *The Times* as if the recovery depended upon the brandy that was given. In those very remarkable six lectures delivered to the students of Bartholomew's Hospital, and afterwards published through Longmans, more than five years ago, we find other utterances by Mr. Skey, which will perhaps illustrate more fully than his recent letters to the *Times*, the doctrine and practice against which the Profession has now protested. Mr. Skey introduces these lectures by laying down in sweeping terms the doctrine that all diseases are caused by debility, and that "wine is indispensable in the diet scale of the invalid, and for the tonic treatment of disease." He says "You cannot cure disease with a feeble pulse. Mend the pulse and Nature will do the rest of the work," and he concludes his introductory lecture by telling the students that in 1848, the quantity of wine he ordered for his patients at St. Bartholomew's Hospital, having been commented on by the Treasurer, he replied that he would do his best to raise the consumption of wine, from three pipes in the year to thirteen, and that in 1860, the quantity consumed reached that precise amount. Mr. Skey adds "and the same change of treatment prevails, more or less in every hospital in London." In short, Mr. Skey, who learnt his profession at a time when bleeding, starving, and mercurialising, were laid down as the cure for all diseases, now teaches that we should prescribe wine and brandy as universally as our fathers prescribed mercury and bleeding! And he cites cases which in his judgment (vide page 34), "go to exemplify this therapeutical principle, viz., 1. That stimulants alone can restore the vital powers under great and sudden prostration; and 2. That under great and sudden prostration the capacity of the system for stimulants is enormous, and that they may be administered to almost any amount with safety." I quote from this work the following "cases" as a fair sample of the way in which Mr. Skey exemplifies what he calls "this therapeutical principle."

CASE 1. (page 11.) "One of the worst cases of milk abscess that I ever saw, was that of a young woman in St. Bartholomew's Hospital whose husband struggled to support a family of seven persons on about as many shillings a week. This woman was confined with twins, which she nourished on a daily allowance of half a pint of bad beer, and for which misery the funds of St. Bartholomew's Hospital did ample penance. The cause is debility,—the effect, abscess. There are two agents in addition to good nourishment, especially applicable to the treatment of a case of this kind,—bark and wine."

CASE 2. (page 15.) "A gentleman with a weak pulse is told by his physician to take wine freely, and he indulges in a bottle of claret at and after dinner, and by so doing he considers himself to have obeyed the injunction of his Medical adviser. Now, I shall select port wine as the standard by which I regulate the advice I give under the above circumstances, and I am of opinion that for the purposes of health, three or four glasses of wine is the maximum quantity that, taken at any one time, can be serviceable."

CASE 3. (page 22.) "In the case of the late Lord R——, æt. 54, whose recent and sudden death caused so painful a sensation, the daily consumption of two or even three bottles of wine left his pulse as it found it, at 50 or 52. In the two months during which he was under my care, I prescribed stimulants to the full extent of prudence, but he was as calm and as free from all indications of excess in the evening, as in the morning. His confinement to his couch was limited to the additional term of ten days, when I assured him he should take a drive. He struck his thigh a smart blow with his open hand to prove to me how free his limb was from pain. This occurred late in the afternoon. At half-past ten, he had some difficulty of breathing, and he broke out into a profuse perspiration. Stimulants availed him not, and at half-past eleven he was dead."

CASE 4. (page 30.) "A young lady whose daily consumption of wine has never exceeded two glasses, oppressed by the heat of a crowded room, faints. The heart and the brain have failed in their functions by reason of the imperfect oxygenisation of the blood. Recovering from the first stage of sudden depression of her vital powers, her symptoms pass into those of hysteria. We have all witnessed cases of the kind. Ordinary and mild stimulants are unavailing and make no impression. An hour, two hours have elapsed, and she is yet prostrate. Before her recovery the girl has consumed three wine glass-fuls, or upwards of half-a-pint of brandy and other cordials, and often more."

It will be seen from these "cases" that the gist of the "doctrine and treatment," which Mr. Skey has thus taught for so many years to the present generation of Medical men is "give wine and brandy as a remedy for starvation in a poor nursing mother," when she ought to have been advised to spend her little money in oatmeal and milk. "Give alcohol to mend the pulse, and as a cure for feeble heart," although the case of Lord R——, as narrated by Mr. Skey himself, proves that "two or three bottles of wine a day left the pulse precisely as it found it," and it is well known that wine will no more cure a weak heart in a man, than it will cure broken knees in a horse. "Give half-a-pint of brandy and other cordials, and often more, to a young lady who faints from the heat and impure air of a crowded room," when if simply treated with fresh air, loosened clothing, and cold water, she would rally at once, instead of remaining in a state of collapse for "an hour or two."

It is against such "doctrine and treatment," that the recent medical declaration is directed, and probably it is the weightiest service of this kind which the Profession has recently rendered to the public. For years I have been in the habit of prescribing alcohol with "as much care as any other powerful drug," and having watched its effects most carefully, I have arrived at the conclusion that alcohol is not indispensable, either for "the diet scale of the invalid," or for "the tonic treatment of disease." I believe that alcohol is one of the most powerful drugs in the materia medica, and, when used with an accurate perception of its physiological influence, most useful. But I think it will be found that the true nature of the effects of alcohol are exemplified in the narcosis of full intoxication, when nervous and muscular power are alike in abeyance. In smaller doses I believe alcohol to be precisely the same in the nature of its effects, *i.e.*. that it is always a narcotic. Upon what grounds it is held that by lessening the amount of the dose, the nature of the effect is reversed, and alcohol becomes in small doses a stimulant, I have never been able to discover. If Mr. Skey, or some other reader of this journal would clearly and categorically state the grounds for such a doctrine, we should be on the right road to solve a great question.

Nothing could be more disheartening to anxious practitioners than the utterly loose way in which alcohol is recommended in the treatment of disease. Those who boldly prescribe it in a purely empirical way, though beyond the reach of direct refutation, are easily met by the empirical appeal to statistics. But there are distinguished men, such as Mr. Skey, who talk about their "doctrine," and prescribe alcohol, now as *a stimulant*, now as *a food*, now as *a medicine*, without ever defining the ideas which they intend those terms to express. I venture to offer some definitions, in order to promote the exact discussion of these points. What is a food? A food is a substance which being soluble in the blood and innocent, can be decomposed in the body, and made to give up forces which replenish the vital energies. What is a stimulant? A stimulant is an agent which exhausts vital power without replenishing it. To an exhausted horse, a measure of corn, with the time and water necessary for digesting it, is a real replenishment of his energies, and he goes on through another stage of his journey without injury. The corn is *a food*, and has furnished the forces which have been expended. If on the other hand the spur has been applied; the next stage may be equally accomplished, but at the expense of the constitution of the horse, the spur having obviously got strength out of the animal without putting any in. The spur is *a stimulant.* When we prescribe alcohol as *a drug* in order to induce some physiological modification of the system, we have a highly complex problem to deal with, and one which cannot be dismissed in a paragraph or a sentence. But there is one thing of which we are certain, and it is this: that the alcohol is a powerful narcotic agent, the most obvious properties of which are to lessen oxydation and consequently diminish alike the evolution of vital force and the elimination of effete matters. In addition to the narcotic influence, there follows a perturbation which is often taken by superficial observers as evidence of *stimulation*, but which is chiefly the result of conservative efforts on the part of the system to eliminate the poison. The edge is taken off the mind, the harmony and delicacy of the muscular actions are impaired, and the lower faculties run riot as the balance and governance of the system give way to advancing narcotism; the man sees two candles where there are only one, he becomes strong enough to fight all the world, and at length he can walk so well that the pavement rises up and strikes him on the head. Step by step, as the alcohol is exhaled from the system, this "stimulated" condition passes off, and the fetid breath, the filthy exhalations from the skin, the poisoned state of body, are all such as might have been predicted *a priori* from the mere chemical influence which a little alcohol vapour manifests upon the flame of a burning candle. On the other hand, a large and sudden dose of alcohol kills a man as surely and as speedily as a teaspoonful of prussic acid. Such are the obvious results of that agent, which Mr. Skey now advocates as essential for all conditions of real weakness!

Mr. Skey suggests a comparison of notes of cases. Nothing can be more delusive than isolated cases, and especially if the facts are recorded without exactness, or the cases are such that the conditions necessary for applying the numerical method are absent. But without multiplying such useless materials, I can submit some statistics drawn from the records of a public Institution, and which are still open to investigation by others. I therefore give the following table of the data recorded in connection with the indoor patients of the British Lying-in Hospital. It shows the mortality of mother and newly-born children, firstly—for a term of five years while alcoholics were prescribed very freely, and secondly, for a term of one year while alcoholics were used with extreme infrequency:—

STATISTICS OF THE BRITISH LYING-IN HOSPITAL, FOR THE SIX YEARS ENDING FEBRUARY 28TH, 1869.

Date.	Total Deliveries.	Maternal Deaths.	Children's Deaths. Totals.	Children's Deaths. Born Dead.	Children's Deaths. Born Alive.
1863. March 1 to Dec. 31 (10 months) .	120	1	7	3	4
1864. Jan. 1 to Dec. 31 (12 months) .	200	0	15	10	5
1865. Jan. 1 to Dec. 31 " .	232	5	21	10	11
1866. Jan. 1 to Dec. 31 " .	192	4	29	8	21
1867. Jan. 1 to Dec. 31 " .	290	7	24	13	11
1868. Jan. 1 to Feb. 29 (2 months) .	12	1	2	2	0
Totals for the first five years— .	1,046	18	98	46	52
Average Ratios for ditto . .	—	1 in 58	1 in 10 2-3rds.	1 in 23	1 in 20
March 1, 1868, to Feb. 28, 1869 (12 months)	167	1	8	6	2

It will be observed that the mortality in the Hospital during the first five years was three times as great among the mothers', and four times as great among the live-born children as that which occurred during the subsequent twelvemonths. In reference to the latter period, the sole maternal death which occurred took place in a poor woman who entered the hospital in an advanced state of consumption, and, having passed safely through her delivery, died on the eleventh day afterwards. Of the two deaths which occurred among the live-born children, one was due to congenital absence of the brain, the child dying on the third day, and the skull being found entirely occupied with serous fluid excepting a few vascular shreds and nervous ganglia, which lay at the bottom of the cranial cavity. The 167 patients of the latter period were in Hospital a total of 2,974 days—or an average term of *eighteen* days each; while the 259 patients of the previous twelve months were found to have been in hospital a total of 4,147 days—or an average term of *sixteen* days each. It only remains to add that during the last twelve months no selection of patients was made, and that not a single patient who offered was refused admission on the ground of general ill health, nor indeed, so far as I know, on any other ground.

There was, however, one important fact. During the first half of the last twelve months the patients had only one half-pint of beer daily as had long been customary in the diet of the Hospital, and scarcely any alcoholics were prescribed medically. During the last six months this solitary half-pint of beer was cut off, and replaced by an extra half-pint of milk. During the previous years port wine, brandy, &c., had been prescribed with considerable freedom, and that practice was afterwards returned to, by the able physicians who succeeded me in the medical charge of the in-patients. Tthe mortality of the Hospital has since been higher than ever. I recommend these records to further study on the part of our Hospital Medical Officers. I believe that they will be found to justify an entire reversal of the doctrine and practice with regard to alcohol, which has become prevalent of late years.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

January 19, 1872.

J. H. Wharton, F.R.C.S., President of the Royal College of Surgeons, in the chair.

The Society met at half-past eight o'clock p.m.

Mr. Richardson read the minutes of the last meeting.

REMOVAL OF THE OS CALCIS.

Mr. W. T. Stoker exhibited for Mr. Croly an "Os Calcis," which he had removed from the left foot of a patient in the City of Dublin Hospital. The only interest attaching to it was the comparative rarity of the removal of the whole bone. Only a few similar operations had been performed in England. He could not describe the incisions made in this case, but he believed they were a modification of those recommended by Mr. Erichsen.

Mr. Stoker also exhibited a

GLOVE OF CUTICLE

from the hand of a young man whom Mr. Croly had attended in private. He was a farmer's son, 25 years of age. He was attacked with confluent small-pox before Christmas, and on the 13th day he got scarlatina. The glove came away subsequently. Such specimens were not uncommon, but this one was curious because it represented very well the marks of the small-pox. Dr. Barker had preserved it very beautifully in turpentine.

In reply to the President,

Mr. Stoker said that the patient, from whom the "Os Calcis" was removed, got a blow on the heel, which subsequently inflamed. When he came to the hospital he had a sinus on the side of the outer malleolus. A portion of bone was gouged out, but as that did not give relief the whole of the calcis was removed.

Mr. Robert W. Harley read a

CASE OF POISONING BY CARBOLIC ACID.

An abstract of which will be found at page 137.

Mr. R. W. Harley added: The case, so far as I can learn, is rather unusual. I have asked a great many gentlemen, but I have not met one who has treated such a case. We (Dr. Brownrigg and myself) are anxious to hear what is the best antidote, and whether we left anything undone.

Mr. Richardson: Was the urine coloured?

Mr. Harley: He had not passed any.

Mr. H. Kennedy said there were some cases of this kind reported. One occurred last year in a workhouse in England, where serious effects followed its application outwardly. He had read of one case where death, and of another where very bad effects followed its internal use. He did not think anything could be done in such cases, except to give stimulants, and probably the spirits of turpentine was given with that object. Two or three ounces of brandy might have done better.

Dr. Mapother thought the case was the first which had been reported in this country, but in 1866 he received from Brownlow hill Workhouse, Liverpool, the particulars of a case where death occurred in two and a half hours. It was during the cholera epidemic, when the oil was used as a disinfectant, and he thought about four ounces were swallowed by one of the nurses. There was no doubt that death would occur by leading to coagulation of the albuminous lining of the œsophagus, and it was hard to say what remedy could be administered. In the case to which he referred they made the patient swallow oil. The coagulating powers of this poison were so strong that he had found it to be a more perfect test for albumen than any they had. The only suggestive, in a preventive way, would be that all quantities of carbolic acid should be sent out in the same kind of bottles as liniments, covered with sand paper. It was a most valuable disinfectant, as he had an opportunity of knowing, but a very dangerous one.

The **President**: Do you know the solubility of carbolic acid in oil?

Dr. Mapother: One to six is the Lister preparation. I have always used the pure oil dissolved in alcohol as a precipitant for albumen in urine. The ordinary carbolic acid at 4s. per gallon is impure. It is mixed with naphtha and various other impure compounds.

The **President** asked Mr. Harley if there was any vomiting.

Mr. Harley said there was not.

Mr. Stapleton asked Dr. Mapother whether he considered carbolic or chromic acid the better disinfectant.

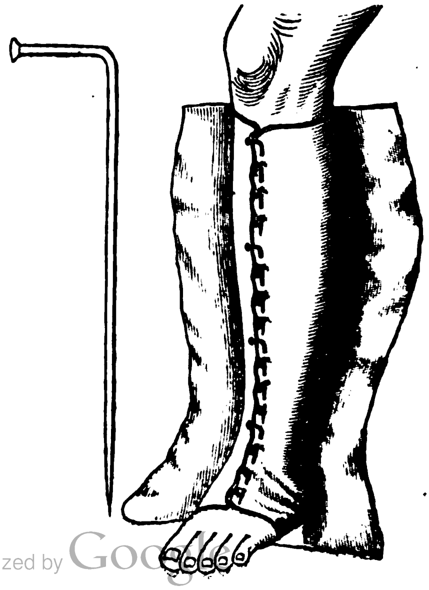
Dr. Mapother: I have not much information on the subject of chromic acid, but from its being volatile I should think it very much inferior.

Mr. Harley, in reply, submitted an extract from a letter received from the manufacturers of the carbolic oil in the present case. All the books he had consulted were devoid of any information as to antidotes for this poison, or as to its chemical history. He believed it was first of all a sort of impure creasote, used for steeping railway sleepers, and that the pine wood gave it the red colour. Whether that made it more deleterious or not he did not know. He was glad to hear from Dr. Kennedy that they had done all they could have done under the circumstances, and from Dr. Mapother that he had nothing to suggest but oil. They had decided to give oil, but there was a milky froth coming in such quantities from his throat that even cold water was rejected, and they then thought it would be better to leave him alone, than to run the risk of choking him.

Mr. A. H. Corley read a paper

ON THE BAVARIAN PLASTER APPARATUS FOR FRACTURES,

which will be found at page 136.



Mr. Corley explained the application of the apparatus.

The **President** said he had listened to the paper with great pleasure, and he was sure they all felt greatly obliged to Mr. Corley for bringing forward this mode of treating fractures. He had seen his colleague, Mr. White, use it. That morning he (the President) had had an opportunity of seeing such a case as Mr. Corley had exhibited the apparatus for. Nothing could be more expeditiously or efficiently done. It only took about five minutes to put up a fracture of the tibia. Mr. White had a stiff case for the patient's leg almost immediately, to the man's great comfort and relief. He had also seen Mr. White use a modified many-tailed bandage, which he called by Mr. Stapleton's name. All present who knew the great difficulty of getting a good bandage would appreciate it.

Mr. Stapleton said he had seen several cases treated with this apparatus by Mr. Corley, and he must certainly say that in Pott's fracture he considered it one of the greatest blessings to the patient, and one of the greatest improvements in surgery. He himself had for a long time discarded Dupuytren's splint. At the time it was brought before the Society he combatted the great advantages that were claimed for it. He (Mr. Stapleton) used a box splint, with pads. If they put on Dupuytren's splint in the original way it would not do. It had been nicked and notched by surgeons to try to retain it in its place, but notwithstanding it still slipped. But he had never seen such advantage as was given by this apparatus in Pott's dislocation. As to the many-tailed bandage he (Mr. Stapleton) was first led to use it in fractures of the thigh. In fractures of that bone, put up in Liston's long splint, with the bandage round the foot and up the thigh, if you wanted to see what was going on you had to unroll the whole bandage. Any one who had had a number of fractured thighs under his care at one time would know how laborious this was. He had had eleven fractured thighs under his care at one time, and he then took this plan of using the old many-tailed bandage. If one part was loose it could be tightened, or all could be loosened to look at the fracture. In treating fracture of the thigh he used three splints. He never disturbed the leg, but simply undid the bandage, and saw what was going on. It might be said, "Oh, put on a starch bandage," but he had seen some very ugly accidents from leaving starch bandages on too long. Sometimes when a surgeon thought that he was going to have a nice limb, and left it in the bandage for six weeks, he found a little more angular deformity than he wished.

Dr. Mapother said since Mr. Corley mentioned the use of this apparatus to him he had tried it in club-foot, and in two cases it had been fairly successful. In another, on account of the extremely small size of the foot, it was not easily applied, but in two cases where the children were three or four years' old it suited admirably. After division of the tendo Achillis, he placed the foot in proper position, and then with this admirable apparatus he had complete extension, and the result was satisfactory. In another case he applied a roller covered with plaster-of-Paris, and covered with an ordinary bandage. Mr. Corley had called this the Bavarian apparatus. He was sure he had forgotten to state, as he did when he first mentioned the subject, that it was introduced to this kingdom by Asst.-Surgeon Moffett, a pupil of the College in 1855, and a licentiate. He had noticed it in use during the Franco-Prussian war, and had described it in his book on "Ambulance Work."

Mr. Stapleton observed that this was not what was called the plaster bandage. What was used in Berlin, where he had seen it used, was a thin material, which was dusted very thickly with plaster-of-Paris. It was then soaked in water, and rolled round the limb. The material used was very open, like what they in this country called a lint bandage.

Mr. Fleming said the apparatus which had been just described by Mr. Stapleton was the one which had been used here for a long time. He used it himself in the Richmond hospital, and if he was not mistaken, it was a German who introduced it to this country. He believed he was a Professor in one of the principal schools, but he forgot his name. It consisted of a gauzy bandage of very open work, and was dusted over, he believed, with a preparation of plaster. It was then damped and applied to the limb, and plaster was rapidly applied with the hand to the outside. It quickly formed a tolerably solid case, but it took a long time to dry satisfactorily. Some of his cases turned out well, but in some of them there was considerable deformity. He thought they were much indebted to Mr. Corley for bringing this new apparatus before the Society. In the first place it was capable of extremely easy and rapid application; in the next it was of great advantage to the surgeon, because it enabled him to watch carefully the progress of the case; and if, as it did happen in injuries such as those of the ankle-joint there was effusion in twenty-four hours or so after, it was of great advantage that they should have the opportunity of ascertaining whether such a condition existed, and of applying the necessary remedies. He thought hospital surgeons should be very glad to have the opportunity of putting this apparatus into use as often as they had the opportunity.

Mr. Richardson observed that many years ago M. Seutin, owing to the accidents liable to occur under the use of the immovable starch apparatus, such as excoriations and gangrene, substituted for it the starched apparatus having the properties of movability and immovability, and which he named the *Amovo-Inamovible* apparatus, the principle being identical with that just illustrated by Mr. Corley. In M. Seutin's starch apparatus the movability is imparted to it by dividing the apparatus, when dry, its whole length in front, and after some time should the limb shrink, he removes some of the edges of the apparatus to enable it to fit close to the limb and give it firm support. This apparatus has been compared by Goffres in his "*Précis Iconographique de Bandages, Pansements et Appareils,*" to a bi-valve shell. Indeed, in Goffre's book the bi-valve term is also applied to the plaster apparatus constructed on this principle.

Mr. Stapleton said that an apparatus had to be used to cut it.

Mr. Richardson said that was another matter. Seutin had established the bi-valve principle, and this name is applied to the *Amovo-Inamovible* starch, and even to the plaster apparatus in Goffre's work. He (Mr. Richardson) had often made Seutin's *Amovo-Inamovible* apparatus, and found that after it had been removed and re-applied two or three times, the starch cracked along the middle line posteriorly, and allowed of its easy removal and re-application.

The **President** wished to know how Mr. Corley put up Colles's fracture in this apparatus, because one of its advantages was its universal applicability.

Mr. Corley, in reply, said that with reference to Dr. Mapother's observation, he had stated in his previous communication that he did not claim the slightest originality in the matter. He got a description of the apparatus in one of the Army Medical Reports. It struck him that it would be a most convenient apparatus, and having tried it he found that it exceeded his most sanguine expectations. The history given by Mr. Moffett, who was a resident pupil at Jervis-street Hospital at the same time as Mr. Walsh, was in a communication made by him while at Netley, and he mentioned that it was communicated to him by Dr. Streidlinger, as the apparatus used in the Bavarian ambulances, but it was intended rather as a temporary than, as he understood Mr. Moffet's paper, a permanent arrangement. He (Mr. Corley) found on trial that there were few fractures to which it was not applicable. As to Mr. Richardson's observations about the bi-valve, he had only to say that in this case the line of stitching prevented the plaster on each side from meeting, so that a hinge was left like the back of a book.

Mr. Richardson observed that the term bi-valve had been long ago applied in French books to this apparatus.

Mr. Corley continued to say that the starch bandage took two or three days to harden. He remembered, as a student, attending an hospital where the "succession duty" plan was carried on by the surgeons, and he saw a fracture put up on one of the last couple of days of the month. It was not held in position, and the in-coming surgeon did not take the same interest in the case, and he remembered that the limb presented a very remarkable elbow on the external side. It impressed him very much with the importance of keeping fractures in position while the starch was hardening. That would take three days, while the apparatus, if the plaster was good, would be hard in three or four minutes. With regard to Colles's fracture, he held it securely in his hand in the ordinary way, and put a pad over the dorsal prominence, just where the splint recommended by Dr. Smith pressed. While so holding the fracture he grasped the outer layers, so as to press, and to secure the same object at the lower end, that was secured by the keel in Gordon's splint. The fracture in which he tried it was doing well. It had been put up in Gordon's splint. The other was put up in the ordinary pistol splint, and was giving the patient great pain and uneasiness. He put the fracture up in this apparatus, and the man was able to get up next day, and never had the least pain afterwards.

MR. E. HAMILTON read a paper on "Excision of the Knee-Joint," which will be given in our next.

SHEFFIELD LITERARY AND PHILOSOPHICAL INSTITUTION.

THE 50th anniversary of the Sheffield Literary and Philosophical Institution was celebrated on the 2nd inst., when the learned President, Mr. H. C. Sorby, F.R.S., delivered the address.

The President said: On behalf of the Literary and Philosophical Society, I have much pleasure, on the fiftieth year of its existence as an institution, in welcoming you all at this conversazione, and trust that you will find the arrangements satisfactory. I will not weary you by describing the various objects exhibited, since the catalogue will show what they are, and an actual inspection will be far better than any brief description. There are, however, a few to which I would call attention. One of the leading features in this conversazione will be the exhibition on a large scale with the lime light of photographs illustrating the great events which have lately occurred in Paris. I have no doubt that, as mere pictures, they will give you much pleasure, but I am more anxious that you should look upon them as a lesson in history, having a greater practical bearing on ourselves than any that can be learned from the classic history of Greece or Rome. You will also, I hope, be pleased to examine other useful applications of photography and a number of ingenious mechanical contrivances. Amongst these a calculating machine, intended for general use where much computation is required; and, whilst alluding to this, I will take the opportunity to congratulate this society and the town at large on our having amongst us a gentleman who has invented—I cannot say a machine, but at all events mental machinery—by means of which certain most difficult mathematical problems may be solved, which had resisted all methods previously known. I need scarcely say that I allude to our friend Mr. Earnshaw and to his recent work on a new method of integrating partial differential equations. You will, I am sure, accord your best thanks to all who have lent objects for exhibition. On previous occasions the Geographical Society of London has assisted us in this manner; and it is now in our power to do something in return. As you are aware that society is about to send out an expedition to search for Livingstone; and, on account of the illiberal conduct of the Government, it is necessary to appeal to private liberality. I shall be most happy to receive and transmit to the society anything that may be contributed in this town towards such a laudable undertaking. I may here say that in the other room you will be able to examine a book of spirited sketches, taken in South Africa, by Mr. Baines, the well-known African traveller. Whatever may be said of the scholastic discussions of a by-gone age, it would be a great error to suppose that modern science is a mere system of speculation, to be adopted or rejected at pleasure, and which some might conscientiously regard as having injurious tendencies. Science is simply accurate knowledge—accurate deductions from accurate facts. I contend that nothing false is science, and that to imagine that, in the long run, any mischief can result from knowing the truth, is to be classed only with such sentiments as that it is folly to be wise. Placed as we are, as material beings amongst material objects, our power and happiness mainly depend on our knowledge of the laws which regulate the operation of those objects on each other, and on ourselves physically and physiologically. If we foolishly oppose these laws we suffer or perish, whereas, if we direct them with intelligence, we may work wonders. As an illustration, I will refer to the model of the Moncrieff gun-carriage, exhibited this evening. Hitherto the recoil was an objection, or at all events useless, but by a simple application of mechanical principles, the force can now be utilised, and made instrumental in protecting the men and the gun, and employed to raise it in a position for the next shot. There can be no doubt that our knowledge of the commonest objects that surround us is only in its infancy, and yet so much is known, that, if it were conscientiously practised, the happiness of mankind would be enormously increased. But alas! how ignorant many are of the simplest principles involved in the operations of Nature. I feel persuaded that we need not go far to find hundreds who would not be surprised if the moon were to rise in the west, and who could not give any intelligent reason why animals are obliged to eat and drink. This ignorance, even amongst the somewhat educated classes, can only be removed by the full recognition of the claims of natural science to form a prominent part of general education. If we could but extend such knowledge, and if men would but see the folly of knowing what to do and not practising it what a change for the better would result! I am quite willing to admit that science is advanced chiefly by the labours of individual explorers, but, at the same time, societies like our own may do much to spread its influence. It is on this ground that I claim your further support for this institution. The number present here this evening is a proof that our annual conversazione is popular. No one could be more pleased than I am that it is so, but I should be far more pleased if I could flatter myself with the belief that all had come to pay homage to science. At all events I will conclude by expressing a hope that, after having spent a pleasant evening under the auspices of literature and philosophy, each in his own particular sphere will do what he can to promote their interests, and to extend this beneficial influence of an accurate knowledge and an intelligent application of the laws of Nature.

◆

QUACK DOCTORS AND THE AMERICAN NEWSPAPERS.

JUDGE PIERCE, of Philadelphia, in a recent charge to the Grand Jury, made the following remarks:—

"By the Act of 16th of March, 1870, it shall not be lawful to print or publish advertisements, of medicines, drugs, nostrums, or apparatus for the cure of secret or venereal diseases, or for the cure of those diseases peculiarly appertaining to females; . . . and every such person so offending shall be guilty of a misdemeanor, and shall, upon conviction thereof, be fined in any sum not exceeding 1,000 dols. or undergo an imprisonment not exceeding six months, or both or either, at the discretion of the Court. A second section of the Act prohibits the advertisement and sale of any secret nostrum or drug, purporting to be for the use of females, for the purpose of preventing conception, or of procuring abortion or miscarriage, under the penalty of being deemed guilty of a misdemeanor, and upon conviction thereof to be fined in any sum not exceeding 1,000 dols. or be imprisoned in the county jail not exceeding six months, or both at the discretion of the Court.

"One of these manufacturers of nostrums, seems to have taken the columns of some of these newspapers into his keeping, and daily thrusts into the faces of hundreds of thousands of this community, advertisements, more or less thinly veiled, which are intended to call attention to his medicines for the cure of secret diseases.

"I recommend this matter to your attention. These indecent advertisements are prohibited by law; are offensive to good taste; are subversive of good morals, and tend to public corruption.

"I hope, without further attention being called to the matter, that these papers will cease publishing these prohibited advertisements; but, if they should not, it may be your duty and the duty of the officers of the law to take more direct action in the matter."

◆

Apothecaries' Hall of England.—At a Court of Examiners held on the 8th inst., the following gentlemen, having passed the necessary examination, received the L.S.A. Diploma viz:—Messrs. S. L. Dobie, of Irthington, Carlisle; F. E. Jackson, of Chertsey, Surrey; and P. B. Stoney, of St. Bartholomew's Hospital. And the following passed the primary professional examination, viz.:—Messrs. C. B. Dalton, of Guy's Hospital; A. S. Morton, of the London Hospital; and W. N. Walker, of University College.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
„ IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1872.

THE SESSION.

ALTHOUGH there will be apparently no lack of Parliamentary talk on subjects that interest our Profession, some of the greatest objects of Medical aspiration found no place in the Queen's Speech, and will probably obtain no hearing. Thus, what has been called Medical reform is to be still postponed, to give perhaps the General Medical Council and the too numerous licensing bodies further opportunities of vexing all practical men with interminable talk and obstructive procrastination.

This is perhaps partly due to ourselves. The other day the editor of a daily paper told us confidentially that, in his opinion, we deserved no more than we got, because we did not hang together. The Medical Profession, he declared, has no cohesion. What one man says others are sure to deny; and even when a really good scheme is projected, and nothing can be said against it, the masses will not take it up, but let the author bear all the burden and heat of the day. If he should succeed, they would take the benefit in a thankless spirit; and if he fail, they will never appreciate his earnestness, or be grateful for his sacrifice.

Of course, we could not admit this, and put in excuse all that may be said about our absorbing occupations. Nevertheless, we deem it well to mention the circumstance, that our readers may see from that conversation the drift of public opinion about the Profession, and from it learn that apathy can never achieve anything. There are too many who have kept so aloof from questions of public interest, that the united voice of the Profession is never heard, and the public seems likely to conclude that only technical matters are cared for by us. This should not be. The interest of the Profession is the interest of the public; and, until that truth is perceived, we shall never exercise that influence on public matters which naturally belongs to our Profession.

There is, however, to be a Sanitary Bill, and one too of large pretensions, founded on the report of the Sanitary Commission. We have before referred to its labours, and to many points that must be debated in connection with this measure. The Bill is to be mainly one of consolidation—not to say codification; and it is not improbable that its progress will bring into full relief the need of more Medical members of Parliament. We are not foolish enough to wish to regulate through mere Professional men the sanitary legislation of the country. We know that the rights of property and the liberty of the subject must be considered as well as the public health; but we do make bold to assert that the wisdom of Parliament itself must be foolishness on Medical and sanitary matters unless it contain members of the Profession.

On this plea alone we might fairly rest the claim of medicine to be represented in the House of Lords—side by side with the sister professions. Did the Upper House only contain an adequate representation of the Profession, it would be a most suitable assembly in which to initiate and mature great measures of Public Health. And what a relief it would be to the over-worked House of Commons to have such work accomplished at the early part of the Session by a competent body, and brought down to it for approval in a condition fit for rapid enactment. But no, it is not to be. That is, not yet, though clearly the time is coming when some minister will be bold enough to bring about a reform for which we believe public opinion is nearly ripe.

Nothing would go farther to strengthen the position of the Peers than the introduction into their ranks of representatives of medicine and science; and we have reason to know that this opinion is entertained by some of the Peers themselves.

At the present time the Government—ignorant as it must be of sanitary matters—has no one to whom it can naturally look. Now and then it applies to the College of Physicians. This is not a speedy nor a natural plan. Sometimes the Privy Council endorses the views of its medical officer—who may be crotchety, and, in any case, has virtually no responsibility. Sometimes again, a Cabinet Minister asks a question from any Medical man he may be acquainted with—or, worse still, refers an important medical inquiry to a physician selected at hap-hazard, as poor Mr. Bruce lately asked Sir W. Gull's opinion in reference to the sanity of a criminal, about whom the newspapers badgered him. Could anything be more absurd than to see a physician, because he had been called to see a Prince, set to revise the verdict of a jury. But no doubt Mr. Bruce thought it would be popular; and with no representation of the Profession in high places, he only fell into the evil precedent of his predecessors. The moral is, however, plain enough. The Profession must rouse itself, and assert its place. For this reason we hope to hear no more disparagement of political Medical men by their brethren.

Happily, in the House of Commons there is a small band of Medical men, and we hope that every election may increase it. If the Profession would exert itself this would be easy, and then great and beneficial reforms would be effected.

Sir D. Corrigan and Sir John Gray both have the interest of the Profession at heart. Ireland does well to send them. Dr. Brewer is one of the most indefatigable members of the House, and has also done much for us on the Asylums Board and elsewhere. He is justly appreciated at Colchester. Indeed, were it not for that, his party would probably lose that borough. He therefore deserves the peculiar thanks of the Government, who could not fail to attend to him. We should be glad to see him assume the position of leader of the Medical members, and bring in a Medical Bill of his own.

There are others anxious to serve us, and unless some great change takes place soon, we trust all will unite to assert for medicine its proper place in the State.

◆

THE SUPPLY OF VACCINE LYMPH FOR IRELAND.

The small-pox epidemic and the consequent demand for vaccine virus for the purpose of re-vaccination, have very naturally resuscitated a discussion which, some years ago, was pursued with much acrimony as to the existing arrangements for the supply of lymph. That the present system is utterly inadequate for the demands of a serious epidemic, recent experiences have proved. But it needs no argument to show that an arrangement which, while it gives to England the utmost facility for vaccination, puts upon Ireland a more or less prohibitory tax for the necessary vaccination material is utterly unjustifiable. In England, as most of our readers know, pure lymph preserved in the best manner is supplied gratuitously, without even the expense of a postage stamp, to any registered Medical practitioner. We quote from the circular of the National Vaccine Establishment.

The preserved lymph of the National Vaccine Establishment is sent out as follows :—(1) liquid, in hermetically sealed capillary tubes ; (2) dry, on ivory points ; (3) dry, between plates of glass.

Lymph may be obtained, by personal application, from Mr. Tomkins, Inspector of the Establishment, at the Central Station, between the hours of 10 a.m. and 2 p.m. Letters of application for lymph may be addressed, not stamped.

To meet the expenses of this gratuitous distribution—a system of which we admit the national prudence and propriety—a grant was made from the Consolidated Fund last year of the following sums :—

Five Vaccinators	**£472**
Incidental Expenses . . .	**928**
Grants to Public Vaccinators . .	**8,000**
Total	£9,400

Thus it appears that, in England the state sets aside nearly £10,000 a year for vaccination, and is thus enabled to supply abundance of lymph without cost to every qualified person. Let us see how Ireland stands. The Dublin Cow-pock Institution receives a grant of £400 a year, in consideration of which it maintains five auxiliaries in Dublin, and up to ten days ago charged half-a-crown for a few lymph points to all private practitioners, and a guinea a year for a constant supply to each union which subscribes.

We frankly appeal to the common sense of our readers, whether such a grant or such a system is just or equitable, and whether it is prudent that Ireland should be left under the pressure of a serious epidemic to so miserable a provision.

In the year 1860, Dr. Long, of Dublin, called attention to the subject in a pamphlet, but to this day nothing has been done. We make no charge against the administration of the Dublin Cow-pock Institution, nor are we in a position to criticise the expenditure of the grant of £400, simply because the directors have persistently refused and still refuse to give any account whatever accessible to us of its disbursement. Of itself, this is a fact calculated to excite suspicions and to give strength to adverse opinions, and it shows that the managing body of this public department is not in the vein for too much impertinent scrutiny. Without, however, assuming too much, we do not hesitate to say that it is a crying grievance that the protection from small-pox should be in Ireland doled out at a high rate, at the same moment that in England the state willingly provides for an abundant gratuitous supply. As to its other functions, we venture to think that the branches of the Dublin Cow-pock Institution have, in the presence of the Dispensary Vaccination arrangement, no important *rôle* to play, and as a preliminary to a complete readjustment of the grant and the organisation, we suggest that the miserable £400 a year might be much better applied to their maintenance.

Within the last fortnight, the Institution has reduced its price to 6d. in view of the present emergency ; but even if we could hope that this charge would be permanent, we would still hold the present Irish system to be self-condemned.

◆

SCOTLAND.

EDINBURGH.

The Lady Students.—In answer to a petition from Miss Jex Blake, the University Court has agreed, in accordance with the terms of a resolution passed at a former meeting, to receive the names of extra-academical teachers, and consider their respective fitness to hold Medical classes for women, who have in this or former sessions been matriculated students of the University, and the conditions and regulations under which such classes shall be held. Miss Blake's petition requested that arrangements should be made for completing the medical education of herself and the other ladies, irrespective of graduation.

The installation of Sir W. Stirling Maxwell, Bart., as Lord Rector of the University took place on the 6th. Very little of the excellent address delivered by Sir William was audible, on account of the disgraceful conduct of the students, who kept up an incessant noise, notwithstanding frequent remonstrances on the part of the Principal and several of the professors.

Lord Mackenzie has issued an interlocutor continuing the interdict against the Infirmary managers appointed at the meeting of contributors on 1st January. This decision prevents firms voting at the meeting of contributors. No appeal will be taken against this decision, but the case will shortly appear before Lord Gifford on the merits.

◆

Notes on Current Topics.

Increase of Temperature in Death.

M. Peter has published a communication in the *Gazette Hebdomadaire* of the 26th of January, in which he proves the following propositions :—1. That the temperature of the body increases at the moment of dissolution arising from acute disease. 2. That death takes place in these cases from asphyxia. 3. That the greater the depreciation of energy in the organism the greater is the increase of temperature.

A Medico-Ethical Difficulty.

The *Philadelphia Medical Reporter* narrates the circumstances of a medico-ethical difficulty which has given rise to much excitement in Medical circles in America. The Massachusetts State Medical Society one day rejected a friend of Dr. Storer; Dr. Storer was indignant and swore vengeance in unmistakeable terms.

At the meeting of the American Medical Association, he secured the rejection of the Massachusetts State Medical Society, on the ground that that Society admitted homœopathic practitioners! This point was proved, and the venerable society was placed on the black list, to the unutterable disgust of its members.

It appears that the Society, by its charter from the State, is obliged to admit every physician of good moral standing, and who can undergo an examination by a board appointed for the purpose. The "system" which they profess, cannot be taken into consideration.

Seeing their defeat, the Society notified its various homœopathic members, that they would be allowed three months of grace, wherein to repent or be expelled. Of course, these obstinate individuals paid no manner of attention to the notice, and when the Society undertook to carry out its threat, the question of their authority was carried to the courts.

It is perfectly plain, on reading the law in the case, that the Massachusetts State Society is so organised at present, that it cannot legally exclude these obnoxious members, and its attempt to do so proves how necessary it is for medical societies to remember that that they are not *extra legem*, as they seem to think.

Royal College of Physicians.

The Lectures of the present year will be delivered at the College, Pall Mall East, on each of the following Wednesdays and Fridays at five o'clock:—*Goulstonian Lectures*—Feb. 23, 28, and March 1, Dr. Hensley, "On the Mechanism of Respiration, Circulation, and Digestion." *Croonian Lectures*—March 6, 8, 13, Dr. Bristowe, "On Disease and its Remedial Treatment." *Lumleian Lectures*—March 15, 20, 22, Dr. Quain, "On Diseases of the Muscular Walls of the Heart."

United States Army Report.

The recently issued Annual Report of the Surgeon-General of the United States army gives the following statistics:—

Among the *white* troops, the total number of cases of all kinds reported as taken on the sick list was at the rate of 2,163 per 1,000 of mean strength. Of the whole number taken on sick report 54,710, or 1,863 per 1,000 of strength were for disease alone, and 8,797, or 300 per 1,000 of strength were wounds, accidents, and injuries of all kinds.

The total number of deaths reported was 17 per 1,000. Of 12 per 1,000 of strength died of disease, and 5 per 1,000 of wounds, accidents, and injuries.

The total mortality rate is greater than that for the previous year, the chief increase occurring in the proportion of deaths from disease. The proportion of deaths from all causes to cases treated was 1 death to 122 cases.

The reports from the *coloured* troops give the following figures, which do not include the white officers:—The total number of cases of all kinds reported was 3,551 or 1,362 per 1,000 of strength. Of these 2,954, or 1,137 per 1,000 of strength were cases of disease, and 587, or 225 per 1,000 of strength were wounds, accidents and injuries.

The average number constantly on sick report was 104 or 40 per 1,000, of whom 74, or 28 per 1,000, were under treatment for disease, and 30, or 12 per 1,000 for wounds, accidents, and injuries.

The number of deaths from all causes reported was 49 or 19 per 1,000 of strength. Of these 28, or 11 per 1,000 of strength, died of disease, and 21, or 8 per 1,000 of strength, of wounds, accidents, and injuries. The proportion of deaths from all causes to cases treated was 1 to 73.

Cundurango.

Dr. Bliss had great faith in Cundurango. Like many other Medical practitioners, says the editor of the *Pacific Medical Journal*, he deceived himself by hasty conclusions. He was led captive by appearances. This was an error of judgment, for which we may not condemn him. But he did more. He saw money in Cundurango, and came down from the professional curule to speculate in it and to advertise it, quack-like. He lost caste, as he deserved, and as all others will do who shall follow a similar course. And now he finds it expedient to resign his position as lecturer in the Georgetown Medical College, "for the benefit of the College." A good lesson is this for those Medical men who may be tempted to estimate the value of professional reputation on a specie basis. This is but one of the many condemnations that have appeared by our American brethren and we heartily echo them all.

Reproduction of the Membrana Tympani.

In the proceedings of the American Otological Society a case is narrated illustrating the almost complete reproduction of the membrane of the ear after its annihilation by disease.

The first Lady Doctor.

Anæsthesia has been traced as far back as the exsection of the rib in the garden; and now comes a writer in the *New York Medical Journal* claiming for Homer a knowledge of the art of embalming. When Patrocles, the friend of Achilles was slain, according to the Iliad, the body was washed and anointed with ointment nine years old, and laid on a bed and covered with fine linen from head to foot; and over all was spread a white mantle. The next day Thetis came and made a *post-mortem* injection into the body in order to preserve it, "and then she instilled into it through the nostrils ambrosia and ruby nectar, that his body might be uncorrupted." In quoting this the *Pac. Med. and Surg. Journ.* adds, Thetis would appear to have been the first female physician.

Failure of Calabar Bean in Tetanus.

In the *Philadelphia Medical Times*, Dec. 15th, is related a case of Traumatic Tetanus, arising from a pistol shot in the hand, treated in the Episcopal Hospital by Dr. Packard, in which calabar bean and chloral-hydrate were administered without avail. The case appears to have been a fair one as a test of the remedies, and to have enjoyed all the advantages which careful nursing could bestow.

Skin Diseases in India.

The Government are about to send to India for distribution a series of questions as to other diseases there which may possibly lead to a sort of supplement to the report on leprosy of the College of Physicians. The scheme has been drawn up by Dr. Tilbury Fox and Surgeon-Major Farquhar, and will probably lead to a valuoble report.

Two main objects are proposed:—1. To obtain and then to circulate a better knowledge of the more important endemic skin diseases of India, or such as principally attack the skin; and thereby—2. To bring about an agreement, which is far from existing at present, between the Profession in India and in England, as to the nomenclature, the typical character, the varieties, and the probable or demonstrated causes of the diseases in question.

It is believed that the inquiry may tend to show not only what are the diseases due directly to climatic influences, but the character and extent of variations in the same disease induced by differences of climate.

Amongst the diseases about which information is sought are Delhi boil, leprosy, the elephant leg, Malabar itch, prickly heat, the fungus foot of India, yaws, and Burmese ringworm.

Small-pox in Philadelphia.

The proportionate mortality in Philadelphia for the last eleven years, has been remarkably uniform from year to year, showing one death in 6·6 cases, or 15 per cent. The whole number of cases in that period was 14,952, and of deaths 2,242.

Physician Senators.

Four Italian Physicians have been chosen to be Senators of the New Kingdom. They are Professors Stanilaus, Cannizzaro, and Maggiorani of Rome, and Porta, of Padua. In the face of the example which has been set her by continental nations, it is incomprehensible why Britain should withhold from her distinguished children in the Profession of Medicine, the only distinction which can be said to be at all adequate to their deserts. Alive to the want of medical legislative ability in the House of Commons, the Government is about to create the office of Minister of Public Health, yet it refuses to reward the services which the public so gratefully recognise, and to strengthen the scientific power of the House of Lords by advancing Sir William Jenner to a well-merited peerage.

Pruritus of the Face as a Precursor of Small-pox.

Professor Crespi, of Bologna, says that a few moments' observation of patients who are in the incubative stage of small-pox will prove that they always suffer from an unpleasant sensation of itching about the face, especially on the forehead and chin. He has thus been usually able to diagnose small-pox in the earliest stages, and he believes the symptoms will be found to be uniform.

A new hospital is about to be opened in Capel street, Dublin. It is to be devoted to Midwifery and Ophthalmic Surgery. The first of these specialities being undertaken by Drs. T. M. Madden and J. A. Bryne, and the latter by Dr. T. Walshe, of Jervis-street Hospital.

Clerical Impertinence.

It is always a source of regret when a clergyman brings his order into public contempt by overbearing manners or impertinent interference with others. What can be said of the conduct of the Rev. Mr. Coke who, according to a report in the *East London Observer*, acknowledges that he took upon himself to refuse to allow the patients of Dr. Welch at the Queen Adelaide Dispensary to receive their medicines, because the doctor had attended at nearly 10 o'clock in the morning, instead of at 9! It appears that Dr. Welch has been the honorary medical officer for seventeen years, and that the conduct of the Rev. Mr. Coke has deprived the institution of his services, for as the committee did not repudiate the clerical interference Dr. Welch had no course open to him but to resign. This he has done, and thereby upheld the dignity of the Profession, which is grossly insulted by the clerical individual who has acted in this manner. We have no acquaintance with Dr. Welch nor with Mr. Coke, all our information coming from the *East London Observer*. We cannot say we have any wish to form the acquaintance of Mr. Coke, for it would be difficult to look upon a man who acts thus, as a gentleman, while how far his conduct is consistent with the Christian religion, of which we suppose by the prefix Rev. he is a professed teacher, might be safely left to the votes of the poor people who were denied the remedies ordered by the doctor. We think, however, that the case deserves the attention of the governors of the charity, to whom we therefore appeal to express their opinion of this clerical impertinence. Unpaid Medical service has indeed come to something if a meddlesome parson—who is, no doubt, in receipt of payment to teach Christianity—is to be suffered cruelly to deprive the sick of the aid afforded them by charity, and at the same time to insult a man who has given his services to those sick poor for seventeen years without fee or reward.

We observe that Dr. Munk is connected with this charity, and we hope that he will insist on an apology being offered to his ill-used brother. Such conduct as that of the Rev. Mr. Coke can but produce evil. We cannot by any stretch of imagination conceive of any excuse, and we should think that the residents of the district will not fail to make a representation to the bishop.

The clergy constantly make mistakes in public life by presuming too much on their office; but fortunately it is seldom that one hears of so gross a violation of all the rules of good breeding, or even of common decency.

Nitrite of Amyl and Chinese Samshu.

Dr. F. Porter Smith writes to the *Practitioner* for January, with reference to "the effect of nitrite of amyl" in causing flushing of the face, that Chinese 'samshu' (*i.e.* thrice distilled), or native corn-brandy, produces upon the people a remarkable reddening of the eyes and whole head, with a very evanescent excitement. This is due to the presence of fusel-oil (amyl-alcohol), and has exercised no small influence upon the drinking habits of the Chinese. The suffusion of the head and face immediately proclaims the fact of having drunk wine. The smell of the spirit, depending upon propylic and butyric as well as amylic compounds, acts as another tell-tale. Very strong and cheap spirit is easily obtainable in China, and may be used in the preparation of tinctures, due allowance being made for the presence of the amyl compound, which the Chinese distillers never remove by rectification. It acts like the salutary stink of gas, in giving timely warning of its near neighbourhood. Why remove fusel-oil from British brandy?

The Conjoint Examining Scheme for Ireland.

The meetings of the conference of Delegates from the "medical authorities," which for the last fortnight, continued to be held at frequent intervals at the Royal College of Surgeons in Ireland, have come to a conclusion, and as yet we are not in a position to make public the result of their deliberations, which, in the form of a report, will shortly be presented to the governing bodies of the various licensing authorities.

As far as we are able to give expression to the statements current in the profession in Dublin the result of the Conference appears to be eminently unsatisfactory. We are led to believe that the Universities have, so far as the Conference goes, secured protective clauses which would enable them to obtain for their students a narrower examination than is allowed to the students of Colleges. If this be true we neither hope nor expect that the scheme which may have been framed by this Conference will ever become law. The principle which Government adopted in its Bill—the only just and equable basis for a State examination—is rigid equality for candidates no matter whence they come. Once the supposed educational superiority of any student is recognised the examination ceases to be a free test, and endless questions arise as to the curricula and teaching of the favoured bodies. Without precise information we can say nothing, but we can lay down the principle that the Colleges of Surgeons and Physicians ought not to assent to any arrangement which regards their candidates as fit subjects for a searching test, but accepts the students of other bodies as half made practitioners and puts them through only an emasculate examination.

New Books in Medicine and Science.

Banks, Algernon C., The Vaccination Act, 1867 and 1871. With Introduction, Notes, and Index.

Arthur, Dr. R., Treatment and Prevention of Decay of the Teeth.

Bradley, S. Messenger, and Whitehead, Walter, The Collated Statistics of English Surgery in Public Medical Charities in 1870.

Chavasse, P. H, Counsel to a Mother on the Care and Rearing of Children.

Churchill F., On Auscultation of the Heart.

Cobbold, T. S., Worms. A Series of Lectures on Practical Helminthology.

Dalton, J. C., A Treatise on Human Physiology.

Davis, A. J., Mental Disorders; or Disease of the Brain and Nerves, Developing the Origin and Philosophy of Mania, Insanity, and Crime.

Foster, Balthazar. The Prince's Illness; Its Lessons. A Lecture on the Prevention of Disease.

Letheley, Dr. H. "The Sewage Question," from notes by him.

Legg, J. Wickham, A Treatise on Hœmophilia, sometimes called Hereditary Hæmorrhagic Diathesis.

Morgan, J., M.D, F.R.C.S., "On the Contagious Diseases."

Simpson, Sir James Y. Clinical Lectures on Diseases of Women, Edited by Alexander R. Simpson.

Wood, Thomas. Chemical Notes for the Lecture Room.

Wythes, Dr. J. The Physician's Dose and Symptom Book.

Pauly, A. Bibliographie des Sciences médicales.

Uhle et Wagner. Nouveaux Eléments de Pathologie générale. Traduits de l'Allemand par Delstanche et Mahaux.

Testimonial to Dr. Hitchman.

On Thursday evening last, after the patients' weekly entertainment, Dr. and Mrs. Hitchman were invited to meet the officers and others connected with the Derby County Lunatic Asylum in the entertainment hall, and on their entering were received with much applause. The following address was then read:—

"TO DOCTOR AND MRS. HITCHMAN.

"We, the officers, attendants, nurses, and others employed at the Derby County Asylum, desire to convey to you, Dr. and Mrs. Hitchman, our heartfelt sense of your kindness to all during your superintendence of this Asylum. We beg to congratulate you on the high reputation this Asylum has gained under your superintendence during the past 21 years, and it is with deep regret we contemplate your removal from us, and the termination of your connection with the Asylum as superintendent and matron, which has been so beneficial and advantageous. We have heard with pleasure that you Dr. Hitchman, have been appointed consulting physician to this Asylum, and therefore foster the hope that at the annual entertainment and on other occasions both you and Mrs Hitchman will favour us with your presence. When we recall to mind your onerous duties since the formation of this Asylum, and the sympathy and encouragement given to us at all times, we feel that the institution and ourselves are about to lose valuable and tried officers. We thank you warmly far all past kindness, and ask you to accept this testimonial which we offer, and we pray that in your retirement you may be blessed with health and happiness for very many years."

The testimonial comprised an elegant bronze gilt drawing-room time-piece, bearing the following inscription:—"Presented by the Officers, Attendants, Nurses, and others, employed at the Derby County Asylum, to Dr. and Mrs. Hitchman, on their retirement, after 21 years' superintendence, as a token of esteem and respect."

Dr. Hitchman returned thanks in a feeling and impressive speech, and commented on the arduous duties all had to perform in connection with the insane, and which required for their proper discharge that those on whom they devolved should be actuated by true Christian feeling. He needed no testimonial to remind him of the valuable help he had received from many then present for a number of years in ministering to the afflicted, and acknowledged with feelings of gratitude the labours of those who had so ably assisted him in the management of the asylum since its opening, whose families had grown up and endeared themselves to him, and again thanked them for their kind wishes and elegant presentation.

Her Majesty the Queen has consented to become the patron of the Hospital for Consumption, Ventnor, which will in future have the prefix "Royal" placed before its present title. The second block of houses on the cottage principle, the corner stone of which was laid by H.R.H. the Princess Louise, will bear her name. Several princely gifts were announced at the annual meeting last week, which was a most successful one.

Reform of Inebriates.

The *Philadelphia Medical Reporter* says that the Washingtonian Home, in Boston, designed to assist inebriates who desire to reform, has been in successful operation for thirteen years, and during that period nearly four thousand patients have availed themselves of the privileges of the institution, and in a great number of cases men who had been given up by their friends as hopelessly addicted to intemperate habits, have been restored to respectability and usefulness. During the past year the number of patients under charge was two hundred and seventy-six, and the average cost of each amounted to forty-three dollars.

Small-pox in Utero.

Dr. Hampton, of Philadelphia, reports the following interesting case:—

I delivered a woman of a child suffering from small-pox. At the time of its birth the disease had reached the vesicular stage, showing that it had passed successfully through the macular and papular stages in utero. On the morning of the fifth day the pustular stage was reached. Up to this time, and until the morning of the tenth day, the child took nourishment and seemed to be doing well. On the morning following it vomited incessantly, blood gushing from its mouth and nose—the same evening it died. The mother was vaccinated successfully six weeks prior to confinement.

The Action of Quinine on the Blood.

The nature of the influence exerted upon the blood by quinine has been the subject of a fresh investigation by Schulte, reported in the *Neues Repertorium fur Pharmacie*, xx. 530, and of which some account appears in the *Pharmaceutical Journal.* Its extraordinary power of stopping fermentation and putefraction by destroying low organisms, such as bacteria and fungi, has been before pointed out. It is supposed to diminish the formation of pus in inflammation, by arresting the motions and preventing the exit from the blood-vessels of the white blood corpuscles, the accumulation of which, according to Conheim, constitutes pus. By depriving the red blood-corpuscles of the power to produce ozone, it diminishes the change of tissue in the body, and thereby lessens the production of heat. Ranke and Kerner have shown the waste of tissue is reduced when large doses of quinine are administered, as indicated in the smaller proportion of uric acid and urea secreted.

With the object of ascertaining whether this effect is referable to the direct influence of quinine or oxidation in the blood or to its indirect influence through the nervous system, Schulte employed a method based upon the changes occurring in the alkalinity of the blood, observed by Zuntz, who had noticed that a considerable formation of acid takes place in freshly-drawn blood, and continues in a less degree till putrefaction commences. The amount of acid formed was estimated from the diminished alkalinity of the blood, as comparatively shown by the quantity of dilute phosphoric acid required for exact saturation. A sufficient quantity of chloride of sodium was added to the phosphoric acid to prevent the blood corpuscles from being dissolved and interfering with the reaction by their colouring matter. The point of saturation was fixed at the transient reddening of carefully prepared test-paper by the carbonic acid. Schulte has thus been enabled to confirm the experiments of Zuntz and Scharrenhroich, showing that quinine and berberine lessen the production of acid, and that quinine can stop it both before and after coagulation; that sodium nitropicrate has an action similar to, and nearly as powerful as, quinine, while the action of cinchonine is much less energetic. Harley has shown that while quinine lessens oxidation in blood, some substances such as snake poisons, increase it. Binz found that when putrid fluids were injected into the circulation of an animal, the temperature rose; but that this increase of temperature could be more or less prevented by the addition of quinine to the putrid liquid, or the simultaneous injection of the quinine.

With respect to the influences of quinine on the change of tissue, Schulte gives the result of some careful experiments made by Zuntz, who found that after taking three 0·6 gram doses of hydrochlorate of quinine for two days the amount of urine he excreted was increased by one-third, and then decreased as much, the specific gravity falling from 1018 to 1012; the urea also showed a marked decrease.

The Carmichael Prizes.

These prizes, which are amongst the most valuable of any open to the Profession, are again offered by the Council of the Royal College of Surgeons in Ireland for competition. The prizes are of the value of £200 and £100 respectively for the first and second best essays, and will be awarded in May, 1873. The competitive essays must be on the following subjects:—1. The state of the Profession in its different departments, of Physic, Surgery and Pharmacy, in Great Britain and Ireland at the present time. 2. The State of the Hospitals and Schools of Medicine, Surgery and Pharmacy. 3. The state and mode of examination or of testing the qualifications of candidates of the different Licensing Colleges or Corporations, in Medicine, Surgery and Pharmacy. Full particulars will be found in our advertisement columns.

Tenia in a Newly-born Infant.

Dr. Samuel G. Armor, (*N. Y. Medical Journal, December*, 1871), describes a case of this kind, occurring in the Long Island College Hospital. An infant five days old was seized with trismus, and on the same day, under the operation of calomel and castor-oil, began to pass sections of tape-worm. Oil of turpentine and oil of fern were subsequently used, and the child recovered after discharging numerous joints of the worm. The mother, who had no symptoms of tenia, was treated with pumpkin-seed, two months after her confinement, and passed seventy segments of worm. The *Pacific Med. and Surg. Journal* remarks that Dr. Armor is as much perplexed, as he may well be, to ascertain how the animal got into the intestines of the fœtus in utero, as was a certain royal personage in regard to the apple in the dumpling.

Cod-oil—Pepsine—Pancreatine.

Many are the modes in which it has been endeavoured to aid the digestion of cod-liver oil. The subject is practically so often forced on all our readers that they may be glad to read the following from the *Pacific Medical Journal*:—

Every practitioner has been disappointed again and again in the failure to secure any benefit from cod-liver oil, in cases presenting the strongest *primâ facie* evidence of the adaptation of remedy to disease. Very often the oil remains unchanged in the stomach, and continues for many hours to rise in the mouth. Here it not only fails to do good, but is positively injurious by retarding digestion and destroying what little appetite the patient may have had. A lack of pepsine may cause this difficulty—the office of pepsine in regard to oily substances being, as far as appears, to dissolve the albuminous cell-wall, leaving the oil to be acted on, after it has passed from the stomach, by the pancreatic secretion. It is easy to replace the deficiency of the gastric juice by the administration of pepsine. But there may be another link in the chain wanting. The fatty granules require to be acted on by the pancreatic secretion in order to perfect a series of processes by which the oil is assimilated and rendered remedial. The pancreatic secretion may be deficient; and here the want may be artificially supplied by the administration of pancreatine. With or without reference to the cod-liver oil, those two substances are often very useful in feeble or disturbed digestion. We cannot always determine whether the stomach or small intestine is the seat of trouble, or whether both are implicated. If the stomach, pepsine may be the agent required, if the intestines, pancreatine. Experiment alone will settle the question. Often both are at fault, and here the two substances may be employed conjointly. It has been suggested to administer the pepsine first, and in an hour or two the pancreatine, after the pepsine has had time to do its work. But there is often trouble and uncertainty in this plan. There can be no reasonable objection to the inhibition of both together.

Pepsine is well known to the Profession, having been in general use for many years. Pancreatine is of more recent introduction, and has not been so extensively employed. We believe it is not properly appreciated. In our hands it has certainly done much good in certain cases of indigestion, or perhaps it would be better to say, of uncertain and irregular digestion, especially in persons of morbid nervous sensibility. It is particularly valuable in feeble digestion attended with occasional diarrhœa—cases in which the diarrhœa appears to be excited by the accumulation of undigested food, and in which it alternates with constipation or intestinal lentor. Here a tea-spoonful of Wine of Pepsine taken immediately before eating, and a tea-spoonful of Wine of Pancreatine half-an-hour or less after eating, will be often followed by the most gratifying results. Under this treatment anorexia will disappear and give place to appetite and enjoyment of food, and regular defæcation will be established, so that the annoying exhibition of aperients and astringents may be entirely dispensed with.

The ingenuity of pharmacists has devised a large number of preparations of undoubted excellence, combining not only the two agents above named, but bismuth also, and cinchona, and strychnia. The pancreas of the calf is the common source of supply, the juice being evaporated at a low temperature to a syrupy consistence and then mixed with dextrine and dried. This forms the powder called *pancreatine*, of which the different preparations are made. The principal preparations are Wine of Pancreatine; Elixir of Pancreatine; Syrup of Pancreatine; Troches of Pancreatine; Wine of Pancreatine and Pepsine; Elixir do.; the same with Bismuth; the same with Calisaya; Elixir of Pancreatine and Bismuth; Elixir of Pancreatine, Bismuth and Strychnia; Wine of Pancreatine and Pepsine. Other combinations have also been contrived, all of them possessing the properties belonging to the respective ingredients, and adapted to the most fastidious taste of both physicians and patients. A good preparation in the simple form is the Emulsion, which may be used in the same manner as the powder, as a basis for the various compounds; or it may be used in the simple form, though not pleasant to the palate in this way."

The editor in note says, "We are indebted to James G. Steele and Co., who are among our best pharmacists for a list of the preparations of pepsine and pancreatine manufactured by them, from which we have made the foregoing selection."

H.R.H. Prince Arthur has consented to preside at the annual festival, to be held in the spring, in aid of the funds of University College Hospital.

Following the example of Her Majesty the Queen, H.R.H. the Prince of Wales has distributed large quantities of game for the patients at the various metropolitan hospitals.

In the metropolis last week 1,423 deaths were registered, being 321 below the average. Consequently there was a great decline in the number of deaths from diseases of the respiratory organs.

Kelly, the Fenian, who was acquitted on the charge of murdering Talbot, on account of the legal question raised by the unsuccessful surgical operation of Dr. Stokes, was on Friday last found guilty of attempting to shoot Police-Constable Mullens when arrested, and sentenced to fifteen years' penal servitude.

A meeting of the Medical Society of the College of Physicians, Ireland, will be held in the College Hall, on this day, 14th February. The following business is set down on the notice paper:—1. Adjourned discussion on Dr. Burke's Paper. 2. Dr. Foot—on "Some observations on the treatment of Small-pox." 3. Dr. Lyons—on "Some statistics of Small-pox."

At the Polytechnic School of Vienna twenty-four females are now following the medical courses, and seven that of philosophy.

On the evening of last Monday week, Mr. Butcher entertained nearly a hundred members of the Medical Profession resident in Dublin and its immediate vicinity, at dinner in the Antient Concert Rooms. The assembled company included almost all the Hospital Physicians and Surgeons of Dublin, and a large number of its leading practitioners. Sir Dominic Corrigan occupied the right of the host, the President of the College of Physicians, Dr. Hudson, and Professor Haughton the seat on the left; and were supported by Dr. Banks, Mr. Porter and Sir William Wilde. The company were entertained after dinner by the admirable musical performance of the Glee and Madrigal Union. The health of Her Majesty and the Prince of Wales having been drunk, Sir Dominic Corrigan proposed the health of Mr. Butcher. In doing so he availed himself of the opportunity to urge upon the assembly the propriety and necessity for their assuming and maintaining an independent and outspoken position in political matters. He strongly urged upon them the consideration that the welfare of the Profession demanded from them a more manly, and definite policy than had yet characterised its members and he expressed his unqualified belief that it was a mistake to suppose that such a course could militate even remotely against professional success. The company did not separate till after eleven o'clock.

A MEETING of the Dublin Obstetrical Society will be held in the College of Physicians, on Saturday next, the 17th February, 1872. The following communications are set down for reading:—Dr. More Madden - On Spurious, Feigned, and Concealed Pregnancy. Dr. M'Clintock—On the use of a Hemp Saw for the excision of Polypi. Dr. Ringland—A case of sudden death seventeen days after delivery. Dr. Taylor—A Case of Cross Birth. Dr. Denham—On the use of Ergot of Rye. Dr. Atthill—On the treatment of some Inflammatory Affections of the Uterus.

THE handsome offer of £1,000 was made last June to the Royal Medical Benevolent Fund Society of Ireland, on the conditions that £2,000 be raised in donations of not less than £50 each, within a period of six months, and from Practitioners residing in Dublin. The friend who made this offer has since consented to extend the period to 1st July, 1872. The Central Committee being most desirous that such a substantial addition may not be lost to the funds of the Society, again entreat aid and co-operation. The following sums have been already given or promised:—

Dr. Banks	£50
Dr. Stewart	50
Dr. Kidd	50
Dr. A. J. Walsh	50
Dr. M'Clintock	50
John Hamilton, Esq.	70
Dr. J. F. Duncan	50
Dr. Head	50

◆

Literature.

LECTURES ON THE CLINICAL USES OF ELECTRICITY (a).

THESE lectures were delivered in 1870, at University College Hospital, and after being published in the *Lancet*, are now put before the Profession by the author in a separate form. They are strictly practical in character, and deserve to be read most carefully by all who desire to be able to afford to suffering patients some of the resources offered for the alleviation of diseases by the agency of electricity. Electricity is useful in practice both for diagnosis and treatment. If there be a decided difference in the electrical condition of two opposite limbs, there is clearly something wrong with one of them. Shamming may thus be detected in the case of railway accidents. Electricity may sometimes be able to cure a patient at once, as in hysterical aphonia; pain may be relieved or spasms removed, and paralysis arrested by its means. "There are other diseases which you cannot be said to cure, but which you may *relieve* by electricity. By its application you may, in many instances, again and again relieve pain or spasm, or slowly diminish and ultimately remove palsy. In these cases you assist, by electricity, the processes which lead to the removal of the pain, paralysis, or spasm; you put the patient, by electrical appliances, into a better position to improve, or be cured by the agencies of food, medicines, rest and time. Lastly, there is a group of cases in which, though you cannot cure, or even relieve, the symptoms, you may yet arrest the progress of the disease. Sometimes, for example, in a child with so-called *essential paralysis*, you may prevent deformity, though you cannot cure the paralysis. In certain cases of lead-poisining, muscular atrophy, &c., although you cannot reach the muscular substance, you may prevent any increase of the atrophy." After speaking of Franklinic electricity, the author speaks of Galvanism, or the forms of electricity developed by chemical decomposition. The only object a medical electrician has in choosing any particular form of battery, is to catch the electricity as best he may. This form is characterised by *low intensity* so far as regards muscles and nerves, but is considerable in quantity, and it produces chemical results, and results on temperature, "thermic results," that are not approximated by the Franklinic electricity. "What you want is a current that shall play evenly, and at a measurable strength, for a certain length of time. It is convenient to have a battery that is portable, and it is a great point to have one that does not require everlasting looking after." The contact battery of Weiss is easily portable.

Galvanism is used in two modes, one is continuous, the other interrupted current. The continuous current will relieve spasms of certain kinds, and pain of certain kinds. "A person may have a particular kind of headache; you pass a continuous current, as it appears, through his head, and sometimes in a few seconds the pain is gone. It will also remove some forms of tremor and of spasms." When weak, it produces little or no pain. The patient feels nothing or next to nothing. The current may be broken by dabbing one of the sponges on the limb, whilst the other is applied to some fixed point, or the apparatus may be used for making and breaking contact.

"There are," says the author, "two terms used commonly, and which you may see on batteries of various kinds, 'primary' and 'secondary.' It is for chemical purposes an almost useless distinction. The battery used in University College Hospital is known as Stöhrer's. With proper care, and but little trouble it acts well for many months; it can be put in action and out of action very readily, and its strength may be regulated with the greatest ease.

If you want to put into action a muscle which is in a state of morbid inactivity, either from some wasting of its own substance or some nervous weakness, you must apply, not a continuous, but an interrupted current. It may be a faradic or a galvanic current, the latter being interrupted by the hand, or by some mechanical apparatus. When on the other hand, muscles are contracting præternaturally, exhibiting spasms, either tonic or clonic, you may reduce this action by the continuous current, and also by a very rapidly intermitting faradisation. The electricity from whatever source obtained, may be applied, either to the bodies of muscles, or indeed single muscles, also through the skin, but by the nerve-trunks which pass to them. It is impossible to go into details of this important subject in the space allotted to us. Suffice to say that Dr. R. Reynolds' work should be read by all intelligent physicians.

◆

Sulpho-Carbolate of Soda in Scarlatina.

(*Transactions of the Medical Society of Pennsylvania.*)

"SCARLATINA," says Dr. J. B. Crawford, of Wilkesbarre, "occurred in almost every section of Luzerne county, varying much in severity in different cases and localities, but seldom evincing a marked malignancy of character. In addition to the better-known remedies, the sulpho-carbolate of soda has been used with very satisfactory results in the treatment. I take this occasion to strongly recommend its use to those practitioners who have not tested its efficacy in the treatment of this disease. In about thirty cases of scarlatina of average severity, I have relied almost exclusively upon this article, and have been highly gratified with the results. To a child of three years of age I would give one-and-a-half to three grains every two hours during the continuance of the more severe symptoms of the disease."

(a) "Lectures on the Clinical Uses of Electricity." By J. Russell Reynolds. Churchill, London. 1871.

Foreign Medical Literature.

DIAGNOSIS OF SYPHILIS FROM MICROSCROPIC EXAMINATION OF THE BLOOD.

(Translated from the *All. Wien. Med. Zeit.* for the MEDICAL PRESS AND CIRCULAR by DR. C. R. DRYSDALE.)

DR. LOSTORPHER (Medical Society of Vienna, 12th Jan. 1872) says that by using very high powers in patients with syphilis of Professor Leissl's clinique, and leaving the blood for three or four days, he constantly found little shining corpuscles in it. He found that these little bodies increased in size by budding (sprossenbildung). Hence arose new corpuscles, which again showed a proliferation by buds. This was so constantly observed by him, that by seeing these bodies he was enabled to diagnose syphilis with precision and certainty. He had had eight or nine trials given him by Prof. Stricker and Prof. Hebra, and each time he had rightly recognised from the preparations before him which was the blood of a syphilitic and which not. These bodies he calls syphilitic corpuscles. In some cases more than fifty such bodies could be seen in the field, in others fewer. These developed themselves often not before four or five days. He is not sure whether such corpuscles are newly produced in the blood by syphilis, or only allured by the disease. He related many cases of patients in the secondary and tertiary period of syphilis; and said it was curious that just as the anti-syphilitic remedies began to act, these bodies lessened in number and disappeared. Prof. Skoda praised the paper very highly, and observed that if prizes were given in Vienna, this paper deserved one. Prof. Stricker confirmed the observations of the author, and related the details of how the trials had been conducted. Prof. Hebra also confirmed the successful and extraordinary results of the trials spoken of by the author. This is quite a most remarkable and curious discovery, and will doubtless prove quite an era in the history of syphilis.

ABSCESS OF THE SPLEEN.

M. G. PELTIER, while giving his own views (a) on this rare form of disease, enumerates a long list of authors, and gives references to their writings in regard to it. From his observations we learn that although suppuration within the spleen may occur as an idiopathic affection, it is most frequently met with as one of the secondary accompaniments of pyæmia. In the idiopathic form the abscess may be recent or of old standing. In the recent, the cavity is filled with pale yellow pus, the sides formed by the tissue of the organ, whereas in that of long standing various kinds of alterations are observable. At first the sides of the abscess are smooth, and as a capsule; later that capsule undergoes absorption, the sides of the abscess approximate each other, and later still, all that remains is a depression, marking cicatrisation of the splenic tissues. Abscess of the spleen has little tendency to project towards the exterior, yet Portal states that cases are met with in which purulent collections have destroyed more or less of the tissue of the organ, so that only its tunics remained, forming a cyst distended by pus. Such abscesses, this anatomist observes sometimes produce sudden death, by their rupture into the cavity of the abdomen, two cases of which he has witnessed in persons reduced to a state of marasmus by slow fever, and others may happen in cases where during life the existence of depots of pus had not been suspected. They also sometimes evacuate themselves by the stomach (Coze), colon, left kidney, the cavity of the left side of the chest, the bronchiæ (Nass); at other times they discharge themselves among the parietes, their contents making a way for themselves along the abdominal muscles (Assolant) giving rise to numerous openings through which portions of the splenic tissue are discharged. In other instances they open into the loins, the pelvis, or are discharged by the vulva, as described respectively by Lomel and Schlichting. Sometimes adhesions exist between the surface of the spleen and surrounding tissues, diaphragm, stomach, abdominal parietes, liver, &c.

Etiology.—Inflammation of the spleen ending in suppuration, although a rare affection in temperate climates, is more frequently met with in hot and subtropical regions, and in some instances occurs without obvious cause. It may arise from a fall, a blow, or other injury; also from malaria, in connection with which it is mentioned by the majority of authors in intermittent fever. Some cases of it have moreover been met with in connection with typhoid fever, of which disease it has been looked upon as among the ordinary accompaniments, and one case has been recorded where it was attributable to a chill.

Symptoms.—In some cases there is no functional derangement present during life to indicate the presence of splenic abscess, which is only discovered after death, and although this is not always so, it is proper to observe that the symptoms are subject to great variety. After a fall, a blow, or other injury, the patient complains of pain and an abnormal sensation under the left ribs; by percussion the spleen is found to be enlarged, it is painful to the touch, and more or less severe pyrexia is present, often with nausea or vomiting. These symptoms may continue for a considerable time, and their ultimate progress is diverse. In some cases suppuration is re-absorbed, and after a time the symptoms disappear altogether; in others the affection ends in death, attended by some of the accompaniments of typhoid. During the progress of the disease the digestive functions may remain intact, notwithstanding that it is usually attended by nausea and vomiting. When an abscess forms we find that shivering takes place; towards evening the pulse becomes more frequent, and the temperature increases; sometimes the febrile indications assume an intermittent character, as of quotidian, tertian, or quartan, and in either case the occurrence of syncope is a dangerous complication.

Progress and duration.—The abscess may be absorbed, evacuated into the abdomen, or its viscera, or discharged through an external passage. In cases where it is emptied into the peritoneum death rapidly takes place; where it evacuates itself by the viscera recoveries are recorded as taking place, although the accounts of such are to be received with caution; and where the pus penetrates the parietes its evacuation by puncture is recommended.

Diagnostics.—Abscess of the spleen is to be distinguished from serous cysts and hydatids by the absence of pain in the latter, their slow rate of increase, there being no fever, and no disturbance of the digestive functions; from cancer, by the completely different progress. With regard to encysted abscess between the spleen and the diaphragm, these impede the respiration considerably, and would appear to be always fatal. Among the affections most difficult to be distinguished from splenic abscess are those of the kidney, especially cysts and abscess, although the seat and character of the pain, and examination of the urine will generally remove all doubts on the subject.

Treatment.—When the measures adopted have been ineffectual in checking suppuration quinine should be freely administered, in order to prevent, if possible, or at any rate diminish, the severity of the febrile accessories. If the diagnosis has been made with certainty steps may be taken to evacuate the pus with some hope of success, and as have been used by MM. Eloge and Roubaix. Having by means of caustics applied externally, produced adhesion between the spleen and the abdominal parietes, an exploring puncture is then made into the viscus, and in the event of pus being detected an incision should be made for its escape. A seton then introduced into the wound should be left some time, and the discharge of the contents of the abscess encouraged by means of poultices.

(a) *La Mouvement Medical*, 7th January, 1872.

The spleen is like other organs, liable to become the seat of metastatic abscesses as cases of pyæmia. In *purulent affections* is blackish, mottled, softened, and interspersed with abscesses, chiefly in the exterior of the organ, as when they occur also in the interior the former are the most numerous, although, according to Braidwood, such abscesses exist most frequently in the interior. These deposits are seldom single. They are almost invariably multiple, numbering on some occasions five, six, and upwards. Their size varies from that of a pea upwards. In some instances the pus is simply infiltrated in the splenic tissue, in others the deposits are enclosed in a false membrane. As regards their manner of formation, they are referred by different authors to effused blood, which demands a nucleus for suppuration, the fluidity of the blood being a result of its morbid alteration; to simple deposit of pus, and to the existence of phlebitis. At present, all are agreed that in pyæmia the blood is altered by pus, but phlebitis is alone insufficient to explain the production of metastatic abscesses. The greater number of recent observers consider that they are produced as results of embolism caused by fibrinous detritus in the circulation. The presence of abscesses in the spleen is less to be detected by the presence of pain than by the size and substance of the organ by manual examination, and by the presence of the other symptoms of pyæmia. When such metastatic abscesses exist, whether in the spleen or in other organs, the prognosis is of extreme gravity, and it is seldom that a fatal issue is prevented. As to the treatment, the measures recommended are repeated purgatives and the employment of quinine, to these should be added some tonics, and the improvement of hygienic conditions.

◆

Correspondence.

SIR WILLIAM GULL ON MEDICAL SCIENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am surprised to find that you have taken no notice of the extraordinary address delivered by Sir W. Gull at the last meeting of the Clinical Society of London. Possibly the fact of his admitting that it was unprepared has induced you to allow its marvellous statements to pass without comment; but although under some circumstances a dignified silence has its advantages, there are seasons when it is well to be outspoken, and such, I imagine, are the seasons when one who is generally accepted as representing the whole of our Profession, gives expression to views which are either peculiar to himself, or held by a very small minority. Especially is this the case, when the speaker is a man who is now so justly popular.

Not only are Sir William's views totally opposed to the spirit of the Christian religion, but unless I am greatly mistaken they are in glaring conflict with common sense too. Indeed, he seems instinctively to feel that this is so himself, for after saying that "Disease in its essential nature depends on processes so identical with those which underlie the normal phenomena of life, that could it be regarded apart from the conditions of comfort or discomfort, disease could hardly be said to exist," he candidly adds, "But if we were to tell the public that there was no such thing as disease, we should hardly be believed," which is certainly very true.

No reasonable man will deny that diseases of all kinds, whether physical, mental, or moral, consist of some *perversion* of normal processes; but surely it is altogether a retrograde movement in science to assert that such perversions are brought about otherwise than *ab extra*. We may class all such theories with that of spontaneous generation, which has long since been exploded. That certain diseases, or what at least the general public seem pretty determined to regard in the light of diseases, are the result of something *ab extra*, we all very well know. I need only instance the contagious fevers, especially small-pox, which by inoculation we can induce at will. And although diseases (or perverted normal processes) sometimes come to light in the individual without any apparent external cause, it is surely very unphilosophical thereupon to use language implying that such perversions could at any time (however remote) have arisen spontaneously. Sir William Gull, however, says that "the beginnings of disease must be sought in a series of processes extending so far back that they can hardly be said to have a beginning!" Commend me to the book of Genesis, which, whatever its shortcomings in a scientific point of view, is at any rate philosophical enough not to assert that anything which in the first instance was *normal*, or "very good," could be perverted without the introduction, *ab extra*, of some perverting influence. It puzzles one to know how any microcosm, all whose parts are harmonious, and the cycle of whose actions is perfect, can ever get out of order of itself. But suppose some deleterious influence from without, and the matter is soon explained. The entrance of some perverting influence is that which causes disease in the first instance, and all causes being ceaseless in their operation, their immediate effects becoming the causes of their subsequent effects *ad infinitum*, we can easily understand how abnormal conditions (especially those affecting vital structures) are transmitted from generation to generation. But although I am ready to admit that upon the entrance of the perverting influence, the processes carried on in the system, continue as nearly normal as possible; nay, although I will go further, and say that much which seems to aggravate the mischief is in reality an effort on the part of the affected organism to be rid of the offence; still, I cannot conscientiously call a spade other than a spade, or disease other than a most grievous ill, out of which God only can bring good.

Trusting that I have not been guilty of unwarrantable presumption in daring to criticise the utterances of one so eminent, and begging you to insert my communication in your next (under protest if you please),

I am, Sir, your obedient servant,

D. B.

Kingston-on-Thames, 7th Feb., 1872.

◆

Medical News.

H.R.H. The Prince of Wales arrived at Windsor from Sandringham on Saturday, having borne the journey remarkably well. On Monday he started with the Princess for Osborne, where Her Majesty was waiting to receive them.

The London Fever Hospital.—On Friday last the annual meeting of the Governors of this institution, was held at the Freemasons' hall. The Chairman, Mr. Lumley, referred to the peculiar interest which attached to the meeting this year in face of the untoward event of the illness of H.R.H. the Prince of Wales who has for a long time past been patron of the institution having been attacked with one of those fevers which were treated in its walls, and it was a remarkable fact that one of the highly skilled physicians who had attended upon the Royal patient was some years ago, a physician administering to those occupying its beds. He passed on to speak of the great interest the Prince had always shown in the hospital, an interest the more marked from his recommending it, during his convalescence, for the thank-offering of Mr. Readymoney, the Parsee of Bengal, a recommendation which brought the welcome addition of £200 to its funds. The speaker then referred to the change which had been made in the character of the institution through the legislation of 1867, which had entailed upon the metropolis the duty of providing for pauper fever patients in separate asylums. Now, therefore, the institution would wholly revert to the intention of its original foundation—as a place where contagious diseases of the classes above pauperism might be treated, and, in addition, a space would be set apart for the accommodation of members of the superior classes of society who might contract a disease of the character treated here, and would desire to remove from their households the means of contagion. The report of Dr. Broadbent showed that typhus fever had been lessened, that relapsing fever had only slightly occurred, and that typhoid had diminished. Votes of thanks were passed to Dr. Broadbent, the visiting physician, to Mr. Hugh Owen, the hon. secretary, and to the committee of management. A vote of congratulation to the Prince of Wales, and of thanks for a present of game, having been agreed to, the Dean of Westminster, Sir Bartle Frere, and Mr. Readymoney were elected vice-presidents. A vote of thanks to the chairman concluded the proceedings.

The Duchess of Saxe-Meiningen, her Majesty the Queen's niece died on Saturday last from an attack of scarlet fever.

As we were going to press a report reached us of the assassination of Lord Mayo, the viceroy of India, by the hands of a convict. We hope the report is without foundation.

The Medical Society of London.—At a meeting of this old society especially convened for the purpose, it was decided that the following congratulatory address should be presented to Her Most Gracious Majesty the Queen. "We, the President, Council and Fellows of the Medical Society of London in special meeting assembled desire to approach your Majesty with feelings of deep thankfulness to give utterance to our humble and earnest congratulations that it has pleased the Almighty to raise up His Royal Highness the Prince of Wales from a bed of sickness, and thus to avert from your Majesty's House, and from your Majesty's loyal people, a calamity, of which the possibility had filled all hearts with apprehension. We rejoice that it has been the privilege of honoured members of our own calling to be the instruments under Providence, by which this great blessing has been conferred upon the nation; and we pray that the great disposer of the issues of life and death may extend his continued protection to your Majesty and to his Royal Highness, and that your Majesty may long reign over a devoted and loyal people—Signed on behalf of the Council and Fellows of the Society, Andrew Clark, M.D. President—George street, Hanover square, London, January 20th, 1872."

Sanitary Inspection of Shipping.—A deputation of the Thames Shipping Inspection Committee, with Dr. Letheby, Dr. Dickson, and Dr. C. Meymott Tidy, hon. sec., waited on the President of the Local Government Board on Thursday, to urge the advisability of a clause being inserted in the new Sanitary Act sanctioning conjoint action amongst the several boards and vestries abutting on the Thames, for the purpose of carrying out a complete inspection of the shipping in the river and in the docks, and sanctioning the raising of the necessary funds by the several authorities. The attention of Government was promised.

Royal College of Surgeons of England.—At a meeting of the council, on Thursday, Mr. Le Gros Clark, F.R.C.S., senior surgeon to St. Thomas's Hospital, was elected an examiner in dental surgery for a period of five years. The following gentlemen were nominated to fill the vacancy in the court of examiners caused by the resignation of Mr. Cock—viz., Mr. John Birkett, of Guy's Hospital, Mr. Spencer Smith, of St. Mary's Hospital; Mr. Campbell De Morgan, of Middlesex Hospital; and Mr. Callender, of St. Bartholomew's Hospital.

Naval Assistant Surgeons.—The following is a list of naval medical candidates who were successful at the competitive examinations held at London in August, 1871, and at Netley in February, 1872, after having passed through a course at the Army Medical School, Netley, and who have received commissions as assistant surgeons in her Majesty's navy:—F. A. Nixon, 4,471 marks; J. H. Anderson, 4,451; C. P. D. Chittenden, 4,385; C. Davidson, 4,155; W. B. Drew, 3,821; W. H. Elmes, 3,650; C. E. Gray, 3,620; C. Feltham, 3,460; W. R. White, 3,455; R. G. Brown, 3,443; J. M'Carthy, 3,342; W. C. Sandys, 2,945; G. J. Gray, 2,915; H. M. Levinge, 2,890; R. W. Brereton, 2,473; J. Simms, 2,468; J. Donovan, 2300.

Pass List of the Army Medical School.—The Director General presents his compliments to the Editor of the MEDICAL PRESS, and begs to enclose for insertion a List of Candidates of her Majesty's British Medical Service, who were successful at the competitive Examinations in August last, and who have passed through a course at the Army Medical School.—E. W. Cottle, studied at Oxford and London, number of marks 5,118; R. V. Ash, London and Aberdeen, 4,625; P. S. Connolly, Dublin, 4,510; C. E. Dwyer, Dublin, 4,447; J. G. Rogers, Dublin, 4,445; W. A. D. Fasken, London, 3,993; B. B. Connolly, London, 3,927; J. D. Edge, Dublin, 3,866; F. E. Barrow, London, 3,837; R. Blood, Galway and Dublin, 3,797; H. J. W. Barrow, London, 3,703; W. P. Bridges, London, 3,695; R. Drury, Galway and Dublin, 3,694; W. C. Grant, Dublin, 3,654.

Ligature of the Subclavian Artery.

THE *Australian Medical Gazette* extracts the following analysis of 250 cases of ligature of the subclavian artery from a valuable paper published in the *Archives für Klinische Chirurgie*:—

In fourteen cases the vessel was tied internally to the scalenus muscle; in four of these, the common carotid was tied at the same time. Death ensued in all the cases—in three, from accidents during the operation, such as injury of the trachea and the pleura; in the others, from secondary hæmorrhage. In all the cases in which an after-death examination was made, the vessel was not obliterated, although a fibrinous clot was found near its centre.

In thirteen cases in which the vessel was tied between the scaleni muscles, in six the operation was successful, in six unsuccessful, and in one case the result was not known. He considers that the operation performed in this part of its course presents great advantages in aneurism of the axillary and subclavicular regions from only two deaths occurring in seven cases, while seventeen out of twenty-five died when the vessel was tied externally to these muscles.

In 183 cases in which the vessel was tied externally to the scaleni, in one it was for aneurism of the thoracic artery, two for the innominata, twenty-five for the subclavian, sixty-nine for the axillary, nine for the brachial, seventy-four for cases of hæmorrhage, five for tumours, three as a preliminary operation to amputation of the arm or the removal of tumours, and in five for unassigned causes.

It was practised in 163 males, but only twelve times in females, eighty-three times on the right side to sixty on the left.

In five cases the vessel presented anomalies in its course.

The accidents occurring during the operation were opening the pleura, wounding the aneurism, ligaturing the nerve along with the vessel, ligaturing the anterior scalenus muscle, entrance of air into the subclavian or jugular veins, and wounding the phrenic nerve.

In twenty-three cases the temperature of the limb after the operation was noted. In six it remained the same as before the operation, and the same as that of the opposite limb; in three cases it remained so throughout, but in one it rose on the second day, and in one it diminished on the side operated on.

In fourteen cases the temperature declined in a marked manner, in from three hours to four days after the operation. In only three cases did the temperature rise immediately after the operation; in two of these it continued until the fourth day. The ligature came away in one case on the fifth day, two on the seventh, one on the ninth, six on the eleventh, six on the twelfth, three on the thirteenth, three on the fourteenth, four on the fifteenth, five on the sixteenth, seven on the seventeenth, four on the eighteenth, two on the nineteenth, five on the twentieth, ten from the twentieth to the thirtieth day, and in six from the thirtieth to the eightieth. On the fourth day the pulsation generally returned in the vessel, but in one case it did not return for six months. The pulsation in the radial artery, in one case, was not arrested for an instant.

The cause of death found in sixty-eight cases out of 100 which died, were—fainting, nine; cerebral effusion, one; gangrene of the limb, three; pleurisy and pneumonia, five; pneumo-thorax, two; pericarditis, one; inflammation of the sac, three; rupture of the aneurism, one; pyæmia, eleven; hæmorrhage, twenty-nine; ligature of the nerve and vein, one; ligature of the nerve instead of the artery, two.

The statistics showed the mortality to be fifty-one per cent.

In ligature of the artery below the clavicle he found that, out of forty-seven cases, in four the operation was not completed, and in one acu pressure was used; in twenty-six cases of aneurism, thirteen were cured, twelve died, and one was uncertain. In nineteen cases of hæmorrhage, four recovered, eleven died, and four were uncertain.

Treatment.—He states that, of 133 cases, in thirty-two of which there was no attempt made at an operation, three were cured spontaneously, and twenty died. The others were lost sight of.

In twenty-three cases, in which Valsalva's plan—compression, manipulation, galvanic puncture, injection of perchloride of iron, &c., was used, eleven were cured, six were but little benefited, and six died

The following were the results of the ligature applied to the peripheral aspect of the aneurism:—In six in which it was applied to the common carotid, three were relieved, and three died; in one to the axillary artery, the result was not known; in four to the subclavian, below the clavicle, four deaths; in seven external to the scaleni muscles, four deaths and three cures; in one internal to the scaleni, death.

In the case in which the ligature was applied near the centre of the sac, external to the scaleni—twenty-three cases—sixteen deaths and seven cures; between the scaleni—five cases—two deaths, three cures; internal to the scaleni—ten cases—ten deaths. Out of twenty cases in which the arteria innominata was tied, only two were cured.

NOTICES TO CORRESPONDENTS.

"HINDU VIEW OF CHOLERA."

To the Editor of "The Medical Press and Circular."

Sir,—You did me the honour in your Journal of January 31st, to notice my pamphlet entitled "Hindu View of Cholera," published by Curtice & Co., 13 Catherine street, Strand.

Your reviewer selected a few detached and partial sentences, and with the successful result of drawing a picture of ridicule.

No work or essay ever written, whether of the greatest or least value, but so treated, might be with equal ease made to appear worthless.

I had always heard that the Medical Press and Circular had a character bolder, larger, and less clerical than other medical journals. I was therefore surprised at the scope of your review.

Whether my ideas are on a true or false method, the future only can decide; I may fairly say that I have hardly received justice in the picture you have drawn.

I should not quarrel with your opposing my views; but I do complain that your notice does not fairly represent me to your readers.

I hope you will do me the honour to insert this reply.

I am, &c.,
Golaub Sing, M.D.

MEDICO-PARLIAMENTARY INTELLIGENCE.

Notices of motion of the following Bills were given at the opening of the Imperial Parliament last week:—

CONTAGIOUS DISEASES.

Mr. BRUCE gave notice that he should bring in a bill for the prevention of certain contagious diseases, and for the better protection of women.

THE CONTAGIOUS DISEASES ACTS.

Mr. W. FOWLER gave notice that he would bring in a bill to repeal the Contagious Diseases Acts of 1866 and 1869.

PUBLIC HEALTH.

Mr. HIBBERT, in the absence of the President of the Local Government Board, gave notice that that right hon. gentleman would, on the 16th inst., bring in a bill to amend the law relating to public health.

UNIVERSITY OF DUBLIN.

Dr. L. PLAYFAIR (moving for Mr. Fawcett) obtained leave in Committee for the introduction of a Bill to abolish tests in, and alter the constitution of, the University of Dublin.

ALBERT MEDICAL INSURANCE COMPANY.

Mr. S. CAVE obtained leave to bring in a Bill authorising inquiries into the causes of failure in the above company.

INFANT LIFE PROTECTION.

Mr. CHARLEY obtained leave to bring in a Bill on the above subject.

Communications have been received from:—Mr. Erasmus Wilson. Dr. Letheby. Deputy Inspector-General Dr. Gordon. Dr. Golaub Sing, London. Mr. Henry Lee. Dr. Waters, Chester. Dr. Fox, Scarborough. Dr. Cotterell, Westbromwich. Mr. Hutchings. Mr. Tait. Dr. Mitchell. Dr. Murphy, London. Dr. J. Smith, Bishops Lydeard. Mr. Tichborne, F.C.S. Dr. Edmunds. Mr Courtenay. Dr. Williams, Malvern. Dr. Johnson, London. Mr. J. Sloane, Forest Row. Dr. McNab, Epping. Dr. Morgan, Dublin. Dr. Barr Meadows, London. Dr. Mapother, Dublin. Mr. Hanslip Seis, Epperstone. The Secretary of the Royal Society. The Director-General of the Army Medical School. Dr. Townsend, Miltonen, Malbay. Dr. Haddon, Horncastle. Dr. Tulton, Saintfield. Dr. Thorowgood, London. Dr. Cahiel, Kells. Dr. Royes Bell, London. Dr. Reynett, Portlaw. Mr. G. E. Bell, Morecambe. Dr. Kidd, Armagh. Dr. Welch, Hackney, Dr. Murray, Tobercurry. Mr. Biddle, Kingston-on-Thames. Dr. Cardiff, Ballenab[illegible]ola. Dr. Brett, Notting hill. Dr. McIntire, Coleraine. Mr. J. L. Milton, London. Dr. Hawthorne, Dromore. Mr. Moore, Hastings. Dr. Landels, Lisnaskea. Dr. Micke, Ripon. Dr. Wolseley, Dunfanaghy. Mr. W. Hyslop, Church Stretton. Mr. Fisher, Portarlington. Mr. Wilson, Brookboro'. Mr. Harrison, Roscommon. Mr. Cooke, Enniscorthy. Mr. Rankin, Kirkcubbin. Mr. Madras, Dripsey. Mr. Fitzherbert, Navan. Dr. Meehan, Kilmallock. Dr. Smith, London. Mr. Croker, Limerick. Dr. O'Keefe, Mallow. Dr. Courtenay, Drogheda. Dr. Burke, Thurles. Dr. Frier, Waringstown. Dr. Harvey, Derry. Dr. Mullally, Templemore. Dr. Taylor, Ferns. Dr. Dale, Plymouth. Mr. Collenette, Guernsey. Dr. Chambers. Dr. West, &c.

To the Editor of the "Medical Press and Circular."

Sir,—1. Does the licence of the Apothecaries' Company, London, entitle its holder to compound prescriptions and sell medicines in Ireland? 2. Does the licence of the Apothecaries' Hall, Dublin, entitle the holder to compound, &c., in England? N. E.

5th February, 1871.

[The holder of an English or Irish Apothecaries Licence is legally incapacitated from practising in the other country, but we believe the possession of home qualification is not enforced by either body, but that, on the contrary, every facility is afforded to Licentiate Apothecaries who are anxious to obtain the legal right to practise in the country which they have selected.—Ed. M. P. & C.]

The Sad Sequel.—In our last number we drew the attention of our readers to the melancholy death of Mr. F. B. Eaton, Surgeon, of Nuneaton, stating that we should be happy to receive and acknowledge subscriptions, however small, towards the fund being raised for the benefit of his widow and family, who were totally unprovided for. We regret that our appeal has met with so little success, that the only sum we have to announce—which we do with many thanks—is from Dr. Barr Meadows, of Dover street, London, as "a mite towards the Eaton Fund." £1 1s.

The following Articles, &c., in type, are unavoidably held over:—
Mr. E. Hamilton, "On Excision of the Knee-joint."
Dr Shiel, "On the Influence of Ergot in Midwifery Practice."
Mr. Bo lean, "On Contract Drug Purchasing."

◆

VACANCIES.

Castlebar Union. Medical Officer for the Dispensary District No. 2. Salary £110 per annum. (See advt.)

Victoria Hospital for Children, Chelsea. Assistant Surgeon.

Westminster Dispensary, Surgeon. Honorary. Also House-Surgeon. Salary £100.

Nottingham General Hospital. Assistant House-Surgeon. Salary £80.

Newark Hospital. Resident Medical Officer. Salary £100.

Birkenhead Hospital. Assistant House-Surgeon. Salary £40.

West Ham Union, Essex. Medical Officer. Salary £80.

West Kent Hospital, Maidstone. Physician. Honorary.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Feb. 14.—Royal College of Surgeons of England, 4 p.m. Professor Erasmus Wilson, "On Dermatology."

Epidemiological Society, 8 p.m.

Thursday, Feb. 15.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal Institution, 9 p.m. Dr. Gladstone, "On the Crystallisation of Silver and other Metals."

Friday, Feb. 16.—Royal Institution, 8 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Harveian Society of London, 8 p.m. Clinical Meeting.—Dr. Wynn Williams, "On a Case of Artificial Anus consequent upon Umbilical Hernia."

Saturday, Feb. 17.—Association of Medical Officers of Health, 7·30 p.m.

Monday, Feb. 19.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, Feb. 20.—Royal Institution, 3 p.m. Prof. Rutherford, "On the Nervous and Circulatory Systems."

Pathological Society, 8 p.m. Ordinary Meeting.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, Feb. 14.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, Feb. 15.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, Feb. 16.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, Feb. 17.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, Feb. 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, Feb. 20.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Barry, J. C., L.K.Q.C.P.I., L.F.P. & S.Glas., Medical Attendant to the Royal Irish Constabulary, Ballyduff, Co. Waterford.

Maunsell, J., M.D., House-Surgeon to the Blackburn Infirmary.

Salmon, A. L., M.R.C.S.E., House-Surgeon to the Royal Cornwall Infirmary, Truro.

Trotter, J., M.D., Consulting Physician to the Durham County Hospital.

Waddy, H. E., L.R.C.P.L., Surgeon to the Gloucester Lying-in Charity.

Williams, J., M.D., Assistant Obstetric Physician to the University College Hospital.

Winkfield, A., F.R.C.S.E., Medical Officer of Health for Oxford.

Woodhouse, W., M.R.C.S.E., Medical Officer for District No. 5 of the Norwich Union.

◆

Marriages.

Porter—Williams.—On the 6th inst., at Ardingly, Sussex, Wm. Elliott Porter, Surgeon, of Lindfield, youngest son of the late Rev. J. T. Porter, formerly of The Close, Salisbury, to Julia Martha, only daughter of the late H. W. Williams, Solicitor, and granddaughter of the late Thomas Gibbs Crawford, Esq., of Pax hill park, Lindfield, Sussex.

Careless—Ogston.—On the 1st inst., at Golden square, Aberdeen, Edward Nicolls Careless, M.B., C.M., of Devizes, to Amelia, youngest daughter of the late Alex. Ogston, Esq., of Ardoe.

Nunn—Yeatman.—On the 8th inst., at St. George's, Hanover square, John Nunn, Esq., of Davies street, London, to Caroline Lucy, eldest daughter of the late Edward Jordan Yeatman, M.D.

Lloyd—Tarrant.—On the 8th inst., at St. Marylebone Church, Henry James Lloyd, of Margaret street, Cavendish square, to Florence, third daughter of the late William Tarrant, of Westcroft street, Hammersmith.

Hende—Roughton.—On the 8th inst., at St. James's, Paddington, William Wentworth Hende, M.D., to Emily, fourth daughter of James Roughton, Esq., late of Barrow-upon-Soar, Leicestershire.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture I. (*continued*) .. 153
Eye Diseases and Injuries. A Course of Lectures delivered in the City of Dublin Hospital, by Archibald Hamilton Jacob, M.D. Ed., F.R.C.S.I., Ophthalmic Surgeon to the Hospital. No I. Introductory 157

TRANSACTIONS OF SOCIETIES.

Medical Society of London—
Some Cautions to be observed in the Use of Calomel Vapour Baths 158
The Science and Art of Healing Wounds 158
Epidemiological Society—
On "Kidinga Pepo," 159
Edinburgh Medico-Chirurgical Society—
The Sanitary Aspect of the Sewage Question, with Remarks on a Little-Noticed Cause of Typhoid Fever and other Zymotics 159
Surgical Society of Ireland—
Excision of the Knee-Joint 160
Dublin Obstetrical Society—
Premature Quadruple Birth 162
Meeting of Medical Officers of Health of London—
The Report of the Royal Commission on the Contagious Diseases Acts .. 162

SCOTLAND.

Edinburgh—
Bequest to the University 163
St. Andrew's University 163

LEADING ARTICLES.

The Debate on the Sanitary Bill.... 164
Sir W. W. Gull on Clinical Medicine 165

NOTES ON CURRENT TOPICS.

How Editors may serve the Filthy Quacks 166
Liebreich on Chloral Hydrate 167
Dr. Lostorpher's Views 167
Royal Free Hospital........ 167
The Scheme for a Conjoint Examining Board in Ireland 167
Lord Houghton on Medical Peerages.... 168
Hunter's Day 168
The Relation of Stimulants to Health and Mortality 169
The Small-pox in Dublin........ 169

LITERATURE.

Practical Lessons on the Nature and Treatment of the Contagious Diseases. An account of the Primary Syphilitic Lesion, and of its Communicability, with an Appendix on the recent report of the Royal Commission on the Contagious Diseases Acts, and its application to the Voluntary Hospital System. By John Morgan, M.D., F.R.C.S., Surgeon to Mercer's Hospital, and to the Westmoreland Lock Hospital, Dublin, &c. 170

OBITUARY.

Dr. George E. Day, M.A., Lic. Med. Cantab.; F.R.C.P. Lond., &c. 172
Dr. John Millar 173
Dr. Baird, F.R.S. 173

CORRESPONDENCE.

R. G. Sheil, M.D., on the Influence of Ergot in Midwifery Practice 173
Henry MacCormac, M.D., on Absence of Tubercle in Iceland 174
C. Allen, M.D., on Homœopathic Recantations 174

MEDICAL NEWS.

The Chair of Forensic Medicine at King's College, London 174
Mr. Ruskin's Election as the Rector of St. Andrew's University 174
Meeting of the Sanitary Committee of the Lincoln Union 174
Notices to Correspondents 174

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

Erasmus Wilson, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

Lecture I. (*continued from page* 136).

No. 93 is a beautiful example of the prominent variety of erythema, occurring in the form of a diffused blotch several inches in diameter, and would scarcely be recognised as belonging to the papulous group were it not for the presence of isolated papules around its circumference. It is highly characteristic of the affection, its scarlet and lilac hues, its slight but obvious prominence, its sharply defined and tumid border, and the absence of all lesion of the skin beyond the mere hyperæmia. It is true to the nature of the parent affection in appearing on a joint, and it already shows indications of subsidence within the area, and presents the purplish tints of decline. We are informed that it made its first appearance suddenly, that it was accompanied with tingling pruritus, and that in twenty-four hours the redness vanished, leaving behind it a pale orange stain, like that of a bruise, which remained visible for several days.

The patient was a young woman, twenty-four years of age; she had suffered severely from a painful confinement with serious complications, had been kept in bed for three months, and towards the end of that period had an attack of constipation, with headache and feverishness. Concurrently with these symptoms, the present eruption made its outbreak on the knees, ankles, and arms. No doubt, the erythema acted as a derivative upon the constitutional disorder, and a mild aperient would have been the therapeutic method of dealing with both.

The tuberous forms of erythema, namely, erythema tuberosum and nodosum, are more chronic in their nature than erythema papulosum; they, however, take their origin in a similar cause, disorded digestion and assimilation, and are commonly met with in the extremities, more especially in the lower limbs.

Nos. 94 and 95 are casts in plaster and wax of the leg of a young woman, a domestic servant, aged twenty-two; she had recently come to service in London from the country; her digestive organs were deranged; she had headache and feverishness, and, as a consequence of this state of constitutional disorder, painful, red, tuberous spots appeared on the legs; the redness of the spots, unlike No. 93, faded towards the circumference; the prominence was less obvious to the eye, but was distinctly felt in the skin, apparently sinking deeply into the tissues; they lasted for a week or ten days, and when the redness and hardness disappeared, yellowish stains, with slight ecchymosis, were left behind. Erythema tuberosum, therefore, although of the same nature, would appear to affect the tissues more deeply than erythema papulosum; and, as a consequence, the neurotic manifestations would correspond with the depth of the nerve affected, producing pruritus in the superficial, and soreness and aching in the deeper affection. The treatment in this case was a few days' rest in bed, a mild purgative with salines, and subsequently quinine and sulphuric acid—the girl being feeble and delicate in constitution.

Erythema nodosum agrees in general character with erythema tuberosum, but is commonly oval in figure, occupies the limbs, especially the lower extremities, is redder, more painful, more prominent and profound, lingers for a longer period, and leaves behind it at its decline a deeper stain, and very often a decided ecchymosis. The long diameter of the swelling usually corresponds with the axis of the limb, but the casts in plaster and wax numbered 96 and 97, exhibit an erythema nodosum which crosses the limb, and surrounds the lower part of the leg like a bracelet. The patient in the latter case was a woman, forty-five years of age; digestion and assimilation were bad, she was a good deal debilitated, and the swelling extremely painful. Erythema nodosum is usually isolated, and the number of its prominences few —in the instance under consideration it was solitary.

Erythema admits of a very natural division into four principal groups, for example,—fugitive, fixed, migratory, and tumescent. The papulous, tuberous, and nodose forms which we have just been considering belong to the tumescent group, in consequence of their prominence or depth; while the specimens 98 and 99 are essentially migratory, originating in a given spot, and dispersing centrifugally by the circumference so as to produce a ring, and preserving a border of moderate breadth. This is the class of migration which is termed serpiginous, and one which is met with very commonly in affections of the skin. I have had occasion to notice it already in connection with eczema and lichen, and we shall come to it again in subsequent groups, more especially in roseola, syphilis, lepra, lupus, epithelioma, and still more strikingly amongst affections of the follicles. It may be stated therefore to be one of the phenomena of the pathology of the skin, to sweep along the surface like a ripple or a wave, to depart from a centre and spread by the circumference while the central area is in the condition of recovering its normal state and appearance. The Natural Philosopher has acquired more than one useful lesson from throwing a pebble into a tranquil pool, and observing the ripple that seems to flee from the point of concussion of the liquid element; so, from the same experiment, the Philosopher of Medicine may deduce the law which governs the formation of a circle around a central point of morbid action in the skin, and most strikingly so in the curious example of centrifugal erythema which is illustrated in the specimens, Nos. 100 to 103.

We have already perceived a tendency to growth by the circumference in specimens Nos. 91 and 92, but in the case of No. 98, eccentric development is a predominant character. The illustration is termed erythema roseolosum, on account of its colour, and to distinguish it from the more efflorescent erythemata which have already received the names of circinatum, gyratum, and marginatum. It must not, however, be supposed that these terms apply to actual differences in the eruption, for, in fact, they simply distinguish modes of manifestation and growth. When the circles are moderate in number they retain their circinate form; when they are numerous, and meet in their growth, and break up into arcs of circles, which retain an appearance of continuity of figure of a complex description, the term "gyratum" is applied to the eruption; and when a few arcs of circles remain standing alone in a state of chronic hyperæmia, the rest having vanished, the case is one of erythema marginatum. In brief, the isolated circles are termed "circinatum;" the tracery resulting from the confluence of a number of circles, "gyratum;" and one or more arcs of large circles in a chronic state of hyperæmia, "marginatum."

The patient whose leg is represented in drawings Nos. 98 and 99 was a lad, twelve years of age. He had been exposed to over exertion in the spring of the year. On the following day the eruption made its appearance in the form of circular rose coloured spots, with a pale centre, and soreness, tingling and smarting, comparable to the stinging of nettles, while a hot bath converted the spots from a bright rose red to a purple hue. From the first, a sudden differentiation of area and border made itself evident, and the border quickly assumed the annular character, and was slightly prominent, while the area subsided in elevation, and faded in tint of redness. The eruption reached its height on the fourth day, and then rapidly declined, leaving behind it purplish-yellow, bruise-like stains.

Nos. 100, 101, and 102 are examples of an erythema developed in the form of an erythema papulosum, and throwing out a prominent ring from its circumference, without any subsidence of the centre. Hence, we are enabled to distinguish in the figure of the eruption a central boss and external ring, and are reminded of the iris of the eyeball. This resemblance has gained for the affection the name of erythema iris. In constitutional and therapeutical relations, as also in seat of development, it differs in no respect from ordinary erythema papulosum, but is interesting, pathologically, not only in reference to the primary suspense, and subsequent renewal of the hyperæmic congestion, but also because it constitutes a link to more decided forms of eccentric annulation, which we shall have to pass in review at a subsequent period.

Gastric disturbance may be said to be at the root of all the examples of erythema which we have hitherto examined; and the cause of such gastric disturbance would seem to be of little or no importance. One form of this group of affections, namely, urticaria, is known to arise from articles of diet, often of the most innocent kind; and an attack, generally severe, occasionally follows the use of mussels as an article of food. With such facts before us, we are prepared to recognise the influence in eruption—production of other substances introduced into the stomach in the character of medicines; for example,—belladonna, which produces an erythema; iodide of potassium, which causes a papular folliculitis; arsenic, which gives rise to an erythema of the skin, erythema arsenicale; and the balsam of copaiba which also excites an erythema, taking its origin in the follicles.

When we observe the primary effect of the substance to be a folliculitis, a something acting on the glandular element of the skin, we may be led to infer that the action thereby excited is eliminative, and that the folliculitis really represents an effort on the part of the glandular apparatus to cast off a poisonous or irritative material present into the blood. But it is equally evident that the follicle is the most easily approached and most vascular portion of the skin, and, therefore, that an irritative action would be excited within its walls more quickly and intensely than on the papillary stratum of the superficies of the skin. With the latter view I am myself disposed to concur; and I look upon the action of iodine, arsenic, and copaiba on the skin as an illustration of simple irritation, or possibly of over stimulation of the cutaneous tissues.

Another observation which would seem to confirm this conclusion is the well-ascertained therapeutical effect of arsenic and iodine upon the skin. Arsenic as a cutaneous stimulant or tonic is capable of curing many chronic affections of that organ, and the specific influence of the iodide of potassium is equally well recognised in the cure of syphilis of the skin. The balsam of copaiba administered as a curative agent in chronic inflammation of the genito-urinary mucous membrane is also known in some instances to occasion erythema of the skin; and the accidental cure of lepra vulgaris during the administration of the balsam of copaiba for such a purpose led an eminent French dermatologist, Hardy, to the recommendation of copaiba as a treatment of lepra. The remedy has not been in use sufficiently long to determine its usefulness, and my own experiments have not given me results which I can regard as favourable to its success.

The model, No. 105, is an example of an erythemata which may be termed "copaibicum," and which is doubly interesting to English surgeons from its comparative rarity amongst ourselves. It is constituted of papulæ and maculæ of a bright crimson colour; the papulæ represent inflamed follicles, and the maculæ, which are punctuated in the centre, that portion of the vascular stratum of the corium which immediately surrounds the follicles; sometimes the macula is elevated in the centre so as to constitute a papuli; and, on different parts of the model, maculæ will be observed to be coherent, sometimes in small blotches, and sometimes in rings.

EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL,

By Archibald Hamilton Jacob, M.D. Ed., F.R.C.S.I.,
Ophthalmic Surgeon to the Hospital.

No. I.

Introductory.[a]

The surgery of the eye and its appendages, Gentlemen, has within the last decade undergone a development so rapid, and its literature has at the present day become so deeply involved between speculations unfounded on physiological basis, and proceedings which have not received the sanction of practical experience, that it is necessary for me before entering on my subject to explain what I mean by ophthalmic surgery, and what it is that I propose to offer to you in my course of lectures. I hope it will not be supposed that I undervalue the results which have been achieved by the labour of those ophthalmic surgeons and physicists whose names have been inscribed with honour in the records of modern surgery. On the contrary, I do not hesitate to say that ophthalmic surgery has, within recent years, far outstepped other specialities of our profession, and that the resources of eye surgeons have been enriched in that time by the addition of means which will live to all time as standard procedures of the art. Such contributions to the working materials of ophthalmic surgeons are, compared with the flood of pseudo-scientific material which forms the great bulk of recent ophthalmic literature, as the grain of wheat to the bushel of chaff; and if I were to attempt a recapitulation of even the most valuable of the suggestions or proposals which have been made, I should present you with a *melange* which would be unintelligible to most of you, and useless to all. With the remembrance before me that I am here to afford you information respecting the everyday treatment of the injuries and diseases of the eye which you will be called upon to take the responsibility of in your future practice, I shall endeavour to avoid wandering into the transcendentalisms of the speciality which would require my attention if I were addressing an assembly of ophthalmic surgeons. I must therefore omit notice of many suggestions which have not yet assumed the dignity of accepted practices and procedures, and are therefore unsuited to your position as general surgeons. Many of those suggestions which have received the approval of surgeons who apply themselves to the exclusive study of ophthalmic surgery are quite unfitted for the rough and ready purposes to which the ordinary run of surgeons would require to apply them, and are much too abstruse for you either to comprehend now or to make use of hereafter. Few of you can expect to possess either the special education to follow out the intricacies of ophthalmology—the *tactus eruditus* to effect its difficult manipulations—the confidence to deal with so delicate an organ as the eye, or the inclination to devote to its study the time and labour which is essential to proficiency. For all these reasons I shall aim at supplying you with such information as will enable you to give an accurate diagnosis and prognosis of eye disease, to render you independent of the aid of the oculist in your treatment of such cases as you will usually meet with, to understand and perform the most essential operations, and to add to your professional income by the practice of this amongst other special branches of your profession.

Analogy between Ophthalmic and General Surgery.

The surgery of the eye, while it differs in important respects which I am about to point out, resembles the surgery of other regions in all its fundamental characters. This fact is a necessary consequence of the physiological identity of its constituent structures with those which enter into the construction of the system generally, and though they are apparently distinct, are in reality only varieties or modifications of the same tissues which exist elsewhere. To you who have to treat eye disease on the general surgical principles which you have been taught, it is of the greatest importance that this fact should be kept in view. From it you will learn that the treatment which is adapted to diseases in other parts of the body is applicable (with obvious reservations) to the eye. When, then, a case of eye disease is presented to you, you will certainly treat it best by applying to it the same procedures as you know to be suitable to affections of analogous structures in other parts of the body, modified by the consideration of the local characteristics, and by the activity of treatment which the danger arising from hesitation imposes upon you.

The conjunctiva being simply a reflection of the surrounding skin altered into the condition of a mucous membrane, just as the skin of the cheek is changed when it becomes the lining membrane of the mouth, is subject to the many cuticular diseases. It participates in such eruptive diseases as small-pox and measles, and in herpetic and aphthous affections similar to those to which the mucous membranes of the mouth and lips are subject. Its inflammations are in great measure identical with those of mucous membranes elsewhere—catarrhal discharge, great swelling of the membrane, and the same purulent excretion as is common to the mucous membranes of the nose and bronchi. A catarrhal ophthalmia is nothing more than a coryza of the conjunctiva, purulent ophthalmia is only a blennorrhœa, and diphtheritic ophthalmia a croupal inflammation of the same structure. In the same way the sclerotic or fibrous coat, partaking of the same characters as in tendons, joints, and elsewhere, suffers from gouty and rheumatic diseases.

The iris or muscular diaphragm is the subject of paralysis, as are other muscles, and its investing membrane being analogous to a serous membrane is liable to exudations of lymph and adhesions identical with those occurring in pleuritis and pericarditis. The retina or nervous expansion is similarly liable to the sympathetic and functional disturbances as occur in the other organs. It is the subject of hyperæsthesia, anæsthesia, neuritis, and atrophic softening, and of various obscure diseases and symptoms reflected from other organs.

In the eye we have exactly the same conditions of inflammation, exudation of lymph becoming organised and forming adhesions, or suppurating and being eliminated from the system as foreign matter; and all more or less amenable to the same course of treatment as when they occur in other organs. In point of fact, I repeat, the animal structures are in the eye modified as regards their uses, but still they are the same structures here as elsewhere, subject to the same diseases, and to be combated (with certain limitations) with the same remedial measures. Every general principle which you will learn to apply to the treatment of local diseases elsewhere, will, with restrictions, be found proper to the eye, and must be borne in mind as closely in their application to ophthalmic surgery as in other forms of disease.

---

[a] The substance of this lecture has been already published, but having been re-written it is here re-produced, in order to complete the series, of which it is intended to be the first.

Qualities special to the Eye. But it is to be borne in mind that the eye possesses characteristics which make lesions which would be of the smallest import elsewhere of vital importance here, and which cause an inflammatory process which might be allowed (without much consideration) to persist for weeks in other parts of the animal economy to inflict in a few hours an irreparable injury.

These two qualities are transparency of the media, and that peculiar form of nervous sensibility to light which reposed in the organ. These two characteristics are most vulnerable to all forms of disease; and it is they which make eye surgery a specialty, and which you must bear anxiously in mind in your application of the principles of surgery which I have just impressed upon you.

A little pustule or circumscribed ulcer, a temporary purulent or a passing rheumatic inflammation, may be hardly worth treating elsewhere; but a similar pustule or an ulcer of the cornea, an exudation of lymph from the iris, or an inflammation of the retina, demand special and peculiar treatment, for if they were permitted to go on, as they might do in another position, they would in the eye, while resolution was proceeding, imperil or destroy the transparency of the humours, close up the natural channels for the admission of light, or interfere with the sensibility of the retina. For this reason your treatment of eye affections must, speaking generally, be prompt while it is cautious, and vigorous while it must be judicious; and while you must be careful not to lose time by inefficient measures, you must guard against the mistake too frequently committed of overdoing your treatment, and thereby vitiating your results.

You can only draw a line where it becomes necessary that violent measures shall be resorted to by making yourselves thoroughly efficient in diagnosis, for, in my experience, it is quite as common a mistake to overwhelm the patient with heroic treatment as it is to allow mischief to occur by waiting for the resolution of the disease. You may do quite as much harm by subjecting, as I have often seen done, a puny scrofulous child or chlorotic girl to violent purgation, mercurialisation or depletion for some little pustule of the cornea, as by leaving the pustule to become an ulcer and eat its way through the cornea, deterred from treatment by the fear of doing too much.

(*To be continued.*)

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

JANUARY 29TH, 1872.

DR. ANDREW CLARKE, F.R.C.P., President in the Chair.

SOME CAUTIONS TO BE OBSERVED IN THE USE OF CALOMEL VAPOUR BATHS.

MR. HENRY LEE, who made the above communication, was the first to introduce calomel baths to the notice of the Profession, and before doing so had laboured to find out the cause of failure of the cinnebar and grey oxide of mercury. The cinnebar was decomposed by heat, and gave off sulphurous acid, which irritated the lungs; the grey oxide is decomposed, and absorbing oxygen becomes the bin-oxide, and acts more powerfully. These remedies acted sometimes with small effect, sometimes with great effect. Calomel, when used with water, as he recommended, was, he thought, perfect; the skin was acted upon, and the lungs were not irritated. The caution given to use water with the bath had been neglected in some quarters. During the fumigation of calomel, hydrochloric acid is given off, which is very irritating to the lungs, but no bad results follow it if water is used as well. In the fumigation of calomel dry, without the presence of water, as in fumigation from a tea-pot, hydrochloric acid gets into the lungs and causes much harm.

CASE I.—A young woman, in good health, and well nourished, was suffering from a syphilitic ulcer of the throat. Twenty grains of calomel were volatilised in a tea-pot, and inhaled; the skin became cold and livid, the lips blue, and the pulse small. On a *post-mortem*, for the woman died, the internal organs were healthy, but the lungs were emphysematous, and there was effusion into them. The symptoms appeared suddenly, and the fumigation no doubt caused the death; if a little vapour of water had been present no harm would have happened.

CASE II.—A man inhaled gr. xxx. of calomel from a teapot for four nights, for the cure of a hoarseness which had lasted two years, and which had resisted a great variety of treatment. The hoarseness was cured without salivation, and the man has suffered ever since from a cough, and pain in the chest. The lungs are not diseased, and no tubercle is present. In America the bath is used a great deal, but they make a sweating bath of it, which is an error, as the patient is debilitated, and the calomel washed off.

The PRESIDENT asked Mr. Lee if he had met with any untoward results after his treatment with the bath. What recommendation did he give to those about to use the bath?

MR. LEE had not seen bad results, except from the pre-existing disease—old cases of mercurialisation, or disease of the bones. He does not salivate, but gets a slight tenderness of the gums. He uses an apparatus of tin, with a tray for the calomel, and a gutter for water, a spirit lamp to burn an ounce of spirit, calomel ʒss. A stool, a chair, and a cloak. The calomel is sublimed and deposited on the skin. A little of the vapour is to be inhaled from time to time; the patient is to sleep in the cloak. In four or five nights the gums are affected. In the case of one patient two successive baths produced tender gums. Substances likely to induce diarrhœa are to be avoided.

THE SCIENCE AND ART OF HEALING WOUNDS.

DR. RICHARDSON introduced this subject by observing that no greater evidence of division of opinion existed in the Profession than on the subject of treating wounded surfaces. He sketched the different methods at present adopted in the treatment of wounds, and the anomalies presented in this practice; dwelling first on the treatment of simple, and afterward on complicated wounds. On approaching the question of revision of this subject, the author held—1st. That it was necessary to exclude all extrinsic or imaginary attempts at cure, and secondly to avoid trusting blindly to what was called the "*vis medicatrix naturæ*," for Nature always pursues her own course, without respect to ease or pain, life or death. After this Dr. Richardson proceeded to illustrate from clinical observation the results of healing in extreme cases by the first intention, and then he put the inquiry—Why? If in one case of the extreme kind named there could be cure by the first intention, there should not be such cure in the majority of cases? Why, in short, should success by this method of cure be the exception instead of the rule? Two sets of causes stood in the way, one set remediable, the other irremediable. The remediable obstacles to recovery by the first intention are—want of care in bringing divided surfaces into perfect apposition; the too free use of water in dressing; the too prolonged exposure of wounds to the air; too much manipulation of the surface of the wound; the leaving of long ligatures within the wound; the imperfect closure of wounds from the air; the too hasty removal of dressings; and, lastly, and most important of all, error of judgment on the part of the dresser in respect to the question whether there be, in the case to be treated, sufficient continuity of surface to warrant the attempt to heal by the first intention? The irremediable causes preventing healing by the first intention are—nervous lesions influencing the vascular supply of the injured part; the accidental introduction into the wound of decomposing or other foreign matter; or the generation of organic poisoning product within the body. These causes lie apart from the science and art of dressing wounds, and may be left for a special and future discussion. For the promotion of healing by the first intention, the author contended that the dressing employed should have four distinct qualities; it should be colloidal, elastic, impermeable to air, and styptic. He had himself introduced a fluid possessing these properties, under the name of "styptic colloid," and it answered well, but he had no prejudice in respect to it specially, the principle on which it was constructed being conceded. Healing by the second intention formed the second part of Dr. Richardson's communication. Here, again the rules named in relation to healing by the first intention were considered, and it was maintained that the same colloidal dressing was as effective in curing by the secondary as by the primary process, the difference of application being that the whole of the exposed surface was to be treated with the colloidal fluid. After giving a series of cases of rapid healing by the second intention, cases, in some of which bone had been exposed, and even a joint laid open, and after touching briefly on the addition of iodine to colloidal solution in some particular cases, the author placed before the Society a summary of his arguments in a series of short propositions, and concluded by insisting that Medical men lived to cure all they can, and to try to cure everything until they succeed, through whatever tribulation they may pass in the labour. But if they could become unanimous in respect to the current progress of Medical science and art; if in this simple matter of treating wounds, for instance, they could be of one mind, they would strengthen their bases of operation, clear up as they went on, and would go on more collectedly, noiselessly, and powerfully towards new and certain conquest.

The **President** thanked Dr. Richardson for his paper, saying that for " interest, importance, and literary excellence it was inferior to none of the many that he had read before the Society."

In the discussion which followed,—

Mr. W. Adams said that he considered himself under great obligations to Dr. Richardson for attempting to lay down definite and fixed rules for the management of wounds. He had followed out his plan of treatment in many cases with good results. He amputated the foot of a young man, sawing through the bone; recovery took place in fourteen days. A breast removed by incision healed by the first intention. How far it was applicable to large amputations remains to be seen.

Mr. Bryant said that the most important point in the treatment of wounds was to determine whether adhesion by first or second intention was to be looked for. In principle, surgeons agree, although their practice may be a little different. In a given case, one surgeon might attempt to get primary adhesion, which to another appeared hopeless. Often in a breast the edges of a wound unite, but bleeding, or a serous exudation takes place, undermining the wound and causing suppuration. Deep effusion and suppuration often take place in amputations, although the edges of the wound have adhered. Often, shutting up a wound completely was dangerous. Torsion of arteries was most remarkable in producing healing by the first intention. Pressure, and adaptation of surfaces was most important.

Mr. Spencer Watson, Mr. de Meric, Mr. Weeden Cooke, and Mr. Coles also joined in the discussion.

◆

EPIDEMIOLOGICAL SOCIETY.

January 10th, 1872.

Robert Lawson, Esq., President, in the Chair.

A communication was read from Dr. Jas. Christie, physician to H.H. the Sultan of Zanzibar,

ON "KIDINGA PEPO,"

a peculiar form of exanthematous disease and was epidemic in Zanzibar, east coast of Africa, from July 1870 till January 1871. This fever sprung up after the complete disappearance of cholera, and was recognised by the old inhabitants as identical with one which appeared as an epidemic on the East Coast of Africa about forty-eighty ears ago, it was quite unknown to the natives of India, from Bombay and Scinde, resident in Zanzibar, but the Arabs from Hydramant, on the Gulf of Arabia, were familiar with it. The name "Kidinga Pepo" means cramp-like pains, produced through the agency of an evil spirit. This disease resembles in its most important symptoms "Dengue," or scarlatina rheumatica. The patient is seized very suddenly with pain and stiffness of the muscles, especially those of the palms of the hands and soles of the feet; fever followed, varying greatly in intensity, the skin became hot and dry, the tongue red and spotted, but generally clean, the face of a bright scarlet colour, this colouration was marked in every case, and usually accompanied by a puffy swelling so as to imitate erysipelas of the face, it was characteristic of the disease. There also occurred swelling and pain of the smaller articulations, besides much pain in the shoulders, back, &c. These symptoms were accompanied by very obstinate constipation. This first period of forty-eight hours was followed by a very complete remission of from two to three days; the fever returned on the fourth day always with lessened intensity; on the fifth day an exanthematous eruption neither resembling that of measles, rubeola, or scarlet fever, but more like that of erysipelas, appeared and spread over the whole body in forty-eight hours, then occurred swelling of the lymphatic glands of the head and face, and especially of the occipital glands, redness and even tumefaction and rawness of the mucous membranes of the nose, mouth, and in severe cases, of the throat. During this time the stiffness of the muscles and pain of the articulation continued, and on the seventh or eighth day there was desquamation of the cuticle and the acute stage terminated. The author considers that this disease differs from "Dengue" in several particulars, the swellings of the lymphatic glands did not occur until the third stage of fever, the eruption was invariable in form and as described, unlike that of dengue, which presents many varieties, the implication of the mucous membrane of the mouth and throat and the articular pains were to a greater or less extent invariably present, except when there had been previously attacks of malarious fever, sunstroke, &c., the symptoms and course of the disease were remarkably invariable and characteristic. The sequelæ of "Kidinga Pepo" were much more severe than those of "dengue" the muscular pains may continue for months, and Dr. Christie himself who was the first European attacked, suffered severely for two months afterwards. These chronic pains affected especially the shoulder, wrist, and ankle-joints, and in addition to them there was chronic tendency of the superficial lymphatics. The disease appeared to be communicable, the members of a household being usually attacked one after the other; "the Europeans suffered much more acutely than the natives, and very few escaped an attack; in no case did the disease recur in an acute form, and there were no fatal cases either among children or adults." The disease was treated during the first day with purgatives and five-grain doses of quinine; on the remission of the fever, iodide of potassium in four grain doses was administered with the most marked effect on the articular pains. Dr. Christie says, "I know of no medicine more entitled to the name of a specific than the iodide, its effect in subduing the disease being more marked than those of quinine in the treatment of malarious fever."

During the discussion which followed the reading of the paper it was suggested that the word *Dengue* might possibly be a corruption of *Kidinga*.

◆

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

January 17th, 1872.

Dr. Fergus, Glasgow, read an interesting communication on

THE SANITARY ASPECT OF THE SEWAGE QUESTION, WITH REMARKS ON A LITTLE-NOTICED CAUSE OF TYPHOID FEVER AND OTHER ZYMOTICS.

The more he studied the subject the more convinced had he become that the present system of water carriage is a mistake. Its enclosed rivers and streams are in many places nothing better than cesspools, and in proof of this the condition of the Thames, the Tyne, and the Clyde was adduced. On the banks of the last-named river there are plenty of chemical works, but it was only after the rapid introduction of water-closets into Glasgow that salmon ceased to pass up the river. In Glasgow alone there are 32,500 water-closets discharging into the Clyde, and it is but a fair inference to deduce that these are the chief causes of the pollution of the river. In the author's opinion the condition of rivers loaded with organic refuse in a state of putrefaction is not injurious to health. It is only when decomposing excreta are placed in narrow passages with a limited supply of air and water, as in our cesspools and sewers, that they become so. These sewers are connected with our houses by water-closets more or less out of repair and imperfect, and with fixed basins, some of them having merely pipes passing from the water-closets to the sewers. Trapping and ventilating sewers is injurious, inasmuch that if we trap in one place we leave more to escape in another. Ventilation is not easy, and is very costly. Mr. Bazalgette estimates the ventilation of the sewers of London at £460,000, with an annual expense of £201,480 for fuel, exclusive of labour. Trapping and ventilating merely dilutes the poison, and lowers the health of the surrounding inhabitants by contaminating the air. Sewage gas, always forming, is generally lighter and hotter than air, and being frequently in a state of tension, will ascend and escape at the highest point. After stating how ineffectual any present system of trapping was in preventing the escape of sewage gas into houses, and instancing various epidemic diseases originating from sewage gas, the author stated that fifteen years ago he first detected perforated soil pipes. These perforations were generally on the upper surface of the pipe, and the pipe usually affected was the cross one leading from the closet to the main descending soil-pipe, and if there were an arch in the pipe the upper surface of the arch would be perforated. The author exhibited several specimens of perforated pipes, showing clearly that the destructive action was from within. Considering the results of chemical analysis, as well as the increased rapidity with which this action takes place in pipes not ventilated, he believed himself justified in coming to the conclusion that the perforation was due to the action of sewage gas. He found on inquiry that the same state of thing exists in every water-closet town. Lead being usually employed as the material for soil-pipes, it becomes important to inquire how long a good lead soil-pipe will hold out. In unventilated pipes the duration might be stated to be about twelve years, when the pipe is carried up to the top of the house, and open to the external air, the maximum duration is from twenty to thirty years. The practical conclusion upon which the author insisted was that in any house, however well built, when cases of typhoid fever, diphtheria, &c., occur, the pipes should be thoroughly inspected, especially their upper surface, and the whole of the soil-pipe uncovered. Sewer gas may also prove injurious by passing up the waste pipe of the cistern, and becoming absorbed by the water. The plan of sewage irrigation Dr. Fergus considered would not in the least improve the sanitary condition of water-closet towns. The most perfect specimen of this system was at Croydon, but experience shows that the excreta are not passed first on to the land, and that the excreta must take much longer than from four to six hours, the theoretical time allowed to pass from the closet through pipes and over meadows. Again, if sewage is pumped, in all probability the liquid will be pumped up and the gas left, as confirmed by the results of drainage works in twenty-five towns in England. The result at which he had arrived was, that all excreta should be submitted to chemical or other action, by which they shall be rendered non-putrescible. After noticing the various plans which had been suggested for meeting the whole case, it appeared to him that the apparatus devised by Mr. Hoey supplying all the comforts and conveniences of the water-closet, gets quit at once of all the nuisance and dangers of that system, and the expense of altering a water-closet to suit this apparatus would be 13s. The author has one fitted up in his own house, which works admirably.

SURGICAL SOCIETY OF IRELAND.

January 19th, 1872.

J. H. Wharton, F.R.C.S., President of the Royal College of Surgeons, in the chair.

The Society met at half-past eight o'clock p.m.

EXCISION OF THE KNEE-JOINT.

Mr. E. Hamilton said: The specimen I have the honour of laying before the Society is one of disease of the knee-joint, presenting some peculiar features. A boy of about nineteen years of age, presented himself for admission to Stevens' Hospital, suffering from extensive disease of the left knee-joint. The knee was bent and enlarged, and he suffered most excruciating pain. I don't think I have ever seen a case in which the pain was so intense and acute. He lay in bed with the knee bent, and supported by the opposite leg, and the slightest movement caused him the greatest agony. He suffered a good deal of constitutional disturbance—hectic, night sweats, diarrhœa, rapid pulse; and he presented all the appearances of marked constitutional disturbance produced by the condition of the joint. The history that he gave was that for a year before, he was in the habit of being exposed to the air and damp, taking a great deal of exercise, and laying on the damp ground after a day of more than usual fatigue. Things went on for some months thus, when he was attacked with a severe pain in the joint, and was disqualified from pursuing his ordinary business. He suffered from shocks at night, and the least contact of the foot with the ground caused great pain. He applied for admission to the Rathdown Workhouse, where he was treated for the ordinary affection, and he was then sent up to Stevens' Hospital by the surgeon of Rathdown Infirmary. It was clearly a case of disease of the joint in which the cartilages had become engaged; and I believe we may accept it as a tolerably general rule, that when we have these sudden attacks of extensive pain, we are justified in saying that the cartilage has become affected, although cases are on record where there is no pain with great affection of the cartilage. We drew the conclusion here that the cartilages had been attacked. The joint was carefully examined by myself and my colleagues. I may mention that there was no appearance of ulceration about the joint—no breach of the skin—no sinus. The question came to be considered as to what was best to be done—as to whether the patient should be subjected to excision or to amputation; my own predilections are rather against the excision. I have tried it two or three times, and without success; but taking into account the age of the patient, and the condition of the joint, we thought there was not probably much disease, and that if we could remove the painful condition of the joint without any other mutilation of the patient, we might place him in a fair way to recovery. The operation of excision was undertaken on last Saturday week. I shall not trouble you with the details. I may say, however, that the incision was a plain semilunar one. I did that advisedly, because I am satisfied that the less we cut in this operation the greater are our chances of success. By this incision the parts were exposed with sufficient freedom: the ends of the bones were sawn off; but on examining the femur, it was found necessary to remove a slice, as the surface of the femur was rather soft. Hæmorrhage was stopped by torsion, the wound sponged out with chloralum, the ordinary solution diluted with two parts of water; and, though it is not fair to state the value of a remedy from a single case, so far as I could see it appeared to act as a powerful styptic; and what I have seen will induce me to give it further trial. The parts were brought together by the carbolic catgut, in order that we should have no trouble afterwards, and to leave the wound as long as we could undisturbed. There was also left on each side of the wound a portion which was not closed, and the main portion of it was closed very accurately with a great number of stitches, and in the side openings was a bit of carbolised lint for the escaping of discharges. On making the incision, I should mention that we found a small abscess reaching up into the muscles of the thigh. It discharged a little matter, but it gave us no further trouble; we emptied it, and allowed it to remain. There is one point about which I wish to say a word, and that is about leaving the patella. Whether that is culpable or not I do not know; but I was very much in doubt as to what I ought to do, and I shall be glad to know the opinion of men of experience in the Society upon this point. My own opinion is against the removal of the patella, if it could be avoided, for it leaves a nasty bag close to the skin, and often collects a quantity of matter that tends to disturbance. I think the less we cut and remove of this the better for the patient. If the patella could be left in its bed it would retain its vitality, and be of good service in establishing the solidity of the bone. I have here the portions that have been removed, which I think present a peculiarity. As a rule we find the ulceration is more apt to extend from the synovial membrane, which in this case is perfectly healthy. There is no appearance of the vascular fringes, described by Aston Key, and others, but the membrane can be peeled off the bone without any trouble. Here we had inflammation of the bone, and commencing ulceration. It is a remarkable fact that the cartilage lying thus in the joint did not produce suppuration; yet there was a very small amount of matter in the joint, and no external abscess whatever. Of course, it is premature to speak of the result of the case, but up to the present it has done well. His pulse has fallen, there are no night sweats, and the limb has been several times changed; he has no pain, but he appears to be of a weakly constitution. The case is interesting from the disease spreading from the bone to the cartilage, rather than from the synovial membrane to the cartilage.

Mr. Stapleton said he had seen four or five cases of this kind. He had seen inflammation not only of the femur, but of the tibia. The cartilages could be peeled off. There was no ulceration of them, and there was nothing wrong with the synovial membrane, showing, as often occurs in hip disease, that the mischief begins in the bone and not in the joint. In one case of amputation he had to go higher up because the bone was diseased a long way up. The tibia was the same. He believed there were startings in Mr. Hamilton's case.

Mr. Hamilton.—Yes.

Mr. Stapleton said he saw a case in which the late Mr. O'Reilly amputated, and both bones were found destroyed. This man suffered torture from starting of the limb and spasm. Whether these cases were the best, catching them at the proper time, for excision of the joint he could not say. He would like to know where the abscess was.

Mr. Hamilton.—Up among the extensor tendons.

Mr. F. T. Porter asked whether Mr. Hamilton had any statistics as to the advisability of leaving the patella.

Mr. Fleming said that the case had been so very accurately and truthfully reported by Mr. Hamilton that it carried with it much practical value. He (Mr. Fleming) had witnessed the progress of the case, and the performance of the operation. With respect to the condition of the joint itself, and in particular that condition which had been specially noted, regarding the loose attachment of the cartilages, he thought they had many opportunities of witnessing that in the several diseases of the joints, not alone of the knee, but of the hip and other joints that are usually the seat of disease. He had repeatedly seen it in the knee; and even in the case of the patella, which was not removed, he was sure Mr. Hamilton would bear him out in saying that by merely passing a spatula under the cartilage, he was able absolutely to shoot it up from its bed, without the slightest attachment, the only thing apparent being remarkable softness and vascularity of the bone. The other point that was worthy of attention was the non-removal of the patella. It would be in the memory of many that in the earlier cases of excision of joints the patella was left. He recollected having met Professor Syme in Edinburgh, and being not present at the operation, but in the preparatory stages of a case of a gentleman whose loss must ever be regretted—Dr. Mackenzie, of London, who had not been long appointed to the Infirmary. In two cases of his which he (Mr. Fleming) saw, the patella was left, and he thought the general impression at the time was that the leaving of the patella was not followed by the results that were expected. No doubt it interfered more or less with the perfect healing of the limb. Mr. Syme was not in favour of leaving the patella, but it was a matter worthy of consideration, particularly when they recollected the provision that must be made in the lower part of the femur for the accurate adaptation of the patella itself, and whether or not a sufficient provision was made under the circumstances in the condition of the limb. He had seen Sir W. Fergusson obliged to remove two sections of the femur, in a case where the disease was found to extend higher than was expected. He recollected having remarked to him that it was particularly unfortunate that such a course should be called for in that case, inasmuch as the section was beyond the epiphysary line, and they knew what sometimes happened in such circumstances, and the subsequent deformity that existed.

The President expressed a hope that Mr. Hamilton would allude to the loose condition of the cartilages on the condyles. He believed that this loose condition never could arise from disease commencing in the cartilage itself, but always arose from disease beginning in the bone.

Mr. Richardson said that if there was one surgical question more than another of which he was certain, it was that complete destruction of articular cartilage may take place without the patient having ever suffered from spasm of the limb. He had over and over again observed this, particularly in children, and had seen it verified by dissection. Indeed, if his memory did not fail him, Mr. Redfern had given, in his work on "Articular Cartilage," cases in which the cartilage had disappeared from joint-bones without causing symptoms referable to it.

Mr. Hamilton, in reply, said, with regard to Mr. Stapleton's observation, he believed that cartilage could undergo ulceration on either surface, on the synovial, and on the osseous surface; and he looked upon this case as one of ulceration commencing on the osseous surface, ulceration being so closely allied to mortification arising from imperfect nutrition. With respect to Mr. Porter's question, he might say that the statistics given in Holmes', Vol. V. were rather unfavourable to leaving the patella, as those cases took some days longer to come to a favourable conclusion. But he could not subscribe to Mr. Holmes' statement that it is a matter beyond all doubt that it is perfectly useless to think of saving the patella. He found the statement in Erichsen, with whom he was more inclined to join, that they ought not to remove the patella, unless it was absolutely necessary, and he thought that was more in accordance with conservative surgery. He had already alluded to the fact that ulceration of cartilage might occur without pain or constitutional disturbance, or spasm.

(Adjourned.)

◆

PROCEEDINGS OF THE DUBLIN OBSTETRICAL SOCIETY.

A meeting of this Society was held in the College of Physicians, Kildare street, on the 20th of January, 1872.

Dr. Sipthorpe in the Chair.

The statistical statement of the practice of the Rotundo Lying-in Hospital was read by Dr. Johnston, Master of the Hospital. An abstract of the paper appeared in our issue of Jan. 31.

Dr. Churchill considered that Dr. Johnston had proved that the theory set forward that the patient is more likely to contract disease in an hospital after confinement than if delivered at her own home, has little or no foundation.

Dr. Atthill said—It was impossible to over-estimate the value of the details which Dr. Johnston has drawn up with so much care. He thought the author had clearly proved that the mere fact of a large number of puerperal women being delivered and congregated together in one building does not necessarily generate disease. Stress had been laid by some writers, on the fact that the *relative* mortality of the Rotundo Hospital has largely increased. This is capable of easy explanation, if it be borne in mind that the Lying-in Hospital was formerly extensively resorted to by the wives of the artisan class, who now, from various causes, do not seek admission, and are now delivered at home. But the destitute, who are peculiarly prone to the disease, the wretched victims of seduction, and the bad cases—sent in because they are bad—are as numerous as ever, and it is among these that the mortality, as shown by Dr. Johnston's report, mainly arises. The mortality of some other hospitals has been favourably, although most unfairly, contrasted with the Rotundo, for those hospitals do not admit any except married woman; the "bad cases," and the wretchedly poor, are as numerous as ever, while the number of respectable women admitted has fallen off.

Dr. McClintock thought that the report was a most important step towards the settling of this vexed question of hospitalism. There are two sources of mortality in the Rotundo Hospital. One large source of mortality arises from the number of unmarried women who go into the hospital, and there is no class of persons among whom the proportion of deaths is so great in childbed. The other is the immense number of primiparous cases. Out of 1,161 cases admitted, there were 553 primiparæ, nearly half the entire number, and there is a much greater danger to life amongst this class of cases than any others, as every man of experience well knows. Dr. Duncan has shown that the number of primiparous cases is about 23 per cent. of all cases in the population at large, but we have double that number in the Lying-in Hospital during the year of the present report. It is apparent that the relative number of primiparous cases has been increasing of recent years in the Rotundo. During Dr. Collins' Mastership they were 30½ per cent. of the entire; during my own seven years' Mastership they were 37 per cent.; and in this present report, drawn up by Dr. Johnston, they are about 47 per cent.

Dr. Denham thought it would be a satisfactory thing to know the amount of mortality outside as well as inside the hospital. As to the mortality among primiparæ, that is a thing in which we are all concerned. With regard to the number of married women, we have no certain data to show that a woman admitted into the hospital is married, and it is probably only at the hour of death that it comes to the knowledge of the Master or the Assistant that she is not married; and I am sure that a number of women have come in thus, and have had a very narrow escape of their lives, have gone out leaving the impression that they were married women.

Dr. Fitzpatrick said—There was one portion of Dr. Johnston's paper with regard to forceps cases to which he would wish to refer. Twenty years ago he was taught not to use the forceps except in extreme cases, but now the forceps are frequently used. He thought there is one thing that should be impressed on the present generation of students, that is, that the use of the forceps may be pushed too far, just as the crochet was used in former times improperly.

Dr. William Cuppaidge, M.B., Castlerea, related a case of

PREMATURE QUADRUPLE BIRTH.

The occurrence of quadruple birth in the human subject is of extreme rarity. The records of the Rotundo Lying-in Hospital, though covering a period of over one hundred years, and including nearly two hundred thousand deliveries, only show one example of a pregnancy of four children. A patient was attended by a midwife; she was 19 years of age; it was her first pregnancy, so that she was just about entering the six month of uterogestation. I returned at 5 p.m., and just as I got into her room a small female fœtus of about the fifth month was expelled, head foremost. The woman's size not having diminished, I examined and found another bag of membranes pressing through the os. Supposing that this second fœtus would be expelled as easily as the first, I went away. There was no return of pains, and the patient slept during the night. In the morning I gave a dose of ergot, which was soon followed by the expulsion of a *second* fœtus, male, with the feet foremost. On examining the patient now, I found the membranes of another fœtus; these I at once ruptured, whereupon a *third* child, female, was expelled, the breech presenting. After its birth, I again instituted a careful vaginal examination, and was greatly surprised at discovering another bag of membranes, which I at once ruptured, when the fourth fœtus—a male, head presenting—was delivered. The first two children, I may here remark, were born alive, and cried but did not long survive. The third and fourth children showed no signs of life at birth.

Dr. McClintock said he had looked over the registry of the Lying-in Hospital, and found—as the author of the paper states—that there was only one year since 1757, in which a quadruple birth had occurred. It took place on the 30th October, 1788, in Dr. Clarke's Mastership. The name of the woman was Mrs. Hood, she was 30 years of age, and it was recorded in the register that she was an Irish woman (laughter). The children in this case were born alive and baptised, but subsequently died, though the day of their death was not mentioned. The woman herself left the hospital at the end of fourteen days. Dr. McClintock proceeded to say that there was a preparation in the Museum of the Lying-in Hospital of five children simultaneously conceived. The entry, which appeared in the Museum catalogue for that year (1839) was as follows:—"Five children simultaneously conceived; three separate ovas; one single with its placenta; the others twins, each furnished with a common placenta; three months pregnant; miscarried in the summer, 1839. This woman was several times subsequently in the hospital, on one of which occasions, he (Dr. McClintock) saw her. She was a stout sanguine woman with fiery red hair, and the wife of a tailor. She alluded with no small pride, to having once being pregnant of five children!

MEETING OF MEDICAL OFFICERS OF HEALTH OF LONDON.

February 8th.

Dr. Druitt in the Chair.

Mr. Acton read a paper on—

THE REPORT OF THE ROYAL COMMISSION ON THE CONTAGIOUS DISEASES ACTS.

There was not a very large attendance, the notice having been very short.

Mr. Acton observed that in the Report of the Royal Commission he read that the appearance of the women was very much improved by the operation of the Acts. The cases of syphilis were much less severe than formerly. Women, in former days, at Aldershot, had to be hunted out of the drains, &c.; and women, when first examined, had been very bad, and must have been diseased some time. One woman, in days gone by, had often infected a great number of men. One patient had connection with nearly 90 soldiers when suffering grievously from mucous tubercles. The state of syphilis near Westminster was very bad in 1871. The places existing without "protection" are much worse than those where there is protection. A prostitute does not die of these venereal diseases; and, as these women are frequently barren, they often live in comparative comfort if they marry. The women marry in most instances, and get away from their trade. A woman now gets the man to marry her more easily in protected districts. The frequency of venereal disease among civil hospitals is very great. Continental armies are much less infected than ours. Sir J. Paget says that many diseases of the internal organs are syphilitic, and he adds, it would be difficult to exaggerate the evil done by syphilis. Hewitt said he found it one of the most frightful of all diseases. Dr. Farr says that 651 children under five died of the disease in one year. Syphilis, now-a-days, rarely produces falling in of the nose, as it used to do when mercury was abused, and when *twelve men* used to be so *salivated* in one ward at St. Bartholomew's Hospital for a month at a time. The discovery of iodide of potassium was a great improvement, and the cause why there is not so much evil now-a-days occasioned by syphilis. In 1865, 108 per 1,000 of the naval troops; in 1869, only 59 per 1,000 were found to be infected. In the Army, Balfour, in 28 stations, in 1865, found 120 per 1,000 infected, and, in 1870, 54 in 1,000. Public solicitation is less. The *Contagious Diseases Acts* have done good in reclaiming the women: the discipline of the Acts was severe, and many women were reformed. *Opposition to the Acts*—Most of the inflammatory statements made at the public meetings were false. *Objections*—The women get higher wages, and this tempts to prostitution; the Acts are opposed to the principle of Constitutional Law. Those who advocate the Acts lay themselves open to the imputation of immorality, but they tend to do good, instead of harm. Rev. Mr. Maguire, of Cork, C.P., says "the mortality of the troops is not worse since the Acts came in." Rev. Mr. Puckle says the same. Mrs. Butler had admitted that a woman might be kept in hospital by force when sick in her evidence before the Commission. If libertines and married men go to the protected district they might easily catch gonorrhœa. Mrs. Butler had said she would rather that her three sons should die than live in a protected country: he did not agree with this. Eighty-seven medical men in London had lately said that women would not object to compulsory surgical examinations. In conclusion, Mr. Acton said that the periodical examinations ought on no account to be discontinued. Numerous innocent wives suffered, and so did children. Vaccination was compulsory.

Dr. C. R. Drysdale was as anxious as Mr. Acton to see the ravages of syphilis put an end to; but thought that the idea of making a law for the Army against the women of the country was unjust; and that it would be better to allow our home troops to marry like policemen, and engage other troops for foreign service merely for the campaign, if this were feasible. As to applying such Acts to the whole population, the example of Paris showed how absurd it was to expect much from such police laws. There were calculated to be 50,000 cases of contagious disease in Paris annually, and 40,000 prostitutes, of whom only 4,000 were examined. As to virtuous wives being infected by their husbands, of course, the common-sense remedy for such a breach of trust would be to get divorce *a vinculo* at once to any wife who desired it in such cases, accompanied by ample damages. Instead of the Contagious Diseases Acts, he recommended ample hospital accommodation, as in Paris, of a voluntary kind; and if funds were not obtainable by private effort, was prepared to urge on the Government that all persons suffering from any kind of infectious or contagious disease should obtain relief in some Government Hospitals, such as those under Hardy's Act. He hoped this compromise he suggested might be accepted by both parties, and this wrangling might cease.

Mr. Holland began by some very severe denunciations of the Anti-Contagious Diseases party (for which he was called to order by the chairman). He contended that it was just as fair to tax people for the Contagious Diseases Acts as for any other purpose. The Acts had much reduced disease in the Army, and had made the women more moral. It was absurd to say they were unjust to women.

Dr. Moet said that the citizens of India were under civil government, just like the people of this country, and the Acts now were carried out at Calcutta, &c. He found the men greatly diseased in India thirty-two years ago, when it was the custom to examine them very carefully. At Aden there was no syphilis, on account of the inspection of the women. He was in favour, then, of the Contagious Diseases Acts from his own experience of their operation, and did not agree with Dr. Drysdale.

Dr. Septimus Gibbon said that when he was Inspector of Vaccination at one time he found that three per cent. of the children disabled from vaccination were syphilitic. Dr. Drysdale has raised a difficulty about the soldiers. A soldier costs £200, and should be kept in health. Dr. Drysdale, he said, should compare Englishmen with Englishmen, not English with French as he had done. *Remedies*—Dr. Drysdale says he would give the wife a remedy by divorce; but that was because he was an advocate for women's suffrage, and would be a mockery for the women. We ought to put down open prostitution. Voluntary State hospitals would not act. The young women would not enter these hospitals. It was only the older ones that would enter them. There should be a memorial to the Home Secretary in favour of the Acts.

Mr. Milton gives his strongest testimony in favour of the Acts. The dissolution of manners in Paris, described by Dr, Drysdale, was not caused by these Acts. If it were possible to get rid of syphilis, it would be a good thing to put us all under martial law. Syphilis among women of the lower classes, is a grave affair, and 60 per cent. of cases of infantile syphilis died under any treatment. Scrofula has nothing to do with syphilis. The conduct of woman in speaking of this Act was shameful. The Act should be extended to the whole population.

Mr. Webster.—Notwithstanding all the arguments used by Mr. Acton, he disapproved of the Acts. In foreign countries such Acts did not succeed well. Syphilis is very common in Paris. Mr. Carlier (Oct. No. *Ann. d'Hygiene*) says that from 1860 to 1862 the entries into the Lourcine and Midi were 14,711; and from 1867 to 1869 there entered 16,147. The *filles clandestines* are much increased in numbers. The *insoumises* in Paris are most frequently diseased. Go to Naples, Madrid, Rome, &c.; you find immorality is much increased. Naples has increased immorality by such Acts, and not diminished the disease. This question must be decided by such facts. A new kind of industry is common in Naples, &c.—ruffiani or procurers are very common. The law is very partial as applied only to women in France, &c. In the Hospital at Naples the perfunctory nature of the examinations was noticeable. It would be far more important if the State would rather turn its attention to preventing delicate people from breeding delicate children, than to putting women under laws like this.

Dr. Deacon said that the Contagious Diseases Acts do not put women in any special disability. Dr. Vintras thinks there are far more cases of syphilis in London than in Paris. The trade at Hamburg is simply tolerated, not licensed; very few women found themselves against the Acts. Divorce of husband, as proposed by Dr. Drysdale, would be more opposed to our ideas than the Contagious Diseases Acts. Voluntary hospitals would not do; twenty-five per cent. of the women would not enter them. There has been a Lock Hospital at Winchester which was empty. The Contagious Diseases Acts are not new; 50 to 80,000 prostitutes in London are considered to subsist by the trade.

Dr. Druitt said the fewer men that go with prostitutes the less syphilis would there be; and if it were thought good to examine women, it would be equally fair to take up prostitutes when seen exercising their trade, and put them in prison; thus, prostitution might be repressed. He once made a tour of Hyde Park, and found many poor girls in great misery bivouacking among the trees. This was an example of failure of police supervision.

Mr. Acton said he was much pleased with the progress the question had made since he read a paper on it last year, and if the ladies and clergy would second their efforts, he hoped the Acts might be extended to the whole population. Examination of soldiers, he said, ought to be resumed throughout the service in a more decent manner, and then it would be efficient.

A letter was read from Dr. Letheby approving of the Acts, but objecting to papers which were going round for signature at present, because such declarations, just like that on alcohol, tended to intimidate.

◆

SCOTLAND.

EDINBURGH.

The sum of £5,000 has been bequeathed to the University of Edinburgh by the late Mr. Robert Cox, of which £2,000 are to be devoted to general purposes, and £3,000 to the completion of the College buildings. Mr. Cox specifies in particular his desire that the dome over the great gateway should be completed.

The University Authorities have instituted an inquiry as to the riotous proceedings at the recent Rectorial Installation, which has resulted in one student being rusticated, and several fined. Some of the ringleaders were found not to be students, but strangers, who had obtained admission to the hall under pretence of being students.

Dr. James Dunsmure, jun., has been appointed Extra-Physician to the Royal Hospital for Sick Children, in room of the late Dr. John Millar.

St. Andrew's University.—It will be recollected that Mr. Ruskin was elected Lord Rector of the University in opposition to Lord Lytton, and that objections were taken as to the validity of his election on account of his holding a chair at Oxford. The opinion of eminent counsel is, that Mr. Ruskin is ineligible on this account, and also that Lord Lytton must be held as having been elected to the office of Lord Rector.

◆

Triplets with Dropsy of the Amnion.

Dr. E. S. Ray, in the *Atlanta Medical and Surgical Journal*, reports an interesting case of enormous distension of the uterus. Before confinement a diagnosis could not be made out of the exact condition of things, though the fœtal heart was heard, and there was a dulness over the symphysis pubis. At all other places the fluctuation was very distinct. The suffering of the woman from the distension was so great that it was deemed proper to draw off the fluid by a trochar. But ere this could be done, the woman was delivered of three children and five gallons of water. Two of the children were born dead, and the third died in half-an-hour. Particular notice is drawn to the fact that in this case it was impossible to separate amniotic from peritoneal dropsy. Though most of the gentlemen called in consultation agreed that she was pregnant, they were more certain that she had peritoneal dropsy which tapping alone could relieve.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever Wednesday morning. . Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2 6
" If Paid in Advance 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh

Agents for the United States—
New York—Turner and Mignard, Nassau-street.
Baltimore—Kelly, Piet, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1872.

THE DEBATE ON THE SANITARY BILL.

It is not often we can afford to spend a Friday night in the Gallery of the House of Commons; the miscellaneous character of the Notice paper; the singular method adopted in reading its contents, the impossibility of gathering the faintest idea of the "*when*" the thing will come on, which you desire to hear, and the more than chance that the thing you don't want to know will be forced upon you in the place of what you do want, render the night's profit or amusement the most problematical thing in the world. We went to learn something about the new Sanitary Law, and the skill with which the Right Honourable gentleman the President of the Local Government Department would introduce it to a House, which from the out-of-Parliament speeches we fondly deemed would be full—not to say—inconveniently crammed. We secured an "orders" paper and found we must dine early, for "the Bill to amend the law relating to public health" stood at the top of the notices of motion. Let us see! Petitions one quarter of an hour; unopposed returns, another quarter; minister-badgerings half-an-hour or so; total one hour, or, granting grace, one hour and a half, say then half-past five! We must be in our quiet corner of the Gallery with our paper and pencil on the sly dotting down the salient ideas, before six. But six mortal hours had we to wait whilst every conceivable, or inconceivable topic was waded through; the House, meanwhile, becoming thinner and thinner. The new Speaker, patient and conspicuous, in a very white wig and a very black gown, falls back in his very large chair, and evidently is overpowered at last. At a few minutes to midnight, Mr. Stansfeld takes his place in the midst of the ministerial bench, Mr. Hibbert on one side, and, further down, Mr. Winterbotham and some other face indistinctly visible; just behind sits Sir Thomas Acland and Dr. Playfair; on the row behind them there was only an occasional occupant, whilst on the fourth row, sat one solitary member, Dr. Brewer. Below the gangway, sat in front, Mr. Torrens, M.P. for Finsbury, and a little knot of honourable gentleman, near the door. On the Opposition side sat Sir C. Adderley, behind him Mr. Powell the new member, and below that Lord Eustace Cecil. The few unmentioned names, who flitted in an out on this occasion, which, we were told, was to eclipse in interest the sensational legislation of the preceding session, added little or nothing to the imposing grandeur of the exciting scene. We were favourably, very favourably impressed with the tone and bearing of the Right Honourable gentleman, who introduced the bill, with an apologetic phrase for the lateness of the hour, and the thinness of the House. He said his bill was but the logical sequence of the legislation last year on the subject of Local Government, which fused the old Poor-law Board, the medical department of the Privy Council, and the general sanitary authority of Government into one body. His bill was a Sanitary Bill and nothing more. It was founded upon the Report of the Sanitary Commission, which however contained a series of 33 resolutions, the first of which declared that the consolidation of the sanitary law might profitably be undertaken consentaneously with the amendment of the law. This was cheered, but the Right Honourable gentleman went on to say he was not justified in undertaking so heavy a task, the bill proposing such an action contained 450 clauses, whereas his bill contained but 80, which, by the Right Honourable baronet opposite, might be supplemented by consolidation clauses, to which he would lend all the aid in his power. He proposed hereafter to establish country Boards, as the local authorities of rural districts for sanitary functions, the conservancy of rivers, and the maintenance of highways. In the meantime, his object was to reconstruct, and add new sanitary powers to, local authorities. Dividing sanitary acts into Urban and Rural, he attributed the failure in administration to something different from mere defect of power: powers were given under existing Acts for cleansing houses, for keeping ambulances, removal of the infected, and the establishment of mortuaries; for ample supply of water, medicine and medical attendance to the poorer classes of the population; but local authorities had not availed themselves of the power. His first object was then to improve the construction of the machinery for carrying properly into effect the powers granted by the Legislature. For this, three requisites were urgent, a central and governmental supervision and inspection, and authorities so constituted that but one sanitary authority should be appointed in one place, and distinct responsibility should be attached to these authorities, and sanitary legislature should drop its permissive character and become compulsory. Urban authorities were Town Councils, or Improvement Commissioners, or Local Boards. The Rural, would be Boards of Guardians; upon these bodies, under strict supervision, would the carrying out of general sanitary functions devolve. Pure air and pure water were the first desiderata. Both wanted in doors—more perhaps than out of doors. Something would be within the power of the authorities to effect under the powers of the Act, a right to enter, to inspect and remedy defects in drainage; a power to test the water supplied, and a power to test for the discovery of adulteration in food. A duty to provide hospitals, and the appliances and medical attendance for the treatment of epidemics, and these powers were to extend to the Rural, as well as to Urban districts. To appoint sanitary officers and to provide drugs, no longer exacting them from the medical attendants as even yet too often obtained. The Government hoped, by these means, to secure statistics of disease and mortality, and by the addition of a measure enforce compulsory registration of births and marriages to secure a bill which would do credit to the House, and prove of lasting benefit to the population of the country.

Sir Charles Adderley expressed great disappointment that the consolidation clauses were omitted; the state of the sanitary legislature of the country was a disgrace to the legislature. Local authorities, when honestly desirous of carrying out the sanitary enactments, knew not which statute to investigate, or by which law to commence proceedings, and no wonder, for the legal profession were unable to advise them. The confusion of the law was the cause of those defects in administration which allowed conditions to continue fatal to the health and strength of the country. The existing statutes, unconsolidated, would so prejudice the new Act as to render it an additional evil rather than a benefit. The 450 clauses, to which the right honourable gentleman referred, were little more than the classification of clauses scattered through the Statute book, with the contradictory enactments harmonised or removed. The apprehension of the President of the Local Government Board, based on the number of the clauses, was ill founded; but although he was disappointed, he would support him zealously in passing his bill. Mr. Johnson and Mr. Powell both suggested a point or two, and Dr. Brewer, who had been zealously taking notes during the delivery of Mr. Stansfeld's speech, rose when the house was just supplied by three or four more members, waiting to give their several notices of motion, and therefore only anxious to go home. He expressed his disappointment with Sir C. Adderley that the long hoped-for consolidation clauses were dropped out of the bill, and hoped the right honourable baronet would not delay the introduction of his measure, with which he expressed his hearty concurrence. The scourge which had been inflicted not only on the metropolis—a scourge, he urged, hardly parallelled in intensity within the last thirty years, and which had spread disease far and wide—had reasonably drawn attention to the sanitary organisation of the metropolis and other great towns. It was impossible to contradict the soundness of the too general conclusion that this organisation had failed. If, observed Dr. Brewer, they could point out the "why," they had taken the first step to the remedy. Local Boards had not, perhaps, understood the directions of the legislature, for whilst in seeming they had generally complied, they had not really carried out the purposes indicated. Take the permissive provision for testing food. He held in his hand last year's return of the appointments of these analysts by the then 39 parishes and unions in the metropolis; 29 had failed to appoint, and, by the remaining 10, the real purpose had been frustrated from misunderstanding the object of the legislature. The directions sent in 1855 to Local Boards by the Board of Health to appoint officers of health had been apparently complied with, but, in reality, neither in letter, nor in intention. The Board of Health directed that one or more parishes should elect an officer of health; 2ndly, that he should devote his whole time to his special duties. The Board then went on to express the intention and object it had in view, namely, that the officer should acquaint himself with the special sanitary defects of his district, and report the results, so that the central authority might obtain the benefit of his local knowledge, to the intent that the Department of State, responsible for the sanitary condition and the introduction of sanitary requirements to the legislature, might be informed of the results of the experience and observation of the district sanitary officers. But local bodies disobeyed the letter of the directions. Desirous, perhaps, of the entire control of the officers they employed, each parish elected one or two sanitary medical officers, and, seeing that the expense would be formidable, did not remove them from private practice. The failing to group parishes so as to form convenient districts, and obtain local knowledge sufficiently extended to make the facts acquired available for the information of the central authority, the medical officer of health soon became a sort of nuisance removal officer, or head clerk and constable to his own inspectors. Waggon loads of returns, and often repetitions, extracts from the Registrar General's reports, and tables were reproduced and laid before Local Boards, never to be utilised, often not even to be read. The failure of the central authority in requiring suitable returns has suffered thousands to be expended, not perhaps without object, but for other than the contemplated purposes; and it would be in vain for the President of the Local Government Board to find officials if the head were to be, as heretofore, severed from the mass. He, Dr. Brewer, should give his support to the measure of his right honourable friend, but, whilst regretting some of the omissions apparent in the bill, he equally regretted the late hour and the state of the House in which so important a measure was introduced. The House, by this time composed of about as many members as there are fingers on one's hand, broke up wearily, Lord Eustace Cecil, brother of the Marquis of Salisbury, giving notice that he should put on the notice paper a clause to extend the duties of the analyst to the testing of drugs. One thing seemed indisputable, that the outcry about the interest felt on social reform is a delusion or a sham.

◆

SIR W. W. GULL ON CLINICAL MEDICINE.

Sir W. Gull's address at the Clinical Society having found its way even into non-professional papers perhaps demands at our hands the attention which some of our correspondents ask for it, and yet as the author expressly stated at the commencement he had had no time to prepare, he may not perhaps himself attach great importance to it. He startled some of his hearers at the outset, and ourselves amongst them, by calling the theologic aspects of the world antagonistic to the scientific. Sir William asserted that theology regards the world as decaying, but science as progressing; but we venture to say that few theologians will admit the proposition thus laid down.

Proceeding, then, to speculate on the nature of disease, the President of the Clinical Society remarked that in one sense there is no such thing. Though disease is not definable he called it that course of nature in a living thing which is not according to its health.

Disease is not an entity, said the President, though to the ignorant it seems so, and the old theologians thought that an evil spirit entered a man. Hence the term seizure remains although there is no such thing.

Some people, he said, are always ailing, without having disease. They are born to suffer; unstable health is the law of their life, and all the drugs in the Pharmacopœia cannot alter it. Thus the work of the medical man includes all the disturbing influences that act on the human organisation. But we do not know in detail where morbific causes begin, and he instanced scarlatina in which, though some would say it begins in the blood, it seemed to him very doubtful whether the blood was directly affected in that or any other fever—remarking, many organs well supplied with blood show no change, as voluntary muscles. He looked to comparative anatomy and pathology to tell us something, and adopting apparently in its coarsest form the so called Darwinian hypothesis, caused quite a little sensation by saying, "What is the use of tonsils? Were I to make a man I do not think I would put any tonsils in him," and referred to other instances of what he considered relics of a former stage of development.

The President dwelt next on the importance of perfecting vital diagnosis which should warn us against attempting the impossible upon those born with a feeble vital capacity, as those delicate women who have no more strength than a canary, and on which the chemistry of tonics may be tried in vain. "It is only trying to put a quart measure into a pint."

The importance of perfecting physical diagnosis was admitted, but even in this department Sir William seemed to be doubtful, and said he had more than once laid aside his thermometer because it contradicted his clinical experience.

He then made a few remarks on insanity, prompted by his having been consulted in reference to recent criminal cases, and lastly turned to therapeutics, on which he said:—

The other aspects of medicine might afford sufficiently pleasant contemplations, but *finis coronat opus*—care, and where possible medication, in order to cure. We are often twitted with being, as I have before said, merely passive attendants upon and worshippers of Nature. As Goethe satirically says, "Man durchstudirt die gross', und klein welt um es am ende gehen lassen wie's Gott gefallt." This, however, I repudiate. We believe that God's will is that we should be wise and active, and when we say, and I am sure our Profession is not behind any in devoutly saying, "Thy will be done," it is not that we may sit down, like fatalist Moslems, and let the supposed inevitable pass over us; but ours is an active interpretation of the prayer, that we may learn the Divine will in order to obey it, convinced that the Divine will is the exact contrary of ignorance. There is, no doubt, a time to each when he must bear the lot in patience and submissively, but, as students and practitioners of medicine, our interpretation of the Divine prayer is in an active sense, and should excite us to every exertion. The will of God, as expressed in the purposes of the human intellect, is apt to be too lightly passed over, but he who has but a faint conception of that purpose will not be open to Goethe's remark of letting events pass on without any effort to control them. It is only they who are weak in faith and intellect who exclaim, "The world (time) is out of joint. Oh, wretched spite that ever I was born to set it right!"—for this is our true sphere of work. Whilst we more clearly discern the operation of those forces which bring health out of disease, we are not contented to be spectators only. Efforts of nature are regarded with watchfulness and doubt, and often must we agree with Professor Haughton, who, when told that the evacuations of cholera were due to an effort of Nature to cure the disease, said: "I will tell you what Nature wants; she wants to put the man in his coffin. And that is what she succeeds in doing for the most part." In fact, the expression "effort of nature" is little else than a vague metaphysical conception, a mere *imago* of the true and practical *idea* of the recuperative forces which are at work in the organism, and which collectively we name the *vis medicatrix naturæ*—that centripetal tendency which restores the disturbed relations. Were we able to make a due analysis of this tendency in us, it would indicate a true science of therapeutics. It would show that in the subject of typhus or typhoid, or other fever, there were, together with the more obvious fever facts, others correlated to them, by which health is for the most part restored. In other words, that under the conditions of disease there lie physiological processes, which not only restore the normal equilibrium, but which leave a permanent resistance to any similar disturbance. The causes of this immunity are as much facts for our study as are those which we more commonly call the disease. For example, in small-pox, to the indifferent observer the whole disease is embraced in the description of its symptoms and the eruption; but there is a most important obverse to these in those prominent physiological changes by which the subject of them is likely to obtain a permanent indifference to the variolous process. I desire more expressly to say that, in the class of fevers, what we term the disease is but the attendant disturbance of an underlying process, which being completed, its accidents subside. We owe a very practical application of these views to Dr. Stokes, of Dublin. In some excellent papers on fever, he long ago pointed out that the various local affections in fever must be looked upon as part of the fever itself, and not as separated or separable conditions. I well remember the time when the irritation of the brain in fever was regarded as inflammation of the meninges, to be treated with mercurial inunction; when irritation of the bowels and the fetid evacuations, were to be corrected by giving the grey powder; the obstruction of the air-passages to be medicated by blisters and expectorants. So, when I had to teach medicine, I impressed as far as I could upon the students of my class the importance in therapeutics of minding these local affections as Nelson minded the signal given him to retire from action; whilst, on the other hand, we maintain to the best of our power the strength of the patient.

In therapeutics we have no kinship with those who believe that diseases are only sets of symptoms to be combated by drugs. The symptoms of a disease may indeed give but doubtful indications for treatment. The worst diseases have but few and not prominent symptoms, and even when the symptoms are characteristic they are not the disease, and frequently the most numerous symptoms occur without any disease at all. It may be all very well for the charlatan to make them the whole object of his efforts, but to the better informed the chief fact is the condition which underlies and produces them. In therapeutics the greater often depends upon the less. It has been said that Wellington overcame his great antagonist by attending to the shoes of his soldiers. This may have been so, for often we see great purposes frustrated by neglect of trifles; a man brought through his fever and dying of bed-sore; a broken spine in process of repair, whilst death comes on from the careless passing of a catheter. With the gold-headed cane and the horsehair wig passed, we may hope, the days of pompous inanity; and we may further hope that nothing will be thought unworthy the attention of the physician which can contribute to the saving of a life.

For the surgeons, as I have hinted, a new prospect is opening. Should advancing knowledge show that we have parts or organs of doubtful use, and especially if these equivocal parts are liable to disease,— what a land of promise for operations!

But I must forbear. I am sure we have a hopeful future before us, though it may not be in such a direction, and it is my duty and my privilege to invite you to enter upon it with industrious hands and true hearts.

Notes on Current Topics.

How Editors may serve the Filthy Quacks.

THE fight we have carried on against the tribe of filthy quacks has been approved almost unanimously by respectable public journals. In one or two instances the plea has been put in that, contracts for advertising had been unwittingly made, and also that the business columns were outside editorial supervision. But these scoundrels may be met by some means or other, and in America, where they are so numerous as here, a spirited editor has done something in the way of giving a warning. We take from a contemporary of the Far West, the following account:—

The best thing of the kind that our eyes have ever beheld, is presented in the two following articles, which appear nearly side by side in the *Pacific Observer*, a religious paper published in San Francisco. We commend the example to other papers which publish the advertisements of Darrin, Doherty, Gibbon, Cohen, Madame Exodius, and so forth. If the editors should say what they think, all the speculators on human credulity and human life would be complimented in terms similar to those meted out to the "Rev. William H. Norton:"

TO THE SUFFERING.—The Rev. William H. Norton, while residing in Brazil as a missionary, discovered in that land of medicines a remedy for consumption, scrofula, sore throat, coughs, colds, asthma, and nervous weakness. This remedy has cured myself after all other medicines had failed. Wishing to benefit the suffering, I will send the receipt for preparing this remedy to all who desire, free of charge. Please send an envelope with your name and address on it. Address, Rev. William H. Norton, 676 Broadway, New York City.

CAUTION.—We caution our readers against the advertisement of one Rev. William H. Norton, found in the advertising colums of this paper. The advertisement is one of the vilest swindles ever perpetrated upon the community. In the first place, there is no such man as the Rev. William H. Norton. The name is assumed by a consummate knave and villain, to steal money from the afflicted. You are ready to enquire if a prescription, free of charge, is robbery or stealing? There is the secret. In that pretended benevolence is compounded the quintessence of knavery and villainy. You write to him, enclosing stamped envelope, and he will send you a prescription in such names as nobody ever heard of but himself, which he manufactures for the occasion; you will take that to the druggist to have it filled, and find that he has no such articles. You will ransack town and city in vain to get your benevolent prescription filled; and in despair you will write the Rev. villain that you cannot find such articles as he mentions. Now, he has you in the mouth of his net. He will write to you immediately, that if you will remit him five or ten dollars, he will send you the medicine. Remit him the money, and by the return mail or express will come a package of some worthless powder; most usually rotten wood, made bitter with a little gentian or quassia, or a bottle of mean whisky, made bitter with the same articles. You are sold, swindled, outraged, but to attempt to catch the Rev. rogue would be like the Irishman's flea—"'taint there." You may write to responsible parties in New York, stating your grievances, but they will tell you there is no such man to be found. The name is assumed, and his habitation, if such he has, is in the deepest den of the Five Points. We say to readers, beware! Thousands are swindled out of their hard earnings by such villains. How such advertisements get into newspapers is a mystery.

Liebreich on Chloral Hydrate.

IN the *Gazette Hebdomadaire* for Dec., is an article by Professor Liebreich, in which the conditions of the use of chloral are laid down more definitely than they have heretofore been. All cases of insomnia without fever form the basis of its application. For the relief of severe pain, it cannot be depended on, without the addition of opiates. The counter-indications pointed out by Liebreich are as follows:—

1. Extended destructive affections of the mucous surfaces of the primæ viæ. Here the remedy, if used, must be much diluted with mucilage; or it may be thrown in the rectum.

2. Arthritic conditions are unfavourable, unless the blood be first rendered alkaline.

3. In typhus, if given, it should be in small doses.

4. In affections of the circulating apparatus, particularly valvular and other serious troubles of the heart, small doses should be used.

5. Hysteria is often a counter-indication. Here it often increases and fixes the condition of excitement. An inexplicable phenomenon, says Liebreich.

6. Icterus has been regarded as presenting a counter-indication; but this is doubtful.

The author goes on to say that it should never be given in substance, nor in solution stronger than 20 parts to 100.

It may be mixed in beer, wine, beef tea, and mucilage. He prefers syrup of orange peel. The so-called syrups of chloral hydrate are solutions in glycerine with sugar. Thin gruel may be employed as a vehicle for an enema. In certain convulsive attacks it may be applied hypodermically. The cigarettes which have been proposed are inadmissible. The best dose for adults is from 30 to 45 grains. Habitual use does not require increase of dose. "Long continued use does not impair the general health. I know persons who have taken it almost daily since its introduction in the same dose and with the same success."

Dr. Lostorpher's Views.

DR. C. R. DRYSDALE writes, respecting the translation of this in our last issue, to say that there is great scepticism among the Medical men of Vienna as to the supposed discovery by Dr. Lostorpher of syphilitic corpuscles in the blood by means of the microscope. Dr. Kraus, the able editor of the *Alg. Wien. M. Zeit.* and others say that Drs. Stricker, Hebra, and others, have been deceived and done most unwisely by forming their opinion so rapidly. Skoda also seems to have been very precipitate.

Royal Free Hospital.

THE differences between the Medical Staff and the Weekly Board are not yet at an end; and we deeply regret to hear that one member of the staff refuses to be guided by the opinions of the majority of his colleagues. Such conduct as this will always put Medical men under the power of the industrial and less educated classes, who take so much advantage of our want of unanimity. Points like this should be taken up by all Medical journals; and a Court of Appeal in questions of this kind would soon bring offenders to their senses. We hear that the museum of the hospital is in the most deplorable condition. The Royal Free Hospital is such an excellent institution, and its staff is so distinguished, that we hope soon to hear that intestine disagreements have terminated to their satisfaction.

The Scheme for a Conjoint Examining Board in Ireland.

THE scheme as agreed to by the conference of delegates of licensing bodies has been presented to those bodies, and has been under the consideration of their councils within the last week. The Report has not been made public, but we are aware that the sketch of the two most important of its clauses which we gave last week is correct. These are the provisions which will probably determine either the acquiescence or dissent of the licensing bodies, and it will depend on their adoption or modification to decide whether an Irish Conjoint Board can be formed or not.

The first of these clauses is substantially "that no licensing body shall be empowered to grant any qualification until the candidate shall pass the Conjoint Board; that the student shall only pay a nominal fee for cost of examining, and it shall then be open to him, after he has passed, to go to any Body he likes and claim their qualifications without further test, paying for it any fee the Body chooses to demand. Inasmuch as he will not be permitted to register until he can show some of the qualifications recognised by the Medical Act, he will be obliged, if he wishes to register, to go to some licensing body.

We have already said that we regard this proposed arrangement as very objectionable, and we now give our reasons *seriatim* for the sake of distinction:—

1. Because it is undesirable to afford facilities or inducements for the admission of the profession to a class of practitioners who, having obtained the *status* conferred by the conjoint examination at a nominal cost, would be enabled to enter into practice without seeking any further qualification whatsoever.
2. Because, inasmuch as (the conjoint examination having been passed) nothing would remain to be conferred by the licensing body, except the right to register and hold a public appointment, an obvious inducement would be afforded to the candidate to seek the cheapest legal title which carries with it such privileges, to meet which contingency no provision is suggested for the equalising of the fees payable by all licensing bodies.
3. Because it may be certainly anticipated that before long the conjoint examination would be declared to be the essential qualification for registration, or for the holding of public offices, in which contingency the licensing corporations would necessarily become extinct.

The second leading clause is one which gives to graduates in arts of a university a special favour, enabling them to present themselves for the last of these conjoint examinations without going through the two previous ones to which all other candidates are subject. We object to this clause for the following reasons:—

1. Because it is contrary to that uniformity which is the essential principle of a conjoint examination, that the students of any licensing body should be assumed without evi- evidence to be in possession of superior professional attainments.
2. Because it is inequitable and imprudent to afford special favour to any licensing body by subjecting its students to a lower examinational test than is considered necessary to secure the proper standard of proficiency in others.
3. Because the recognition of such distinctions between one licensing body and another introduces into the system that doubt as to the sufficiency of the teaching arrangements in schools, which it is the object of the conjoint examination to get rid of.

Lord Houghton on Medical Peerages.

It is something to find a highly cultivated nobleman like Lord Houghton endorse our demand for Peerages for the profession. Although in his article in the *Fortnightly* he does not expect much from the influence of individuals, he admits that there is "no reason why men of great ability, information, or experience should not from time to time be added to the House of Lords, though not in such numbers as to prejudice its constitution. At the present moment, when, owing to the direction of the public mind aided by the pressure of certain distressing events, sanitary subjects are likely to be prominent, the accession of one or two eminent medical practitioners, or men versed in the application of physical science, would assuredly not be unwelcome."

Hunter's Day.

There was a break this year in the Annual Orations delivered at the Royal College of Surgeons of England in honour of John Hunter, of whose museum the college is the guardian.

Hunter's Day, however, was not unremembered; for Professor Erasmus Wilson brought to a close on that anniversary the course of lectures "On Dermatology," now in course of publication in the MEDICAL PRESS AND CIRCULAR, and in so doing, took occasion to pay a tribute to the memory of the founder of the greatest museum in the world. This he did in the following terms:—

"I cannot take my leave without being reminded that this is the anniversary of our great and distinguished master JOHN HUNTER; a man to whose comprehensive mind every work of the Creator was interesting and important, in whose sight nothing was too small for observation, and nothing created in vain, whether the humblest plant or animal, or the highest example of organisation.

In the field of pathology, in all its departments, his zeal and faith were equally energetic and pure; whether he were investigating what may be termed the "physiology of pathology," as in his grand labours "On the Blood," "On Inflammation," "On Syphilis," or whether he were illustrating morbid changes in the integument. He has left behind him in the splendid museum, which will for ever be a chaplet to his fame, many valuable specimens of dermatological interest; and if his spirit be with us and round about us this day—as I doubt not it is—I am fain to hope that he will not look disapprovingly on our present occupation; I believe it to be impossible that he could do so; no whole would seem perfect to him without the perfection of its parts; for the soul of HUNTER was essentially all-absorbing and universal."

Mr. Robert Patterson, F.R.S., the well-known zoologist, died last week at his residence in Belfast.

The authorities of the Middlesex Hospital have just received a fourth donation of £1,000 from an anonymous friend, who simply gives the initials D. T. S.

The first of the Gulstonian Lectures at the Royal College of Physicians of London, will be delivered on Friday, at 5 P.M. The lecturer is Dr. Hensley, and the subject "On the Mechanism of Respiration, Circulation, and Digestion."

The Belgian *Medical Press* is translating from our columns the communications of Mr. Critchett "On Cataract," into French. A short time since the same journal translated the paper read by Dr. Prosser James "On Ozæna," at the Medical Society of London, from the abstract in our columns. We are glad to see our contemporary keeping *au courant* with English Medical literature. It is to the pen of its able collaborateur, Dr. de Jouet, that these and other translations are due. Other journals have also lately reproduced many articles from our pages. Thus, the *Independent* translated the above-named article on ozæna into Italian, and the article that Dr. Prosser James contributed to the MEDICAL PRESS AND CIRCULAR of the 10th January on "Diseases of the Throat," has been published in German by the *Vien. Med. Zeit.*

THE RELATION OF STIMULANTS TO HEALTH AND MORTALITY.

THE following return, which we commented on in a recent issue of our Journal, was submitted to the Mountmellick Board of Guardians by their clerk, Mr. Goodbody, at their last meeting.

Returns, showing the daily average number of persons relieved in 91 workhouses during the year ended 29th September, 1871; the cost of wine, ale, and spirits used in each of said Unions, with the average cost of same per head on the number relieved; the number of deaths during same period in 84 workhouses, with the proportion of deaths to the numbers relieved :—

UNIONS.		Average daily No. of persons relivd.	Cost of Wine, Beer, and Spirits for the year.			Cost of Stimulants per head on average No. relieved.		No. of Deaths during the year.	Per centage of Deaths to average No. relieved.
			£	s.	d.	s.	d.		
Ardee ...	c	265	93	10	10	7	1	54	20
Armagh ...	a	344		...			...	93	27
Athlone ...	b	305	76	6	8	5	0	60	19
Bailieborough ...	b	132	7	3	4	1	1	26	20
Ballymena ...	c	122	51	6	3	8	4	20	16
Ballymacow ...	a	270	33	10	6	1	0	49	18
Ballyshannon ...	a	179	7	19	3	0	11	39	22
Ballyvaughan ...	b	150	21	13	6	2	10½	24	16
Balrothery ...	b	214	19	4	0	1	9½	38	18
Banbridge ...	a	201	9	4	10	0	11	60	30
Bawnboy ...	a	97	1	11	5	0	3½	22	22
Belfast ...	b	2243	252	15	3	2	3	671	29
Borrisokane ...	b	123	30	1	0	4	11	19	15
Boyle ...	b	273	41	0	0	3	0	29	10½
Carrickmacross	a	99	1	2	0	0	2½	23	23
Carrick-on-Suir	c	351	128	5	2	7	3	135	38
Cashel ...	b	512	82	4	10	3	2	72	15
Castlebar ...	c	132	66	18	0	10	1	20	15
Castleblaney ...	b	171	21	19	0	2	7	32	19
Castlecomer ...	c	146	54	18	7	7	6	28	19
Castlederg ...	b	75	10	4	5	2	9	16	21
Cavan ...	c	269	70	11	10	5	3	64	24
Celbridge ...	c	169	72	0	7	8	6	43	25
Clifden ...	c	135	39	13	6	5	10½	22	16
Clogheen ...	b	250	53	12	8	4	3	60	24
Clogher ...	a	125	1	8	0	0	2¾	16	13
Clonakilty ...	c	210	94	0	7	8	11	52	25
Clones ...	a	112	2	11	0	0	5¼	34	30
Clonmel ...	c	471	123	17	3	5	3	94	20
Cork ...	c	948	717	15	11	15	2	505	53
Croom ...	c	220	79	16	0	7	3	39	18
Donaghmore ...	c	82	101	19	3	25	10	15	18
Donegal ...	b	76	13	7	8	3	6¼	24	31
Drogheda ...	c	390	124	4	0	6	4	96	24
Dublin, North ...	c	1933	879	13	11	9	1	503	26
Dundalk ...	a	280	1	11	3	0	1½	56	20
Dungannon ...	a	202	4	2	5	0	5	31	15
Edenderry ...	c	187	54	13	8	5	10	32	17
Ennis ...	b	390	69	14	3	3	7	106	27
Enniscorthy ...	c	298	83	12	9	5	7	66	22
Enniskillen ...	b	240	20	0	9	1	8	55	23
Glenties ...	*	120		...			...	*	...
Gortin ...	a	61	0	16	0	0	3½	17	28
Granard ...	c	217	61	5	4	5	7	35	16
Innishowen ...	a	136	4	7	6	0	8	19	14
Irvinestown ...	*	90	21	9	9	4	9	*	...
Kanturk ...	c	144	112	10	5	15	7	80	55
Kells ...	c	206	128	19	2	12	6	26	12½
Kilkeel ...	b	98	12	7	4	2	7	8	8
Killala ...	c	82	25	8	5	6	2	17	20
Kilmacthomas ...	c	153	100	0	0	13	0	23	15
Larne ...	b	243	30	8	0	2	6	42	17
Letterkenny ...	b	104	25	6	2	4	10	25	24
Limerick ...	b	1461	283	9	11	3	11	408	28
Lisburn ...	b	247	57	15	9	4	7	63	25½
Lismore ...	b	198	33	14	0	3	5	43	19½
Lisnaskea ...	b	89	11	14	10	2	8	21	23
Listowell ...	*	150	7	10	1	1	0	*	....
Longford ...	*	266		...			...	*	...
Lurgan ...	a	385	1	1	11	0	0¾	138	35½
Mallow ...	c	369	164	12	3	8	10	93	25
Manorhamilton	a	120	1	6	6	0	2¾	17	14
Milford ...	a	95	1	16	0	0	4½	15	16
Mohill ...	b	175	14	7	4	1	7	21	12
Mountmelick ...	c	371	132	1	9	7	1	74	20
Mullingar ...	a	327	1	16	3	0	1½	69	21
Naas ...	*	279	101	15	10	7	3	*	...
Navan ...	c	200	78	12	0	7	10	60	30
Nenagh ...	c	394	113	13	10	5	9	59	15
Newcastle ...	*	239	29	14	3	2	6	*	...
Newry ...	a	465		...			...	88	19
Newtownlimavady	a	150	1	9	9	0	2½	31	20½
Omagh ...	a	199	6	15	0	0	8	52	26
Parsonstown ...	b	275	43	18	9	3	3	61	22
Rathdrum ...	c	293	79	12	1	5	5	70	23½
Rathkeale ...	c	220	192	19	2	17	6	48	22
Roscrea ...	b	167	28	9	9	3	5	27	16
Scariff ...	c	172	55	15	1	6	4	22	12½
Sligo ...	b	330	18	2	10	1	1	53	16
Strabane ...	b	235	34	18	7	2	11½	67	28
Stranorlar ...	b	72	4	13	3	1	3	19	26
Thurles ...	b	235	31	9	11	2	8	34	14
Tobercurry ...	c	90	22	14	1	5	0½	19	21
Tralee ...	a	430	15	1	2	0	8¼	92	21
Trim ...	b	249	45	9	3	3	8	34	13½
Tuam ...	b	279	70	12	5	5	0	44	16
Tulla ...	c	243	101	9	2	8	4½	30	12
Tullamore ...	c	253	99	14	6	5	7¼	78	22
Urlingford ...	c	169	147	19	6	17	6	21	12½
Waterford ...	c	840	219	11	6	5	3	185	22
Youghal ...	b	293	53	18	0	3	8	60	20

(Continued from previous column.)

Class a.—20 Unions in which the cost of stimulants for the year does not exceed 1s. per head on the average number relieved. Mortality, 22½ per cent.

Class b.—30 Unions in which the cost of stimulants for the year exceeds 1s., but does not exceed 5s. per head on the average number relieved. Mortality, 22¾.

Class c.—34 Unions in which the cost of stimulants for the year exceeds 5s. per head. Mortality, 25.

Seven Unions marked (*) have not sent any return of the mortality.

ROBERT GOODBODY,
Clerk of Mountmelick Union.

27th January, 1872.

◆

THE SMALL-POX IN DUBLIN.

WE are favoured with the following report from Dr. Burnside, Medical Officer to the South Union Hospital :—

55 South Richmond street,
February 17, 1872.

In reply to your inquiries concerning the progress of the small-pox epidemic, I beg to inform you that the hospital in connection with the South Dublin Union was opened for the admission of small-pox patients in November last. From the middle of that month to the present date the total number of admissions have been 444 ; 279 of these have been discharged well, and 86 have died—not a fifth of the total. I consider this a small proportion when it is remembered that the majority of cases are in an advanced stage of the disease on admission, and also that in many instances the symptoms are much aggravated by the abuse of stimulants. This arises from the very popular delusion that strong drink is not only a remedy for every malady under the sun, but that it also acts as a preventive to disease, as not only the patients arrive drunk but also their attendants. A case came under Dr. Brady's observation the other day of a girl only ten years of age, to whom her fond mother had administered a whole noggin of whiskey made into punch, and beat the poor child because she objected to swallow the whole of the potion. The natural consequence was, that the child was quite tipsy when Dr. Brady went to examine her in the ward.

Out of the total number of admissions, 77 on careful examination had *no vaccine marks;* 26 out of this number have been discharged well, and several are now on generous diet, and will soon, I trust, be fit for drafting to the Convalescent Hospital previous to discharge.

Out of the total number of admissions we have had no less than 81 children under ten years of age, and nearly a third of the number under five years.

The number of admissions weekly on an average since the 17th of December have been 35.

The last fortnight or so the disease has certainly assumed a milder character; but I cannot agree with some that have stated that throughout the epidemic has been of a mild type, as I have treated as virulent cases of confluent small-pox since I have been attending the South Dublin Union Hospital as ever I saw in the East Indies during my ten years' sojourn there.

The purpuric form that some make a distinct variety of the disease I do not acknowledge as such. I look on it as simply a complication. The cases I have observed it best marked in were adults that had led intemperate lives, whose constitutions had consequently become impaired. These, as a rule, rapidly succumb to any serious illness; and also in pregnant women. In the latter death has been preceded by severe flooding. All the purpuric cases ended fatally.

I think it nonsense pretending to lay down any specific mode of treatment. My maxims have been very simple, viz., to assist Nature as much as possible, to carefully watch for symptoms, and treat them when they arise. The first I endeavour to carry out by attending to the secretions, relieving the bowels at least once in the twenty-four hours. This, if the throat symptoms are urgent, I do by the ordinary purgative enema of tepid water, soap, and salt. The discharges are, as a rule, large in quantity and most offensive, and followed by much relief to the patient. Sleeplessness is often a serious symptom, and I use anodynes freely, a few hours' sleep often placing the patient fairly on the other side of the balance. In the desquamative stage, I maintain the strength carefully by frequent administrations of strong beef-tea. I have had as much as thirty-five pounds of solid beef boiled down for hospital use in the twenty-four hours.

The throat symptoms, which many have laid such stress on, are almost the usual accompaniment of every case, only they are more urgent in cases that promise to be severe, and also in those of the lymphatic temperament. I relieve them externally by hot turpentine fomentations, and internally by a gargle composed of solution of chlorinated soda, tinct. of catechu, or rhatany and water. They disappear as if by magic when the disease becomes well developed.

I need not say that the appliances that have been recommended from time to time to prevent pitting are rather numerous. The application that I have used from the commencement has, at least, the advantage of simplicity, and I have turned out very few much marked; simply sometimes a mixture of castor and olive oil well smeared over the whole body two or three times a day. This relieves the itching, and softens the crusts. I also have bags made to tie up the hands in.

My sheet-anchor all through has been to sustain the strength, as the drain on the system during the stage of desquamation is very great, and it surely stands to reason the sooner the drain is supplied the sooner convalescence is established; and I think I am also safe in saying that the abscesses that are often a sequelæ, are lessened in number in many very bad cases. Indeed, I have had none.

Wine and whiskey I have used only in cases actually requiring stimulation. I pin my faith a great deal more in strong beef-tea, milk, and eggs, and on frequent observation and good nursing. I give porter during convalescence.

The sanitary arrangements have been carefully attended to, at the least three to four feet between each bed. The sheds are thoroughly ventilated. There is a convalescent ward for both males and females; open pans filled with chloride of lime scattered through each ward; the bedclothes frequently sprinkled with a dilute solution of chlorinated soda; the discharges dusted with M'Dougal's disinfecting powder, and at once removed from the ward. I use warm baths in convalescence.

None of the attendants—and they are thirty-six in number—have been attacked as yet with variola. I don't make re-vaccination compulsory, but merely told them that any that wished or felt at all nervous about the disease could be re-vaccinated. Seven of them presented themselves for re-vaccination. The soiled clothes are steeped for hours in a solution of carbolic acid before being boiled and washed. I have seen the disease distinctly modified after re-vaccination; but then, again, I have seen a mild type of the disease in cases that have never been vaccinated. I make this statement from observation, not wishing for a moment that any one should think that I am not a firm believer in the great benefit conferred by vaccination and in re-vaccination when a person is of a nervous temperament.

The discoloration of the skin, I observe, disappears much sooner in fair-skinned people, although it is more apparent at first; but sallow people do not bleach near so quickly,—I suppose it must be because the skin is thick as a rule, and the sebaceous follicles more numerous.

The secondary fever, as a rule, has been very slight.

I am, Sir, yours truly,
G. S. **Burnside**,
Medical Officer to the South Dublin
Small-pox Hospital.

◆

Literature.

PRACTICAL LESSONS ON THE NATURE AND TREATMENT OF THE CONTAGIOUS DISEASES. (*a*)

This is a most instructive work, and reflects great credit on Dr. Morgan for the immense labour he has bestowed in bringing it out, and the originality which has prompted him to make investigations in untrodden paths. In the preface the author says truly that the recent debates on the Contagious Diseases Acts have given an immense impulse to the study of venereal contagions. He thinks that "it is not much to be wondered at that enthusiasts, among the non-professional ranks, should violently oppose a measure which would be so evidently beneficial to the community at large, as they could not practically observe the various cruel penalties inflicted by the disease, not only on the guilty, but on the innocent, and on their offspring." He does not say, however, that some professional people, among others Mr. H. Lee, &c., share the

---

(*a*) "Practical Lessons on the Nature and Treatment of the Contagious Diseases." An account of the Primary Syphilitic Lesion, and of its Communicability, with an Appendix on the recent report of the Royal Commission on the Contagious Diseases Acts, and its application to the Voluntary Hospital System. By John Morgan, M.D., F.R.C.S., Surgeon to Mercer's Hospital, and to the Westmoreland Lock Hospital, Dublin, &c., with 67 Illustrations, plain and coloured. London: Baillière, Tindall, and Cox, 20 King William street. 1872. Pp. [illegible] convictions of the non-professionals as to the inutility and inadvisability of such acts. Dr. Morgan's object in many of the pages of this interesting work is to prove that another "futile source of contagion is exposed (by him) which has hitherto not been noticed at all." Hence, "a more rigid enforcement of an act which has been proved already so beneficial wherever exercised, should be in my judgment (he says) invariably observed."

The vexed question of the existence of one poison, or of an infecting and non-infecting form, he refers to at some length, and brings some *post obit* evidences of Mr. Wallace's of inoculations on healthy and untainted subjects to bear on this subject, which, though practised so long ago as nearly half a century, confirm what has been just now proved of the inoculation of the soft or non-infecting type as an offshoot from the infecting. "An interesting paper by Dr. Bradley (says Dr. Morgan), at the meeting of the British Medical Association this year, experimentally decides the question." We are glad to hear Dr. Morgan say, what we have long thought that, "a specialist in contagious diseases is indeed an impossibility, every hospital and dispensary surgeon, and every general practitioner, has but too ample opportunities of personal observations." Before going further, we would ask Dr. Morgan whether the title of the work on *Contagious Diseases* is not rather misleading? Scabies, variola, and ringworm, &c., are contagious diseases, and, on the Continent, his title would be liable to misinterpretation. Could he not, in a subsequent edition give another sub-title, such as *Venereal Diseases?* We throw this out as a suggestion to the author.

In page 2, the author shows his penetration when he speaks of the strong analogies between syphilis and those diseases of the lower animals produced by the presence of low vegetable forms in the blood. The recent revelations in the Viennese Medical Society seem to show the accuracy of these observations. "Amongst these (says our author) the history of the silk-worm disease is full of interest, and the diseased phenomena are most remarkable. Careful investigators sought out and expended much time and labour in investigating the extraordinary phases of this affection; it was found that a number of corpuscles, not more than 1-6,000th of an inch in length, permeated the blood of the silk-worm, and swarmed in every tissue of the creature's body. This product has been aptly termed the *Panhistophyton*. Not only did these appear and flourish in the caterpillar, but they also were transmitted to the egg itself, and thus the grub emerged into life tainted with the morbific and propagating germs, which speedily led to its destruction. The disease itself was eminently contagious, and, as is well known, caused immense destruction. The syphilitic poison is similar in its effects; it is propagative by contact; it is, though not necessarily destructive, yet most injurious to the individual, and it is again capable of being propagated as an hereditary taint, and the offspring afterwards manifests all the signs of its reception." It is really most ingenious of our author to suggest the discovery just made at Vienna, and we give him much credit for his sagacity. He says truly that microscopists are now able to define objects 1-40,000th of an inch in diameter.

In page 24, Dr. Morgan says, "while in hospital practice, the soft, simple, or non-contaminating sore is most frequent, in private practice the indurated or specific sore is rather in the ascendant." Dr. Fournier, of Paris, ascribes this to the fact that the poorer classes of men consort with older prostitutes, who are no longer subject to indurated sores, whilst richer men have to do with young women, who, of course, are more likely to labour under the initial lesions of syphilis. In page 35, he says he shall show in pages 60, 64, &c., that a purulent discharge on an infected female can produce, when inoculated, undoubted soft or chancroid sores, capable of auto-inoculation and *re*-auto-inoculation in syphilised subjects, and that this discharge conducts itself as other secondary products are known to do—it is not unreasonable to conclude that did such a secretion communicate a gonorrhœa, it might, as derived from a syphilitic source, be capable of conveying constitutional infection, or, it may be of producing but the local effects of the soft sore. And further down he asks: "Is there a syphilitic gonorrhœa, without the ascertainable existence of a chancre inside the urethral canal? or does the existence of a gonorrhœa followed by constitutional signs entail the necessary occurrence of a urethral sore, the essential existence of which is so often fallen back on in dubious cases, as explanatory of the infection of the system." Hammond (United States), he says, has made experiments which show,—1. That the virus of an infecting chancre deposited in the urethra will originate inflammation and discharge, without the necessary formation of a sore, unless there be an accidental abrasion. 2. That there is a syphilitic gonorrhœa capable of evolving constitutional signs. 3. That the virus of soft chancre, when deposited in a like manner, gives rise to an inflammation and discharge, without the necessary formation of a local sore; that this is capable of giving a similar discharge to another person, but is not followed by specific signs. 4. That discharges may originate from stimulating food, venery, acrid applications, injuries, ascarides, and instruments, without specific character." In page 39, he gives an experiment of Wallace, of Dublin, in 1835, which is very curious. "M. Connor, Feb. 21, suffering from a primary sore on the prepuce, and an ulcerated bubo. Passed lint dipped in the matter of J. Gavan's sore (phagedænic) and in his own matter (chancroid) into his urethra. This was followed by urethral discharge. February 24th.—Much more discharge.

Dr. Morgan says that in females there is a great paucity of hard sore, and remarks that out of the last 1,000 patients treated in the Lock Hospital, Dublin, the number of indurated sores registered had been only twenty. In page 50 he says, "Mr. Egan, from his observations and experiments at the Lock Hospital, Dublin, for five years, from 1843 to 1848 found the indurated sore was also auto-inoculable; so much so, that he states, (p. 29) "It is more expressly in reference to the next class of primary affections, the indurated and excavated ulcer of Mr. Hunter, that inoculation can be truly relied on as supplying a valuable test. Twenty-nine such ulcers fell under my observation, and in all inoculation was performed, and in every instance, with but one exception, the characteristic pustule was the result of the operation. In the process of syphilisation this remark has been so fully verified, that Bœck absolutely selects the discharge from an indurated sore for auto-inoculation or syphilisation." In page 53, he says, "The Committee appointed by Government report that, it is declared in evidence, by twenty-nine experienced witnesses, that sores, both soft and hard, may be followed by any variety of syphilitic eruption." In Germany, Hebra supports the unicist theory; Bœck and Bidenkap advocate the theory of unicity, &c. From all these quotations, it may be seen that Dr. Morgan is himself no dualist. We differ from him; but admit that he has many things to say for his side.

Many pages are devoted by the author to the details of his experiments on auto-inoculation of gonorrhœa in prostitutes, producing ulcers. They are all most worthy of study, and of being repeated by other observers. In page 76, he tells how Mr. Messenger Bradley, of Manchester (British Medical Association, 1871), gave the details of three cases in which he had succeeded in producing an auto-inoculable, freely suppurating, non-infecting soft chancre, by direct inoculation from a true infecting chancre.

Two of these cases occurred in guinea-pigs, the remaining one in a kitten; in each instance he had taken a scraping from the surface of the *unirritated* sore, and produced the mature resultant chancre *within a week* from the date of the inoculation. So that, says our author, page 77, "If we briefly sum up the evidence in favour of the unity of the syphilitic poison Mr. Bradley believed, we must consider it conclusive; it is quite true that the interchange of the lesions takes place very rarely. Thus the great majority of Mr. Bradley's experiments failed" (about

95 per cent). We can hardly think this proves unicity at all. In page 80, Dr. Morgan says that in most cases the incubation period was very short.

Does not Dr. Morgan himself see the flaw in his cases? If the author would only look at Fournier's cases "sur l'incubation," he would see that incubation is *usually* longish when inoculations are made from true syphilis.

In page 100, he says that Dr. Bumstead, of New York, admits that sometimes it is very difficult to inoculate patients from any virus, and Mr. H. Lee writes that "in certain states of the system in syphilitic patients a pustule and sore can be produced by inoculation with great ease." In page 107, he says "experience both at home and abroad has shown that cauterisation of the *indurated* sore does not usually secure against constitutional taint." The exhibition of mercury is wholly uncalled for in chancroid, the cachexia, perhaps induced by mercury injudiciously given, is sometimes the exciting cause of phagedæna. There are some excellent plates of diseases of the various organs, such as vegetations, diseases of the larynx, &c. He gives examples of gummata in the mammary gland, in the heart, &c. In page 217, he gives praise to Mr. Reade, of Belfast, who as long as 34 years ago turned his attention to syphilitic diseases of the brain and nerves. Locomotor ataxia is sometimes syphilitic, and should be treated by large doses of iodide of potassium. Syphilitic hemiplegia he says (page 259), is comparatively rare. Paraplegia is a casual effect of syphilis of the bones. Epilepsy "is commonly easily got rid of," says Ricord, when syphilitic. Perhaps sometimes, but by no means so very frequently.

In adults, the rectum and large intestines suffer from distinct and well-marked ulceration during the late or gummy deposit stage of syphilis. In one case, in a female who died, *post mortem* examination showed that ulceration had extended up the entire rectum fully one-and-a-half inches wide, by eighteen to twenty in length. It had completely cut away the mucous coating. The liver seems the viscus most liable to tertiary syphilitic deposit, says Dr. Morgan. He gives a good plate of a case which died of syphilitic cachexia, and when the liver was examined. In page 243, he relates the case of a man with syphilitic albuminuria, who recovered perfectly under remedies. He does not give any very full account of syphilis in the lungs, kidneys, or other viscera.

With regard to treatment, in page 256, Dr. Morgan says that the Parliamentary Venereal Commission stated that, "No treatment by mercury, whether moderately or freely administered for the purpose, can give exemption from the liability to constitutional disease." These are the best reasons therefore for the *general rule* of not giving mercury for the treatment of the primary ulcer. Our author states that he is with some exceptions to be included in the ranks of the favourers of mercury in infants, in the treatment of parents, and in secondary symptoms. He prefers to rub in twenty grains of ung. hydrag. fort., with a few drops of glycerine added, every second morning alternating from the axilla and sides to the groins and thighs. A Turkish bath to be taken thrice a week, or every day. A suppository of ten grains of mercurial ointment is also praised. This course to be continued some six weeks, and then left off. Dr. Morgan speaks, page 269, rather favourably of Dr. Bœck's plan of syphilisation. "It requires careful and unprejudiced inquiries in these countries." For our own part we must confess that we think that syphilisation is merely expectation and worse than no treatment, and that iodine is the most innocent and useful remedy for the disease.

Mucous patches are to be kept clean and dusted with equal parts of calomel and tannin. Sinapisms and warm baths for rheumatoid pains are recommended. The prognosis of s. iritis is very good. Atropine or belladonna extract locally, with gr. v. of Plummer's pill twice or thrice a day is used in hospital. In private practice, results are not so satisfactory. In weak persons, bark, pot. iod., &c., must be had recourse to. Eruptions may be well treated by Turkish baths; sore-throat with nitrate of silver. Syphilitic testicle in the early period is well treated by mercury, or later on ten grain doses of iodide of potassium. The use of iodide of potassium is recommended in all gummata. Bisulphate of calcium gargle is praised in syphilitic sore-throat. Both mercury and iodine are recommended in laryngitis. Osteocopic pain requires the iodides; nodes, and blisters. In rupia, iodide of potassium and iron should be given. In visceral syphilis, arsenic is useful. Mercury, as a rule, is not desirable in tertiaries.

With regard to inherited syphilis, Dr. Morgan thinks that a spermatozooid may convey infection. He knows well that this has been doubted. We doubt it greatly. A large proportion of syphilitic children die hydrocephalic, says Dr. Morgan. He likes Brodie's stocking in the treatment of inherited syphilis.

In the Appendix, Dr. Morgan speaks in favour of the Contagious Diseases' Acts, and makes some good suggestions. The work is full of matter and should be read by all practitioners. Whether they agree with the conclusions or not, all must admit that Dr. Morgan's work is an excellent one.

◆

Obituary.

DR. GEORGE E. DAY, M.A., LIC. MED. CANTAB.; F.R.C.P. LOND., &c.

AFTER more than ten years' suffering, not only borne with patience, but brightened with Christian courage, and a serenity of mind which no bodily pain seemed able to overcloud, there passed away from us one who has left his mark upon the world of medicine. Albeit many of his fellow-workers scarce knew whose was the hand that wrought so much, or whose plume was ever in the fore-front of the battle. So much, and that often his best, was written by Dr. Day anonymously, that even those best conversant with Medical and scientific literature might be pardoned for not knowing half the services his facile pen and clear head have rendered the Medical public. It was known that he had written "A Practical Treatise on the Diseases of Advanced Life," "Chemistry in its Relations to Physiology and Medicine," and most of the Medical articles in *Chambers's Encyclopædia*, as well as many others on allied subjects; and that he had edited or translated several works for the Sydenham and Cavendish Societies, including those of Simon and Lehmann on "Animal Chemistry," and Rokitansky and Vogel on "Pathological Anatomy." It was also known that he often contributed to the *Medico-Chirurgical Review*. But it was not so generally known that he also wrote many contributions to general literature, and furnished articles for Transatlantic journals. During the last year of his life, and the tenth—almost eleventh—of enforced confinement within four walls (brought on by the terrible accident of 1861, when he fell into a shaft long since disused while botanising), he wrote many graceful articles for *Once a Week*, furnished a quarterly report for Hammond's *Journal of Psychology* (New York), besides other articles. "I have been a hard worker all my life, and I shall die in harness," were almost his last words, and true they were. It is no exaggeration to state that Dr. Day was one of the most learned men modern times have ever known.

He was born on the 4th August, 1815, and died on the 31st January, 1872, nominally of bronchitis, really of the effects of the terrible accident which led him to resign the Professorship of Medicine at St. Andrew's. He studied at Cambridge, where he came out 29th Wrangler in 1837. In the autumn of 1841 he married Miss Ellen Buckton, daughter of the well-known London solicitor, James Buckton, afterwards Registrar of the Ruabon County Court. One son and two daughters survive of a family of six. In 1843 he settled in

Southwick street, Hyde Park, and for some five years the late Edward Forbes formed a part of his home circle. Whilst in London he was Physician to the Finsbury Dispensary, and the Western General Hospital, and lectured on materia medica at the Middlesex Hospital School of Medicine. In 1849 he was elected Professor of Medicine at the University of St. Andrew's. It is not too much to say that to him it is mainly owing that the degrees in physic of that ancient university were raised from being almost a reproach to a highly honoured position in the Medical world —*teste* our London and provincial hospitals and Schools of Medicine, and witness also the book-shelves of our Medical libraries. In 1861 he met with the before-mentioned accident; and although he took part in one or two subsequent examinations, was soon compelled to give up all exercise, and all work, but that of the brain and the pen, and soon after to leave St Andrew's for the mild climate of Torquay. She who knew him best writes of him in these touching words, as true as they are eloquent:—"He wrote as he read, on all subjects. He was the most learned, and at the same time the most humble man I have ever met,—generous in helping all who came to him, and most generous in giving the fullest honour to all his Medical and literary brethren. In his long illness, and often very painful physical condition, he never murmured. He was courteous to all about him, and grateful for every attention. . . . His last illness (a sharp attack of bronchitis) commenced early in January of this year. On the 29th he received the Holy Communion, and expressed his firm trust in God and the atoning blood of Christ, adding—'I have long known I could do nothing good of myself.' He then begged that his friends would be good to his wife and children when he was gone; and though he lived till the morning of January 21st, he scarcely spoke after."

Such was George Edward Day, the friend of Brewster, of Forbes, and of "many more whose names on earth are dark, but whose effulgent radiance cannot die."

We, still bearing the heat and burden of the day, or mingling with the festive crowd, cannot but re-echo the touching words of Shenstone:—"Heu, quanto minus est cum reliquis versari, quam tui menimisse!"

DR. JOHN MILLAR.

THIS gentleman, who on the 20th of December, 1871, in his thirty-first year, succeeded to the office of physician to the Edinburgh Fever Hospital, shortly after the death of Dr. Mackenzie, his predecessor, who died on the 26th Jan, having fallen a victim to his devotion to his work. He graduated at Edinburgh in 1863, became a Fellow of the College of Surgeons in 1867, and of the College of Physicians in 1869. He visited the Medical schools of Paris, Berlin, Vienna, and St. Petersburg. He held several other appointments.

DR. BAIRD, F.R.S.

THIS gentleman, since 1841, has been in the Zoological Department of the British Museum. He died on Saturday, the 27th January, after a lingering illness. He was the author of an important work "Natural History of the British Entomostraca," it was published by the Royal Society in 1850.

In London, last week, there were 1,524 deaths registered, being 121 below the average. There were 480 deaths from diseases of the respiratory organs, showed a further decline upon the numbers in recent weeks.

The ratepayers of Birmingham have approved a plan for dealing with the sewage of that great town, which will involve an expenditure of £5,000,000.

Correspondence.

ON THE INFLUENCE OF ERGOT IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I had hoped to remain silent, but finding by your issue of the 24th ult. that a fresh correspondent has entered the field and taken up new ground on whose strictures—with your permission—I beg to offer a few remarks. He says, "To me it seems an extraordinary proceeding to leave a woman with a fœtus in utero labouring under the influence of several doses of ergot for the space of three days." Again, "I am grieved to think what it might not, or rather ought not have produced in a case where several doses of it were administered and so left for a space of three days," and as a test of its therapeutic action he brings forward a solitary case, and one only, that of a woman of "fat, fair, and forty," in her first confinement, and so far as the labour itself is concerned, one of the most ordinary description. There are some interesting features however in the case not to be met with every day.

After telling the doctor that her sickness was severe, and that the pains were strong, he addresses her in these consolatory words: "to take them quietly, for that it was a considerable time since you took ill, (one would suppose) but no, it is literally thus:—For that it was a considerable time before she would be delivered." Dismiss your printer at once Sir, (surely it must be an error of his), or he will bring merited disgrace on a hitherto unimpeachable journal, but pardon me, perhaps you keep him for the very purpose—like the inevitable clown in the circus—of making your readers laugh (*a*), and who so much in need of a hearty laugh as the hard worked members of the medical profession? Keep him on then.

The waters having been discharged, a singular discovery was made. "I could now find the ear under the right pubis, and anterior dips of os down between head and it." Well! well! how unaccountable sometimes the "freaks of nature" are, and how naughty and rebellious too, though repeatedly urged to keep her own side.

Where in all the world, I would ask, should the uterus be if not "between" the head of the child and pubes? Who, again, I would ask, that has had any experience in midwifery practice, but must have frequently witnessed in *primapari* cases—indeed, it may occur in any case—the uterus remaining quiescent for a longer, or shorter period, only to resume its functions with redoubled energy, quite independent of a homœopathic dose, "forty drops" (equal to about twenty-five minims) of etherial tr. of ergot. However, a "semi-asphyxiated" child is born, and "having cut the cord," &c., many eminent authorities in the Profession would, under the circumstances, have hesitated before separating the cord, until the circulation had been well established, under the new order of things, which would, in all probability, have rendered the hydropathic treatment unnecessary—which system (by the way) was reversed in this instance by the cold plunge first. But to return, let me inform Dr. McKeogh of a fact of which he is either seemingly, or wilfully ignorant, namely, that the utmost ill effects produced by an ordinary dose, or, "repeated doses" of ergot (*b*), is sometimes, not always, a little nausea, or sickness of stomach which soon passes off; its power for evil on the fœtus—when the uterus is not excited to action by it—is absolutely *nil*.

I trust this explanation will help to mitigate, if not, altogether dispel his grief. And now Sir, lest it might be supposed from a former letter of mine in reply to Dr. Luther's critique, that I am averse to manual, or instrumental aid, in difficult or dangerous cases of midwifery, I take this opportunity of stating, that the very reverse is the fact. The rule in my dispensary district, which is a very extensive one is, that I am not called upon to attend, except in difficult, or dangerous cases, consequently it has fallen to my lot to encounter bad cases only. There is not a difficult operation in midwifery that I have not performed, save, and except, the "Cæsarian," often single-handed, in the middle of the night, when to have delayed for an hour or two for the purpose of procuring assistance, would have involved the certain death of both mother and child. I have the gratification of meeting the subjects of

---

(*a*) Alas! that it should be so often at our own expense.

(*b*) Three times twenty grs. was the amount of powdered ergot given by me—in a little cinnamon-water—in the space of two hours.

such operations frequently, and most of them have since borne children.

Thank God the process of parturition is a natural one, and it is but seldom (comparatively speaking) we are called upon to interfere, and woe be to the man who through ignorance or caprice inflicts unnecessary punishment on either mother or child, unless there be strong indications to the contrary.

This rule I have laid down for myself, others may pursue a different course if they think fit, I can only hope they are few in number, and that their bounds for mischief may be circumscribed.

With fraternal greetings to your correspondents, and my critics, I now take my leave, thanking you, Sir, for the space in your journal which I was reluctantly compelled to occupy in self-defence.

I have the honour to remain, Sir,
Yours, very truly,
R. G. Sheil, M.D.

Killyleagh, 30th Jan. 1872.

ABSENCE OF TUBERCLE IN ICELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I think it right to state that the averment as to the absence of tubercle in Iceland, incorrectly ascribed to Schleisner in the *Westminster Review*, is fully refuted in my treatise "On Consumption."

As you have yielded fresh currency to this error in the recent edition of your great work "On the Practice of Medicine," it is only proper to draw your kind attention to the circumstance. In the sequel to the above treatise, entitled "Consumption and the Breath Rebreathed," which the Messrs. Longman's at this moment are bringing out. I have again referred to the very serious misstatement in the *Westminster* and its unfortunate adoption, as I must consider it, by you.

Trusting to your courtesy and fairness for the rectification of an error calculated to disserve the interests of science and of truth. I remain, dear Sir,
Your very faithful Servant,
Henry MacCormac, M.D.

Belfast, February 8th, 1872.
Sir Thomas Watson, Bart., M.D.

HOMŒOPATHIC RECANTATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your edition of Feb. 7 there appears an article headed "Homœopathic Recantations," which contains some fragments of an article lately written by me in the *Monthly Homœopathic Review*, and which ends with a personal enquiry, "Whether Mr. Allen still continues to call himself a homœopath?"

Justice and courtesy alike entitle me to answer your article, and reply to your question.

In my article I merely discussed the relative superiority of high or low *attenuations* of homœopathically selected medicines.

Is it possible that the Editor of a Medical Press and Circular does not know that the amount and potency of a homœopathically selected medicine have always been open questions? and that homœopathy means, not the selection of an atom more or less of any medicine, but the treatment of disease by remedies selected according to their power of producing symptoms similar to (not necessarily identical with) the symptoms of the disease? The mere amount of the dose is, and always has been, an open question.

In the article, of which you have reprinted some fragments, I discussed this open question. But I in no way "recanted" my faith in homœopathic law, of the truth of which I am as certain as I am of the fact that the earth moves round the sun.

I merely wrote that I had come to prefer low homœopathic dilutions to higher homœopathic dilutions. But I in no way cease to be a homœopath, nor do I ever choose a remedy, save on purely homœopathic principles.

After all, what are the low attenuations of which I speak? One or two drops of a tincture extended in a tumbler of water, of which spoonful doses are given at convenient intervals.

An honest allopath would regard such doses as useless; but. homœopathically selected, such doses are regarded by us as very powerful, and are called low attenuations. Those, however, who select them are no less homœopathicians than the practitioners who select the 200th or the 10,000th potency.

In a word, Mr. Editor, you have either stumbled upon, or purposely adopted an old artifice, by means of which you hoped to throw dust in the eyes of your readers. You have begged the question; you are guilty of "petitio principii;" you have *assumed* that I "recant," and under pretence of "gladly welcoming" my "emergence" from a position which a perusal of the entire article must convince any rational being that I have never quitted, you have tried to throw a stone at homœopathy.

It is too stale a controversial trick to set up your man of straw and then knock him down. If you will discuss any question, let us discuss it fairly; open your columns to me, and I will do some thing more than convice your readers that a homœopath makes no recantation in preferring even the lowest homœopathic attenuations.

I would only add now, that in youth I carefully studied allopathic medicine; that in early manhood I became convinced of the inutility of allopathic treatment; and that, with maturer experience, I became a convinced and practical homœopath. Every hour that I live increases my most assured and certain conviction that, in homœopathy is found the best and quickest and safest treatment of every kind of disease. C. Allen, M.D.
Graduate of Oxford, Paris, and Philadelphia.

4 Rue Duphet, Paris, Feb. 12, 1872.

Medical News.

The Chair of Forensic Medicine at King's College, London, vacant by the resignation of Dr. Guy, has been conferred on Dr. David Ferries, Demonstrator of Practical Physiology in the College.

Mr. Ruskin's Election as the Rector of St. Andrews University has been declared illegal on account of his professorship at Oxford, so that the office has fallen to Lord Lytton, who was second on the lists.

At the last meeting of the Sanitary Committee of the Lincoln Union, the Medical Officer of the Local Board, having reported to the Committee that two un-vaccinated children, suffering from small-pox, were brought from Nettleham to the Hospital at the Lincoln Workhouse on the 12th inst., in an open cart resolved that it is the opinion of the Committee that this conduct is highly reprehensible and dangerous to the public health, and the Clerk is instructed to take proceedings against any person or persons infringing the law for the future." This is as it should be.

NOTICES TO CORRESPONDENTS.

CONTRACT DRUG PURCHASING.

To the Editor of "The Medical Press and Circular."

Sir,—My attention having been directed to the leading article in your Journal of the 31st ult., headed "Contract Drug Purchasing." in justice to our firm, I wish to set you right on some points upon which, no doubt, you have been misinformed, viz.: "that to obtain an Irish Union it is necessary for a contractor to fix his prices at the minimum, as his only hope of obtaining the contract." Now inasmuch as we are supplying many unions, we beg to inform you that in no case have we practised this device, and yet we have the pleasure to supply many Unions throughout this country. For submitting our tenders we solely based the prices in our tender on the reputation of our House, and from this principle we are not likely to deviate. We have the pleasure to hand you one of our new issue of our price drug list, as by your leading article the Medical Profession might be led to suppose that there was but one house in the trade who have ever published a monthly price current, whereas we have done so for many years.

I may also remark that some of the prices recapitulated in your leading article are incorrect. Yours respectfully,
John Geo. Boileau.
(For Boileau & Boyd).

Bride street, Dublin.

E. R.—We are glad to hear that you received our packet. Thanks for your letter and for promise. You will have heard that the other matter is concluded.

Dr. Birchenall, Macclesfield.—Aught but partisanship in the conduct of the Journal to which you refer, is understood to be by those best acquainted, the rule, not the exception. Your letter was too late for our present issue.

Communications have been received from:—The Director-General of Her Majesty's Naval Medical Department. Dr. Allen, Paris. Dr. Harold. Professor Erasmus Wilson. Mr. Critchett. Owen, Liverpool. Mr. Wilson. Mr. Robbins. Mr. Poole. Mr. J. L. Milton. Dr. Playfair. Dr. McCormac. Dr. Morgan. Dr. Christie, Zanzibar. Dr. Eames. Dr. Mapother. Dr. Welch, Hackney. Dr. Mackie, Royal Fusiliers. Mr. Morris. Mr. Benham. Dr. Beck, Sawbridgeworth. Dr. McLeod, Ben Rhydding. The Registrar-General. Mr. Fox. Dr. Peter Allen, London. Dr. Ewens, New York. Mr. Heather Bigg. Mr. Collenette. Mr. Moody. Dr. Dale, Plymouth. Dr. [illegible]

Newcastle. Dr. Darby, Bray. Dr. Clarke, Kilrea. Dr. Browne, Derry. Dr. Fixatt, Jersey. Dr. Luther, Cappoquin. Dr. Ryan, Callan. Dr. C. Smith, London. Dr. Ronayne. Youghall. Dr. Atkin, Virginia. Dr. Bayes, London. Dr. Carleton. Crossakiel. Dr. Beamish, Passage West. Dr. Drysdale, London. Dr. Knox, Strandtown. Dr. Coyle, Cashel. Dr. Johnson. London. Dr. Sharkey, Ballinasloe. Mr. Domeier, Berlin. Dr. Blakely, 5 Miletown. Dr. Murdock, Castledawson. Dr. Christie, Carrigait. Dr. Burke, Thurles. Dr. Bourke, Limerick. Dr. Byrne, Angheine. Mr. R. C. Tichborne, Dublin, &c.

◆

VACANCIES.

King's College, London. Assistant Physician for Diseases of Women.

St. Marylebone Dispensary. Medical Officer in Ordinary.

Birkenhead Borough Hospital. Assistant House-Surgeon. Salary £40.

West Kent Hospital, Maidstone. Physician. Honorary.

Hodbarrow Mining Company, Cumberland. Medical Attendant upon the miners. Salary £500, with 10s. 6d. extra for midwifery cases.

Shropshire Lunatic Asylum. Medical Superintendent. Salary £400 per annum, with residence.

Caxton Union. Medical Officer. Salary £68, with extras.

Birmingham Eye Hospital. Surgeon. Honorary.

Queen's Hospital, Birmingham. Resident Physician and Medical Tutor. Salary £100 per annum, with board.

Castlebar Union. Medical Officer for the Dispensary District No. 2. Salary £110 per annum. (See advt.)

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, Feb. 21.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1¼ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, Feb. 22.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, Feb. 23.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 2 P.M.

SATURDAY, Feb. 24.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, Feb. 26.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, Feb. 27.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

◆

MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, Feb. 22.—ROYAL INSTITUTION, 3 P.M. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, Feb 23.—CLINICAL SOCIETY, 8½ P.M. Mr. Bryant, "On Two Cases of Recto-Vesical Fistula treated by Colotomy." Mr. Warrington Haward, "On Cases of Distension of the Antrum." Dr. H. Weber, "On a Case of Hyperpyrexia in Rheumatic Fever treated by Cool Baths and Affusions." Dr. George Johnson, "Case of Syphilitic Paralysis of Third Nerve cured by Full Doses of Mercury after Failure of Large Doses of Iodide of Potassium."

QUEKETT MICROSCOPICAL CLUB, 8 P.M. Meeting.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M. Goulstonian Lectures.—Dr. Hensley, "On the Mechanism of Respiration, Circulation, and Digestion."

Monday, Feb. 26.—MEDICAL SOCIETY, 8 P.M. Ordinary Meeting.

Tuesday, Feb. 27.—ROYAL MEDICO-CHIRURGICAL, 8·30 P.M. Ordinary.

Tuesday, Feb. 27.—ROYAL INSTITUTION, 3 P.M. Prof. Rutherford, "On the Nervous and Circulatory Systems."

Wednesday, Feb. 28.—ROYAL COLLEGE OF PHYSICIANS. Goulstonian Lecture by Dr. Hensley, 5 P.M. "On the Mechanism of Respiration, Circulation, and Digestion."

◆

APPOINTMENTS.

DONALD, J. T., L.R.C.S.Ed., Surgeon to the Paisley Infirmary.

DUNSMURE, J., M.D., Extra Physician to the Children's Hospital, Edinburgh.

ELLIOTT, W. H., M.B., Surgeon to the Whitworth Hospital, Drumcondra.

FERGUS, W., M.D., Consulting Surgeon to the Savernake Hospital.

GARRETT, J., M.R.C.S., House-Surgeon to the West Ham Dispensary.

LAWRENCE, J., M.D., Resident Medical Officer to the Darlington Hospital.

LYLE, T., M.B., C.M., Assistant Medical Officer to the Cheshire County Asylum, near Macclesfield.

MACKELLAR, J., M.D., Surgeon to the Prison, North Uist, Inverness.

MURPHY, [illegible], M.R.C.S.E., Resident Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester.

PEGUM, T., L.K.Q.C.P.I., Admiralty Surgeon for Seafield, Co. Clare.

PITT, Mr. F. D., Obstetrical Officer to Charing-cross Hospital.

PLAYFAIR, W. S., M.D., F.R.C.P.L., Professor of Obstetrical Medicine at King's College, and Physician for the Diseases of Women and Children at King's College Hospital.

POORE, G. V., M.B., B.S., Assistant-Physician to Charing-cross Hospital.

TAYLOR, D., M.D., Acting Physician to the Paisley Infirmary.

WAR OFFICE, MEDICAL DEPARTMENT.—Staff Surgeon Major A. Crocker to be Deputy Inspector-General of Hospitals, vice J. E. Carte, M.B., C.B., who retires upon half-pay.

Assistant Surgeon A. W. Beveridge, M.D., from the Royal Artillery, to be Staff Surgeon.

Assistant Surgeon H. Y. Howison, M.D., from the 62nd Foot, to be Staff Assistant Surgeon, vice W. A. Duke, who exchanges.

Assistant Surgeon J. M'Cully, M.D., from the 16th Lancers, to be Staff Assistant Surgeon, vice R. D. Kemp, M.D., appointed to the 16th Lancers.

◆

Marriages.

HATCHELL—COPE.—On the 6th Feb., at Paul's Church, Burslem, by the Rev. J. Pratt, M.A., Frederick Hore Hatchell, Esq., L.R.C.S., Ireland, youngest son of the late Capt. C. H. Hatchell, 76th Regt., to Clara Ellen, third daughter of the late W. S. Cope, Esq., of Port-vale House, Longport.

MARRIS—SINCLAIR.—On the 15th inst., at St. Giles's, Camberwell, Charles Marris, Esq., of Freswick House, Sparbrook, Warwickshire, to Jessie Sophia Euphemia, only daughter of Donald Sinclair, Esq., M.D., of Peckham, Surrey.

◆

Deaths.

BEEVOR.—On the 8th inst., C. Beevor, F.R.C.S.E., of Harley street, aged 67.

BROWN.—On the 7th inst., at Gorton, near Manchester, John Henry Brown, M.R.C.S.E., aged 57.

JONES.—On the 5th inst., J. Jones, M.R.C.S.E., of Tir-Bach House, Swansea, aged 48.

LEWIS.—On the 12th inst., at Brighton, F. Lewis, M.R.C.S.E.

ESTABLISHED 1830.
NATIONAL LIFE ASSURANCE SOCIETY,
2 KING WILLIAM STREET, LONDON, E.C.,
FOR MUTUAL ASSURANCE.

This Society does NOT pay Commission for the introduction of business, and consequently does not employ any Agents to recommend it, but it offers great advantages to Assurers in the two points of most importance to them, viz.:—

SAFETY, which is guaranteed by a Reserve Fund exceeding £600,000, being in the unusually large proportion of more than 90 PER CENT. of the whole of the premiums which have been received upon existing Policies; and

LARGE BONUSES, the whole of the profits being applied in the gradual reduction and ultimate extinction of the Assurer's premium.

Prospectuses forwarded post free on application to—
CHARLES ANSELL, Jun., *Actuary.*

UNIVERSITY LIFE ASSURANCE SOCIETY,
25 PALL MALL, LONDON, S.W.

	£
Amount of Capital originally subscribed, 600,000 on which has been paid up	30,000
Amount accumulated on Premiums	920,000
Annual income	95,000
Amount of Policies in existence and out-standing Additions upwards of	2,200,000

Addition to Policies at the Ninth division of Profits, 2½ per cent. per annum.

The Tenth Quinquennial Division of Profits, June, 1875.
CHARLES M'CABE, Secretary.

JOH. HOFF'S MALT EXTRACT.
Patronised by the Principal Courts of Europe,
The Military and Naval Hospitals of the Continent, as well as by the most eminent Physicians, and by the Nobility and Gentry of England and Europe.

HOFF'S MALT EXTRACT is beneficial in cases of Weakened or Diseased Digestion; in obstinate Catarrhs and Coughs; Hoarseness; Catarrhal Diseases of the Bronchial Tubes; in cases of incipient and progressive Tubercular Consumption; and in cases of Bodily Weakness and Exhaustion.

HOFF'S MALT EXTRACT has, by its own intrinsic merits, earned for itself a reputation, as a curative and invigorating remedy, not surpassed by any other. It possesses a very agreeable flavour, and is adapted to the most enfeebled digestion.

HOFF'S MALT EXTRACT has recently received additional support from Testimonials emanating from Physicians and other official persons engaged in the late war. These Testimonials are, in their high character, unsurpassed by any that have been brought before the public.

HOFF'S MALT EXTRACT. Pamphlets, with Testimonials from Emperors, Kings, Princes, and eminent Physicians, may be had (post free) at the sole Depôt, 57 KING WILLIAM STREET, CITY, LONDON. Price 21s. per dozen, carriage free; or 1s. 9d. per bottle.

TO SURGEONS, APOTHECARIES, AND PUBLIC INSTITUTIONS.

BOILEAU AND BOYD

BEG TO DIRECT ATTENTION TO THEIR

MONTHLY PRICE CURRENT OF

DRUGS, CHEMICALS, and PHARMACEUTICALS,

Which is published every Month with the latest Revision, and which they shall be happy to forward to any Public Institution or Medical Officer, on application.

BOILEAU AND BOYD.

WHOLESALE DRUGGISTS
AND
MANUFACTURING CHEMISTS,
91, 92, & 93 BRIDE STREET,
DUBLIN.

Established A.D. 1700.

GOREY UNION.

KILLENAGH AND WELLS DISPENSARY DISTRICT.

The Committee of Management of the above Dispensary District will, at their Meeting to be held at Killenagh Dispensary, at Three o'clock, p.m. on MONDAY, MARCH 4th, 1872, proceed to elect a properly-qualified

MIDWIFE

for the District, at a Salary of Twenty Pounds per annum.

Applications will be received by me up to that date, when Candidates must be in attendance and ready to undertake the duties when required.

JOHN C. POUNDEN, Hon. Sec.

Ballywalter House, Gorey, February 8th, 1872.

LISTOWEL UNION.

TENDERS FOR MEDICINES AND GENERAL WORKHOUSE SUPPLIES WANTED.

The Board of Guardians will, on the 7th MARCH next, consider Tenders for Supplying the Workhouse and Dispensaries of the Union with DRUGS, SURGICAL INSTRUMENTS, &c., for Twelve Months, to 25th of March, 1873; and the Workhouse with the Usual Yearly and Half-yearly SUPPLIES (except Clothing), from 26th prox.

Tenders on the Form to be had here (none other than which will be entertained), should be lodged in the Tender-box at the Board-room, not later than Five o'clock, p.m., on the 6th March, 1872.—By Order.

J. McCARTHY, Clerk of Union.

Clerk's Office, 14th February, 1872.

CASTLEBAR UNION.

CASTLEBAR DISPENSARY DISTRICT.

NORTH DIVISION No. 2.

Comprising the ELECTORAL DIVISIONS of ADDERGOOLE, BALLYNAGORAGHER, PONTOON, BURREN, and CROAGHMOYLE.

MEDICAL OFFICER WANTED for the above Division.

Notice is hereby Given, that the COMMITTEE OF MANAGEMENT of the above Dispensary District will, at their Meeting, to be held at the Board-room of the Castlebar Workhouse, on WEDNESDAY, the 28th FEBRUARY, 1872, at the hour of Eleven o'clock A.M., proceed to the appointment of a properly-qualified Medical Officer for the above Division (he will have to reside in the Electoral Division of Ballynagoragher), at a salary of One Hundred and Ten Pounds a year, exclusive of Registration and Vaccination Fees.

Candidates must possess the qualifications set forth in the Orders of the Poor-law Commissioners.

Applications, with Testimonials, to be addressed to the Secretary, JAMES FAULKNER, Esq., Castlebar, up to Ten o'clock on the 28th February, 1872, at which hour the Candidates must be in attendance.—By Order,

ROBERT J. NIXON, Clerk of Union.

Board-room, Workhouse, 31st January, 1872.

FIRST-CLASS PRACTICE FOR SALE.—Price £400. Average nett income, £700.—In consequence of the retirement of the present incumbent, who has been in the practice upwards of 30 years, a very exceptionally good opening occurs. The practice is situate in the North-east of England in a first-class farming and agricultural district, with good fees, &c. For particulars apply to A. A. T., care of Messrs. Baillière and Co., Publishers, 20 King William street, Strand, London.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S.,

&c., (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 402. SOUTH EASTERN COUNTIES. An excellent Country Practice, in a small town. Receipts £900 a year; appointments £300. The residence is very convenient, contains twelve rooms, with gardens, greenhouses, &c., rent £40. A thorough introduction can be given, and the whole practice is believed to be transferable.

Y 403. In a LARGE TOWN on the SEA-COAST. A well-established Practice, yielding £700 a year; there is scope for a large Consultation Practice by a gentleman of high qualifications. Usual midwifery fee £2 2s., and upwards. All the practice lies within a radius of one mile; no dispensing; no assistant required, The house is situate in the best part of the town; contains eleven rooms; rent £35. An efficient introduction can be given.

Y 404. The nucleus of a LARGE PRACTICE, in a pleasant district of WORCESTERSHIRE. Receipts average £250 a year; patients good class; expenses very small. To a gentleman with limited capital, it affords an unusual opening.

Y 405. DORSET. For immediate disposal upon easy terms. A well-established Practice, realising upwards of £400 a year. Patients good middle class; Appointments yield £100; expenses very low; part of the premium may be paid by instalments.

Y 406. MIDLAND. A well-established Practice, yielding upwards of £1,100 a year. Appointments and Contracts £540; all transferable to a suitable gentleman. One assistant and two horses kept. Patients good middle class; premium £800, of which part may be left on security. The Incumbent having entered upon a partnership elsewhere desires to effect an immediate arrangement.

Y 407. GLOUCESTERSHIRE. An old-established Practice, yielding upwards of £1,000 a year. Patients good middle class; midwifery fees £1 1s., and upwards; very little opposition. The house contains ten rooms, with every convenience. Ill-health the cause of retirement.

Y 408. In a MANUFACTURING DISTRICT. An easily transferable Practice, producing £400 a year, and conducted with very small expense; premium £250.

Y 409. SPECIAL PRACTICE in LONDON, established 40 years. The receipts have been about £1,000 a year, the Copyrights of two works can be transferred and would carry, it is believed, a part of the connection. The house is extremely well situate for practice, and is held on lease at a very low rental; premium for the whole, £500.

Y 398. LONDON, N. For immediate disposal in consequence of serious illness, a practice, the average receipts from which have been upwards of £1,000 a year. The house is situate at the corner of two important thoroughfares, with an excellent neighbourhood. There are no poor patients; the house is exceedingly convenient, with facilities for a large business in an open surgery if desired; the practice has been well attended to by a *locum tenens*, prohibited from practice on his own account; midwifery fees £1 1s. and upwards; liberal terms will be conceded to gentleman of experience, but no application can be entertained based upon future receipts.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
A few Practical Remarks on the Treatment of Cataract. By George Critchett, F.R.C.S., Senior Surgeon to the Royal London Ophthalmic Hospital, Moorfields.	177
Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture II. (*continued*)	179
Syphilitic Diseases of the Throat. By Prosser James, M.D., M.R.C.P., &c., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.	181
Enuresis: Its Causes and Treatment. A Clinical Lecture delivered at the London Hospital. By Dr. Bathurst Woodman, Assistant-Physician to the London Hospital, and Physician to the North Eastern Hospital for Children	182
Xylol, the New Remedy for Small-pox. By C. R. C. Tichborne, F.C.S., M.R.I.A.	183
Bullet Wound of the Bladder. By Arthur Edward Barker, L.R.C.S.I.	
Case of Lateral Lithotomy. By Henry G. Croly, F.R.C.S., Surgeon to the City of Dublin Hospital.	184

HOSPITAL REPORTS.

	PAGE
ST. GEORGE'S HOSPITAL— Cases under the Care of Dr. Ogle	185

TRANSACTIONS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND— A Gun-shot Wound of the Bladder, from which there had been a perfect recovery	186
A Case of Lithotomy	186

LEADING ARTICLES.

UNIFORMITY OF QUALIFICATION	186
DIAGNOSIS OF SYPHILIS BY THE MICROSCOPIC EXAMINATION OF THE BLOOD	187
THE CONJOINT EXAMINING SCHEME FOR IRELAND	188

SCOTLAND.

Sir Robert Christison, Bart.	189

NOTES ON CURRENT TOPICS.

	PAGE
Ligature of the External Iliac Artery High Up at Sir Patrick Dun's Hospital Dublin	189
The Medical Society of London	189
Charing Cross Hospital—Report of the Registrar for 1871	189
Private Practice by Naval Surgeons	189
Female Medical Missionaries	189
Suppression of Drunkenness in France	190
Education of Dispensers in America	190
Preservation of Food	190
Methylated Spirits in Tinctures	190
Health of Dublin	190
Vegetable Powder	191
Samuel on Inflammation	191
Financial Position of Government in Relation to Army Medical Department	192

FOREIGN MEDICAL LITERATURE.

A Remedy for Coryza. By Dr. C. Barbier. (Translated expressly for the MEDICAL PRESS AND CIRCULAR from the *Lyon Médicale.*)	192

LITERATURE.

Syphilis: Its Nature and Treatment, with a chapter on Gonorrhœa. By Charles R. Drysdale, M.D., M.R.C.P., Lond., F.R.C.S. Eng., Physician to the Metropolitan Free Hospital, London, &c., Late Hon. Sec. to the Harveian Society's Commission for the Prevention of Venereal Diseases	193
Correspondence	195
Medical News	196
Gleanings	197
Notices to Correspondent	198

Original Communications.

A FEW PRACTICAL REMARKS ON THE TREATMENT OF CATARACT.

By George Critchett, F.R.C.S.,

Senior Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

(*Continued from* p. 19.)

We will now take into consideration the important modifications that have during the last few years been introduced into the method of extracting cataracts. The modern plan is usually known as the "linear extraction," though for reasons hereafter to be stated, I think the term "*curvilinear* extraction" would more accurately express the form of incision. Previous to describing this operation in its matured and perfected state, and as it is performed with certain slight modifications by most of the more advanced modern oculists, I will endeavour to trace the successive stages through which the operation has passed before it reached its present development. The first idea of extracting a cataract through a small opening in the cornea is no doubt due to Mr. Gibson, of Manchester, who published a paper on the subject in 1814. It had, however, fallen into disuse until it was revived simultaneously by Von Gräefe and by Mr. Bowman. The employment of this operation was in the first instance limited to soft cataracts and the opening in the cornea was small, such in fact as would be made by the introduction of a broad needle. Gradually, however, Professor Gräefe began to enlarge his incision to the size he usually employed in performing an iridectomy, and in certain cases of cataracts of medium density that could be readily broken into fragments. After making a moderate-sized opening with the spear-shaped knife, he performed iridectomy, and removed the lens by the successive introductions of a small spoon. This spoon the Professor has shown me, it very much resembles an ordinary teaspoon in shape, and is interesting as having initiated a mode of extraction that as we shall see for some time held its ground, though it has been since abandoned. I believe that Von Gräefe had only employed this method on a few occasions, and in a tentative spirit, when his assistant, Herr Schüft, or Waldow as he is now called, published a pamphlet, in which he advocated a more extended employment of the linear method of extraction and the use of a peculiar kind of spoon of an oval dish-like form, with abrupt edges, which by successive introductions should bring out a load of lens within it, so as gradually and piecemeal to remove as completely as possible the entire cataract. It was this pamphlet that first drew my attention to the subject of modified linear extraction, as it was then called. I at once procured the "Schüft spoon," as it was then denominated, and I believe I was the first to perform the operation at Moorfields Hospital, as he recommended. I confess that I was mentally predisposed towards any modification of the flap extraction, more especially in some of the restless and somewhat unruly hospital patients. In performing this operation I usually placed the patient under the influence of chloroform. The early steps of the operation were similar to those for an ordinary and rather large iridectomy, and then after freely opening the capsule I brought out spoonful after spoonful until I had removed the entire cataract, or such portions of it as could be induced to enter the spoon. Certain peripheral fragments would often remain concealed behind the iris, and would subsequently be washed into the pupil when the aqueous was resecreted. My early attempts with this operation were satisfactory and encouraging, but subsequent failures and further reflection convinced me that there were some serious sources of danger that could be materially diminished, if not entirely removed. I also found that for certain forms of senile hard cataract it was quite inapplicable. The objections, as we now regard them from the vantage ground of increased knowledge and experience, are very obvious, and even at the time they were sufficient to stimulate efforts at improvement; but with all its faults the operation had the merit of setting the mind at work upon a new track. It soon began to impress itself upon my mind that there were two directions in which this operation was capable of improvement, the one had reference to the size and form of the incision, the other to the form of the spoon.

The opening made in the cornea by an ordinary spear-shaped knife, as in the operation of iridectomy, is obviously too straight and too limited to allow of the escape of a cataract of ordinary size and density, and the size and form of the schüft spoon increased the difficulty by interposing additional bulk to the cataract as it was in the act of making its escape. The first of these objections, that which had reference to the size and shape of the wound, I endeavoured to obviate by enlarging the incision either with the knife as I withdrew it, or subsequently with scissors, in such a way as to give a slightly curved extension to the wound at either extremity in the cornea-sclerotic tissue, so as to form a slit of sufficient size to allow of the escape of a fully developed hard cataract. It must, however, be admitted that at this stage of our labours we often experienced some difficulty in effecting the escape of a large, hard, fully-formed senile cataract through the incision, even after it had been enlarged; though it was a manifest improvement upon that formed in the ordinary way by an iridectomy knife, the objection to which is that it makes a straight incision. We had, in fact, passed from one extreme to another—from a large or semicircular section of a small circle to a linear one, which must necessarily be limited by the small extent of the textures in which it could be made.

The second objection, viz., the size and shape of the spoon, I endeavoured to remove by modifying its form materially, taking away the edges so as merely to have a thin metallic plate, curved so as to correspond with the posterior surface of the lens, sufficiently narrow to enter the opening readily, and with a little receding portion at the extremity so as to impress itself into the posterior surface of the cataract, and exercise a traction force as it emerged from the interior of the eye. The advantages of this spoon, as contrasted with the one previously in use, were sufficiently obvious; it occupied but little space, could be readily insinuated behind the cataract between it and the hyaloid fossa; it had no tendency to break up the lens into fragments, but removed all the solid unclean portion, and even the cataracts in an entire and unbroken state, when it was sufficiently firm and hard. Although the spoon is now for the most part dispensed with, yet in those exceptional cases in which it is still required, this form of spoon is the most convenient and available. In consequence of these modifications that were introduced into the method of performing the operations the average of success was brought up to the standard of the flap extraction, and whilst there were certain admitted drawbacks, there were also some manifest advantages that entitled the operation to rank amongst the established methods of proceeding. The weak points of the operations were the difficulty in making the wound of a sufficient extent to allow of the ready escape of the entire cataract; the liability to fragments remaining concealed behind the iris, and in the area of the pupil, or between the lips of the wound, the difficulty of passing the spoon behind the cataract and between it and the hyaloid membrane without rupturing the latter and causing an escape of the vitreous humour—a liability to bruising and stretching of the wound, in the immediate vicinity of the ciliary region, whose injury is apt to produce unpleasant results—a troublesome form of traumatic iritis, or the formation of a secondary membranous cataract necessitating the performance of a subsequent operation. It must also be admitted that the iridectomy and the change in the curvature of the cornea renders the eye so operated on a less perfect optical instrument than after a complete flap extraction. On the other hand the advantages were sufficiently obvious, but these I shall have occasion to dwell upon in a subsequent part of this paper. The operation in this amended form was submitted to an extended experience at the Moorfields Hospital by my distinguished colleague, Mr. Bowman, by myself, and others, and with such favourable results as to entitle it to rank amongst the safe and eligible methods of removing cataract. Matters had reached this point when I read a paper upon the subject at the Ophthalmic Congress in Heidelberg, setting forth the advantages of the linear method of extraction with the modifications recently introduced. I found that the operation, as described by Schüft, had fallen into great discredit with my continental *confrères* on account of the large average of failures, and was for the most part given up, and I believe I was the humble instrument just at that juncture of rescuing it, and of establishing it on such a basis as, with the aid of further important modifications, must place it amongst the most valuable methods yet discovered for the removal of cataract. Amongst other important results of my paper may be reckoned the interest it excited in the mind of our much lamented *confrère* Von Gräefe. He visited England chiefly to witness the operation and to watch the results, and it was my privilege to co-operate with him in these investigations, and I know that he returned to Berlin much impressed with the success of the operations he then saw. He subsequently tried it on an extensive scale at his own clinique, and working out still further the idea that the wound should be of sufficient size and of such a shape as to allow of the escape through it of a firm hard cataract, he introduced two important modifications—he altered one instrument and dispensed altogether with the use of the other. He found that the spear-shaped knife had some serious disadvantages; the wound was straight, or very nearly so, and was limited in size by the width of the instrument at its broadest part; he therefore adapted a narrow knife or needle knife, as it is called, by means of which he could determine the point of entrance, the point of emergence, the size and the shape of the wound, and the exact tissue in which it should be made. This was an important advance in the operation, and it was soon found that by giving a curvilinear form to the wound, as indicated in wood cut (Fig. 1 and Fig. 2A) by the dotted lines corresponding to the curvature of the antero-posterior surface of the lens, and by giving an extent by measurement rather greater than that of the lens itself, the cataract could be expelled by making gentle pressure, just as in the ordinary flap extraction, and without the introduction of a spoon. Two very important points are thus obtained—1st, a wound, that by its curvilinear form, and by its extent, would permit of the exit of the cataract, and yet would keep its edges in apposition, even under circumstances of strain and pressure; 2ndly, the avoidance of the bruising and irritation inevitably resulting, more or less, from the introduction of a spoon of any kind into the interior of the eye. On the one hand the straight linear limited incision of the Schüft, and on the other the semicircular section of the cornea were avoided. The former is unsuited to allow the escape of the cataract unless with force, bruising and comminution, and without the aid of a spoon. The latter, as I have already explained, leaves the eye unsafe and the union problematic. The form and extent of the incision being thus established we may define it to be the segment of a circle double the size of the cornea (Fig. 2A) and about one-fourth

FIG. 2.

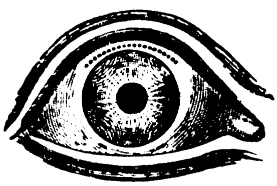
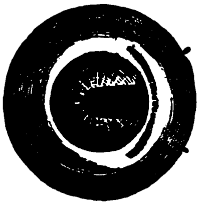


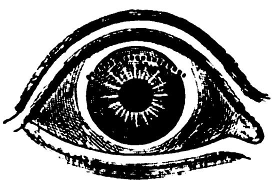
FIG. 2A.



or one-fifth of its circumference, as indicated by the dotted lines in the wood-cuts. It is of some importance, then, to formulise the curvilinear incision, because it gives to the operator a precise idea of what he is about to do, and to the student a clear conception of the operation, and a definite aim for his studies; and as I think it may be safely predicted that the curvilinear section is destined ultimately to supersede the flap or semicircular section, and to be the only one taught in the schools, the more accurate the definition can be made the better. It is quite possible that some of those who have long practised the flap extraction and have acquired considerable manual dexterity therein may still continue to perform it, but it is scarcely conceivable that surgeons who are just starting upon an ophthalmic career should adopt so difficult an operation, and one so full of serious objections, when a far safer and easier one has been discovered. For my own part, though for years I practised flap extraction with fair average success, I never desire again to operate by that method.

Having thus defined the form and extent of the curvilinear section, the next point to determine is the situation of the wound. There are two points to consider in reference to this question, viz.,—whether the incision should be very peripheral and should traverse the cornea-sclerotic tissue, see Fig 2, or whether it should chiefly traverse the true corneal tissue only slightly encroaching on the cornea-sclerotic element at its two extremities, see Fig. 3. There is also a third situation in which it may be placed, but it would only complicate the question to bring this in at the present time, as it belongs to an entirely different kind of operation. It is probable that some difference of opinion will prevail as to whether the cornea-sclerotic or the corneal section should be preferred, each has advantages and dangers which the other lacks, and nothing but careful observation and extended experience can decide the point, and it may be that the question need never be decided but both methods may be retained—further knowledge may demonstrate that in some constitutions the fibrous tissue and in others the cornea may be the most safely wounded, and thus by selecting from the two situations better statistics may be obtained. Von Gräefe was in favour of the peripheral or sclerotic-section, and it is the one that has been the most extensively followed; it has the advantage of facilitating the escape of the cataract, of avoiding the danger of suppurative inflammation and of preserving the normal curvature of the cornea. On the other hand, there is greater risk of losing vitreous humor, of having some entanglement of iris in the angles of the section, and of bruising the delicate ciliary nerves, thus entailing the severe penalty of protracted iritis or a form of sympathetic ophthalmia. When the cornea is chiefly involved in the section, the expulsion of the cataract is attended with more difficulty, and the risk of purulent inflammation is greater. The curvature of the cornea is also more liable to be changed, but the iris is less likely to be entangled in the wound, and sympathetic ophthalmia or iritis less frequently occur. It will be interesting in the next place to weigh candidly the advantages of the curvilinear as contrasted with the flap extraction, and also to consider what are its weak points, and if they admit of being further modified or avoided.

FIG. 3.



(*To be continued*).

◆

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE II.

THE history of the world, in reference to disease of the integument, brings before us some curious examples of pathological phenomena. In the north of Italy there is met with, amongst an ill-fed and badly housed population of the labouring class, an erythema of the uncovered parts of the skin—for example, the hands, the legs, and the neck—which is attributed to the sun, and is therefore called the *mal del sole.* This affection is essentially a paralysis of the cutaneous nerves, and a consequent atrophy and hyperæmia of the integument. The disease is named *pellagra,* and the affection of the nerves of the skin is only the prelude to more serious changes in the central nervous system, ending in mania and death.

Now it so happens that we occasionally meet with this combination of atrophy and hyperæmia of the skin in other countries, and in a better nourished class of persons, and independent of the deeper and more important changes of the nervous system which issue in disease of the brain. No. 103 is a model representing *erythema pellagrosum* as it is sometimes seen in Paris. The patient was thirty-six years of age, and the erythema is presented to us as a circumscribed circular blotch, extending from the middle of the first phalanx of the index finger, middle finger and thumb, to above the wrist in one direction, and from near the ulnar border of the hand to the radial border in the opposite direction. The redness is pretty uniform over the whole area, and the latter is bounded by a red margin, which is blotchy from point to point, indicating the presence of new centres of hyperæmiation.

No. 104 is a coloured photograph of the same affection, occurring in a gentleman who had spent many years of his life in India. A careful examination of the model and of the photograph is sufficient to convince us of the identity of the disease. The patient was debilitated and dyspeptic, his complexion tawny and yellow, and countenance dejected. His engagements in India demanded an excessive use of the hand in writing, to which he added the occupation of an amateur artist, and in consequence of the loss of power which resulted he was thought to be the subject of "scrivener's palsy." The erythema on the dorsum of the hand had been four years in existence; it began as a small circular patch, and increased gradually to its present extent. It was preceded by excessive sensibility of the skin with neuralgia, and upon this followed insensibility, with loss of power of motion of the hand, and especially of the thumb.

Unhappily we possess, as yet, no specimen of *purpura,* or, as it may be termed, erythema porphyricum, or purpureum. But nearly all the examples of erythema which we have heretofore examined may be regarded as leading up to that affection. *Purpura* is an erythema associated with the escape of blood from the capillary vessels so as to produce a purple spot in the skin. The spot may be a mere speck, or *stigma;* it may have the appearance of a flea-bite or *petechia,* that is, a central point surrounded by a halo of a brighter tint; it may occur in stripes or wheals, which are termed *vibices;* or it may present itself as a diffused blotch or *ecchymosis.* The colour of purpura will vary with its age, ranging from bright crimson to purple black, and its figure and extent with the degree of vital resistance of the tissues. The crimson and purple hues of the roseate erythema, Nos. 98-99, and also of the example of erythema copaibicum, may be taken as showing a leaning towards purpura; a similar inclination is evinced by the bruise-like stains left in the skin at the decline of several of the erythemata ; while, on the other hand, the relationship of purpura to urticaria is manifested in the variety of the former affection, which is termed purpura uricans.

Since as yet we have no specimens of erysipelas in the dermatological collection, I shall pass it by somewhat cursorily. Erysipelas is an erythema aggravated in the intensity of all its symptoms ; there is more local heat and uneasiness ; the integument is more swollen and more deeply infiltrated ; the migratory habit is more conspicuous ; often the infiltrated fluids exude beneath the epidermis, giving rise to blebs ; and the constitutional symptoms are generally severe, and often serious. We scarcely know a disease more frightful in its aspect than an erysipelas of the head—the part attacked hugely swollen, the eyes closed, the features deformed and seemingly obliterated, and the mind obscured by a low muttering delirium. Yet all these symptoms have been seen to melt away by a treatment which is justly regarded as specific in erysipelas, namely, twenty minim doses of the tincture of the perchloride of iron, administered every two hours. Of course this treatment must be preceded by a clearance of the *primæ viæ*, and the regulation of the functions of digestion and assimilation.

Erysipelas is always a grave disease, and there can be no doubt that many cases of inflammation of the skin, accompanied with redness and swelling, are presumed to be erysipelas, which, in reality, are nothing of the kind. Very commonly we hear of an erysipelas of the head which turns out to be a herpes frontalis, and still more frequently our patients make complaint of an erysipelas of the eyelids or ears, recurring spring and fall, or even every few months, which is obviously nothing more than erythematous eczema, attended with heat and considerable swelling ; the latter symptom to the extent of puffing up the eyelids and closing the eyes.

Urticaria.

As the nerves enter for a large share into the structure of the skin, while they especially govern its circulation and sensation, it would be difficult to select any cutaneous disorder in which they do not take a certain, if not a very conspicuous place. Occasionally morbid phenomena are presented to our notice, in which the nerves alone seem to to be the seat of disorder. Such are the instances of deranged sensation named prurigo and pruritus, and these, by common consent, have been denominated *neuropathic affections*. But these affections implicate one only of the functions of the nerves, namely, sensation ; while their motor function is not likewise included. A blush is the result of a neuro-motor influence, in which neuro-sensation can hardly claim a share, and a chronic erythema may persist, without any sensation whatever, for an indefinite space of time. It becomes necessary to take these physiological considerations into our council when entering upon the investigation of so remarkable an affection as urticaria. Its name is founded on its neuro-sensitive qualities, while its neuro-motor nature is evinced by the hyperæmia with which it is always accompanied, and which, from its analogies, has detained it in the family of the erythemata. By some dermatologists urticaria has been claimed as belonging to the group of neurotic or neuropathic affections ; but the most that can be said in favour of that claim is, that it is only semi-neurotic, and indeed scarcely, if at all, more neurotic than other members of the erythematous family ; while it differs from prurigo even more widely than it does from simple erythema.

Urticaria is a singular compound of itching, tingling, and burning, with redness, prominence in the form of small bosses and wheals, and evanescence. For several hours the state of the patient may be one of excessive torture from itching, tingling, and burning, with hyperæmic blotches and white protuberances ; the seat of torment varying its place from time to time, and occupying more or less extensively the surface of the body ; and yet, when a short time later the skin is inspected, not a vestige of the local appearances can be discovered.

Like other physical phenomena, of whatever kind, the special symptoms now indicated may present a variety in degree : the itching, tingling, and burning may be trifling or intense, the redness may be the same, the prominence more or less conspicuous, and the evanescence more or less complete. In the urticaria from irritant food—*urticaria ab ingestis*—hyperæmia and burning heat are present in the most aggravated form. In a case of neuropathic urticaria, which followed parturition, the tingling and shooting pains, with large, solid prominences of the skin, and very little hyperæmia, were almost unendurable, but ceased instantly on the sudden appearance of menstruation. Sometimes the urticaria is persistent, *urticaria perstans* as contra-distinguished from evanescent, *urticaria evanida ;* sometimes the pressure of creases of the bedclothes or that produced by wrinkling of the skin will give rise to wheals and pruritus ; and sometimes the light strokes of a pencil, as in writing upon the skin, is instantly followed by an uprising of wheals taking the form of the written characters. Some authors are of opinion that the bosses and wheals of the skin in urticaria are due to absorption of liquor sanguinis by the cells of the tissues ; but my own impression is that they are likewise produced by muscular spasm, and this view seems to be favoured by the sudden appearance and disappearance of the wheals.

Nos. 106 and 107 are drawings of chronic urticaria—the urticaria perstans of dermatological writers. The patient was a man, forty years of age, who had two consecutive attacks of the eruption, the first lasting nine and the latter six months. His illness originated with dyspepsia and rheumatism ; for this ailment he kept his bed during a fortnight, and as soon as he left his room was seized with urticaria. The eruption first appeared on his knees, then on other joints, and subsequently on the trunk of the body. The itching was always most severe at night, and abated in the morning. After obtaining some relief from the urticaria, he was seized with erysipelas of the forehead, beginning at the root of the nose, and spreading rapidly to the face and head ; the erysipelas was attended with violent delirium, and he died at the end of four days.

No. 108 is a water-colour study of a blotch of urticaria with a view to record its configuration and colour. In each of these examples it will be seen that the white boss rises out of the centre of an erythematous spot ; when it increases in size the centre of the prominence subsides, forming a yellowish area, encircled by a pale annular wheal ; the next change that takes place is the disappearance of a part of the wheal and the serpiginous growth of the rest of the circle constituting an arc of greater or less magnitude. At this latter stage, the hyperæmic redness is seen only along the convex border of the wheal, which it thus attracts, as it were, into the surrounding skin. Finally, both redness and prominence subside, and all trace of the eruption vanishes, rarely leaving behind it any vestige of its previous existence. Sometime a pale-coloured stain has been noted on the affected spot, and sometimes a slight pigmentary stain.

Among the more recent acquisitions made by our collection is a beautiful model (No. 517), by Baretta, showing a form of urticaria remarkable for the large size of its prominent blotches. The largest of these blotches measures nearly an inch in diameter ; they are all somewhat more protuberant at the border than in the centre, and each blotch is surrounded by a narrow band of redness. In several situations, three or four of the blotches are blended by their circumference.

In endeavouring to establish a diagnosis, from a therapeutical point of view, between the eczematous affections or eczemata and the erythematous affections or erythemata, I have been in the habit of saying that the first point which calls for our notice in the eczemata is the local affection, whereas the local affection is the last to need our assistance in the erythemata. In the case of the eczemata, we have very possibly to deal primarily with debility; but in treating the erythema the *first* indication, universally, is to act upon and clear the alimentary canal; *secondly*, to improve digestion and assimilation; and, *thirdly*, to prescribe such tonic remedies as the patient may seem to require. There is only one exception to this method of treatment, and that exception relates simply to time; the very instant the alimentary canal is thoroughly emptied in erysipelas, the tincture of the perchloride of iron may be commenced. Moreover, in chronic cases of urticaria, where the neurotic phenomena are the most conspicuous feature of the disease, small doses of arsenic may be found to be of the most valuable service.

The *local remedies* applicable to the erythemata are the dredging box; absorbent powders, such as oxide of zinc diluted with starch; or the oxide of zinc and calomine powder suspended in lime water.

Pruritus, and especially the itching of urticaria, will sometimes require, besides sponging with hot water, the warm bath, and a lotion of emulsion of bitter almonds, with borax or spirits of wine and hydrocyanic acid.

(*To be continued.*)

◆

SYPHILITIC DISEASES OF THE THROAT.

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(*Continued from* p. 29.)

Syphilitic affections of the throat are so intimately and constantly associated with those of the mouth and nose, that they require to be considered together. This is not surprising when we remember how many of them commence in the mucous membrane, and that this tissue is continuous throughout these parts.

Lesions of the tongue may be named, but need not detain us long in this place. From its upper surface may be constantly traced masses of hypertrophied epithelium, like the mucous tubercles of other parts, and producing the well-known induration of the organ so often seen in constitutional syphilis. Ulceration of the tongue may also occur in a simple or specific form, as may the other syphilitic lesions (*a*). It is important to distinguish them from cancer, and the diagnosis is not always easy. I have seen some mistakes occur in this respect, and therefore first call attention to it here, leaving to a future occasion the full consideration of diseases of the tongue.

In the nose we find syphilitic lesions very common, and occasionally very intractable. Some of the affections resemble closely those of a non-specific nature. Of these may be named simple hypertrophy of the pituitary membrane, either with or without ozæna. This condition is mostly associated with a great liability to coryza, which is sometimes almost permanent. Strumous patients are unusually subject to this troublesome complaint, and constitutional treatment should be employed. With cod-liver oil and iodide of iron there is rapid improvement under the some lotions that have previously proved inert. Rhinoscopy should be employed both for diagnosis and treatment, but in even long standing cases nothing further may be discovered. Sometimes ulceration may be found.

The same state of affairs is common in syphilitic disease of the nose. There may be merely hypertrophied mucous membrane, giving rise to coryza, and this may be general or chiefly affecting the region of the inferior turbinated bones. It is, however, more common for ulceration to have commenced before the patient complains. At this stage the disease should not be neglected, for although now confined to the mucous membrane, it may even in secondary syphilis extend deeper and involve the cartilages and bones. Then there is sure to be ozæna, though that may have appeared earlier. It is, however, when the nose is invaded in tertiary syphilis that the graver lesions mostly occur. In these the deeper tissues may be invaded before the mucous membrane.

These patients frequently apply for relief from distressing ozæna and other prominent symptoms, of which the peculiar change in the voice is striking, and yet inspection only demonstrates the darker red of the membrane, with here and there erosions. In persons of a strumous constitution the destruction will be much more rapid than in others, and it is desirable to prescribe for the scrofula as well as the specific disease. When ulcerations and erosions can be brought into view by the mirror, they should be treated by its aid locally.

In a paper on ozæna which I read to the Medical Society of London last year, and an abstract of which has appeared in this as well as other journals, I entered more fully on this form of syphilitic disease of the nose, and do not therefore propose to repeat here the suggestions I have made as to its treatment.

I must, however, remark that syphilis may attack the deeper tissues first, or may extend to them. The former is more common in tertiary disease. This may begin as a gummatous periostitis; then, going on to caries and necrosis of the bones and cartilages, which exfoliate and give rise to great disfigurement, the disease may continue its ravages, and the unfortunate patient succumb to intra-cranial mischief.

Acute syphilitic periostitis is a very painful disease. The sufferings of the patient are exacerbated by warmth, so that it is common to consider its chief symptom as intense pain in the forehead and head more marked when warm in bed.

During the exfoliation of pieces of bone the discharge is most offensive. It used to be said that this only occurred from the abuse of mercury, but I have found it when I had reason to believe that the patient has been treated without that mineral, and may therefore be fairly considered one of the syphilitic phenomena. On the other hand it is desirable not to forget that caries may occur from other causes besides syphilis. The history will assist the diagnosis.

Sometimes the rhinoscope reveals very little to us, and yet there is a considerable amount of diseased bone, which cannot be brought within range of vision.

Before passing to the general plan of treatment of venereal diseases of the throat it may be as well to specify one or two points as to the management of nasal lesions, which have led me into this digression.

In addition to the steady use of the ordinary treatment we must resort to particular local measures suited to the case. Thus, abscesses which frequently occur are to be opened, and pieces of exfoliated bone are to be removed, just as if the disease were non-specific. So perseverance in the removal by the nasal douche of the fœtid discharge which accumulates must be employed. Alkaline or salt douches should wash away as much as possible, and afterwards a lotion of one of the permanganates should be frequently injected. As to the employment of mercurial lotions as washes, or in the form of spray, I have never used them; and after the sad consequences of the use of such a lotion in a far more justifiable way, it is not likely that this practice will be continued.

The constitutional treatment of syphilitic diseases of the tongue, mouth, and nose is the same as for that of the throat, respecting which I will add a few remarks.

In the treatment of all syphilitic throat diseases constitutional remedies should be employed. In laryngeal com-

---

(a) Since this paper has been in type, I have had the pleasure of examining the models and drawings of syphilitic diseases of the tongue in the Dermatological Museum of the Royal College of Surgeons. These were exhibited by Professor Erasmus Wilson in the last lecture of his recent course "On Dermatology," and are very excellent specimens of forms of disease which constantly come under my observation, and which I find more tractable than is usually believed.

plications of secondary syphilis these, with rest to the voice, by prohibition of talking, will mostly suffice, but they may be supplemented by such local means as seem indicated. It used to be said that laryngitis was the signal to pour in mercury. I prefer iodine and its salts. If ulceration occurs the inhalation of the spray of bichloride of mercury has been well spoken of, but one cannot measure the amount thus introduced into the system, nor can one tell the effect it may have on the individual patient. It seems in no way preferable to many other applications which have the merit of not being capable of doing so much mischief. The insufflation of mercurial powders may be discarded on similar grounds. The bath still holds its ground with some.

In tertiary syphilis iodide of potassium is the favourite of the majority, and I find it efficacious both in secondary and tertiary. But large doses must be given. The dose is in fact to be measured by the effect on the disease, and the ability of the patient to bear it. A patient may be kept under its influence, just short of iodism, for a considerable period.

Condylomata may be touched with nitrate of silver. In ulceration of the larynx iodine vapour should be inhaled. In some cases other local applications may for various reasons be preferred. Should œdema glottidis occur, scarification must be employed without hesitation. Loose pieces of necrosed cartilage should be extracted, or tracheotomy may be suddenly called for, or the patient may expire in the absence of surgical assistance. Small detached portions are sometimes expectorated, but with the laryngoscope to assist us we ought not to wait for this at the risk of sudden suffocation. The respiration may become so seriously impeded as to necessitate tracheotomy. This operation is indicated if the dyspnœa be serious, especially if there be violent paroxysms, threatening to destroy the patient, for he may easily die in one of them. Tracheotomy removes this immediate danger, and it also does more than this; it gives the much needed rest to the larynx, and enables us to cure the patient by such treatment local and general as may be needful, and by allowing time to lend us friendly aid.

It may happen that contraction of the rima glottidis may render it necessary to wear the tube afterwards; but with time we may ameliorate or even cure this unfavourable condition, and in any case life with a tube would be preferred to death.

Although iodide of potassium has been spoken of above as the constitutional remedy for syphilis, I am desirous of once more mentioning the success I have obtained with other salts of the metalloid. Manifestly it is not the potash which cures syphilis, and it seemed to me probable that the sodic salt would prove more easily assimilable. On trial I found it frequently could be taken by those who could not bear the potassic salt. The dose is about the same. Indeed, weight for weight, it has more iodine than the commonly used compound, and yet can be more easily taken. I am therefore desirous it should meet with a more extensive trial. I believe my experience is supported by that of Professor Sigmund.

I also find the iodide of calcium to be an excellent preparation, easily borne, and more agreeable to take. It may, in fact, as my patients know, be taken as a substitute for table salt. It is really desirable for all to know that the salts of iodine are not all so unpalatable as the one in common use. For the specimen of this salt, which I exhibited last year to the Medical Society of London, I am indebted to Mr. Tichborne, a gentleman whose devotion to science and readiness to place his great chemical and pharmaceutical knowledge at the service of the Profession is well known to the readers of this Journal.

Iodide of ammonium has also been proposed as a substitute for the ordinary salt, and in some cases will be found a most useful preparation.

Lastly, I may mention Iodoform. This remedy possesses important properties, and its local action may be taken advantage of in several of the forms of disease to which allusion has been made.

There are many other points to which attention might be directed in a lengthy paper.

In this brief outline, I have only attempted to give a sketch of those forms of the disease which are constantly under my observation, and of the treatment I have found most effectual.

ENURESIS:

ITS CAUSES AND TREATMENT.

A CLINICAL LECTURE DELIVERED AT THE LONDON HOSPITAL

By Dr. Bathurst Woodman,
Assistant-Physician to the London Hospital, and Physician to the North Eastern Hospital for Children.

The subject of our lecture to-day is not itself a disease; it is a symptom dependent upon a number of causes, some of which are met with in one case, and some in another. It is more commonly known under the name of *incontinence of urine*, and may of course occur by day as well by night; but as the latter form is more commonly met with you will find that most of the cases brought to you come with the history that "they wet the bed at night." The majority of the patients are young, and I am perhaps not wrong in saying that this affection is most common from the age of three or four up to fourteen or sixteen years. It is not easy to say how soon a young infant acquires the power of retention, since part is due to health, part to instinct, and part to education. But in general, we find that it is early acquired by children of average intellect. There is a common notion prevalent, that this affection is due to laziness or dirtiness, or some other assumed moral delinquency on the part of the young patient. In consequence of this belief, children are often punished severely, and usually without the slightest benefit; although undoubtedly there are cases in which this harsh treatment has proved effectual. I will not deny that very bad-tempered, or exceedingly lazy children may be capable of voluntarily defiling the bed-linen, either to annoy their parents or attendants or to save themselves trouble, but such cases are exceedingly rare; and perhaps even these are to be put down to a certain mental deficiency, such as often exists in cases of moral insanity.

I make no apology for introducing this somewhat unsavoury subject to your notice, because to those who rightly estimate their professional duties, there is "nothing common nor unclean." But if it were necessary to appeal to lower motives, I might tell you that there are few cases met with in practice which, when rightly treated, bring more credit to the medical attendant than these cases of enuresis, partly I believe because the subject is either passed over so slightly, or treated so unscientifically, in most of our text-books of medicine. The surgeon just mentions it, and leaves it to the physician. The physician alludes to it, and refers it back to the surgeon. I mean in our hand-books. What I know about it, and what I have to tell you I have had, for the most part, to find out for myself, often by the painful stimulus of failure in my attempts to cure. In so saying, I do not claim any original discoveries, or to be in the slightest in advance of my teachers, or of the medical authors of the day. The facts and the principles I shall lay before you are no doubt all to be found in print, as they are in Nature, but they lie scattered here and there, wide apart, and are not easy to refer to when such a case occurs to you in practice, and the subject is often scarcely alluded to in systematic lectures. Nor do I apologise for dwelling in some detail on a mere symptom, because this particular symptom is so disgusting, that it disqualifies a boy from almost all our public schools, and many private ones, and is in both sexes, if it be long continued, a bar to matrimony, as well as a loathsome hindrance to the enjoyment of social intercourse. Before introducing the cases on which I found these remarks to your notice, I want to impress strongly on your minds, three or four general principles.

1st.—I assert, without fear of contradiction from any one who has really studied the subject, that nine out of ten of these cases are *not the result of paralysis of the bladder, nor even of disease of the bladder at all, but that they are the result of reflex action.* I need not remind you that a reflex action is one done without reflection, but I may tell you in confirmation of this, that in most of these cases of enuresis, the bed is wet whilst the child is asleep.

2nd.—I must strongly insist upon the fact that the exciting causes of this reflex action of the bladder and the muscles which lead to the extrusion of urine are many and diverse. It naturally follows that a successful treatment must be based either upon a lucky accident, or upon a careful investigation of the causes, and an appropriate medication or treatment which shall remove or obviate them. And it follows almost as naturally that the scientific treatment of such cases will impress into its service all the aids that practical chemistry, the microscope, or the test-tube, or any other scientific instruments, and modes of research can afford us, and that in future years we shall hear no more of proposals to give the syrup of iodide of iron in all cases as a specific for enuresis, or of congratulation upon the *success* of such treatment, after many *months* of such medication. After this somewhat long preface let us take the first case which presents itself to-day.

It happens to be a man of middle age—in fact, he is about 52—and he tells us that for the last six weeks he has been unable to control his bladder, particularly at night. In the day time he has constant desire to pass water, but is often unable to do so in time; at night it passes from him involuntarily. Further questions and examination of the *rectum*, show us that this man has malignant disease of the lower bowel, and that this is in a state of ulceration or breaking down. My surgical colleague has left early to-day, so I prescribe for him opiates taken by the mouth and administered per rectum, in the hope (afterwards verified) of relieving this symptom. We must not, of course, promise to cure such cases. They are most common in adults, but a fellow student of mine, the late Dr. Heckford, has put on record in the Obstetrical Society's *Transactions*, Vol. X., p. 224, a case where a female infant, æt. 10 months, was brought to him with incontinence of urine, found to depend upon villous, or medullary cancer of the vagina. There are other cases, although they are very rare. In general, we can only relieve, as when brought to us they are generally beyond the stage at which we could remove the growth with safety.

Our next case is a little girl, who is barely 3 years old. We inquire her history and learn that she has lately had an "ulcerated mouth," and that she wets the bed at night; the two affections are almost coeval. On examining her we find little sores (stomaceæ) probably herpetic, on her tongue, inside her cheeks and on the gums. Her mother denies that the privates are sore, but you can see for yourselves, that she is a very typical case of eczema pudendi. One of you has just suggested that this is due to the irritation of the urine, and is, therefore, probably not the cause. I do not agree with him, because analogy is against this view, and besides, I find here evidences that the eczema was herpetic in origin, as well as the sores of the mouth. We shall order her what has proved successful in numerous similar cases, the pharmacopœial glycerine of tannin, to be applied to the mouth and to the pudenda. She is to sit in a warm bath as much as possible, and to take a tonic, such as steel wine, or a little chlorate of potash and bark. I confidently predict for her a rapid recovery.

The third case is a boy, æt. 8 years. His mother tells us that the incontinence has existed ever since his birth. On examination we find him with an excessively tight prepuce; there is an accumulation of *smegma* (or that soapy, or cheesy-looking secretion which is poured out from the mucous glands of the corona and thereabouts in the male, and from the parts in the vicinity of the glans clitoridis in the female); and the meatus urinarius is excoriated. We hand him over to the surgeon for circumcision, with almost certainty of cure. Where parents refuse this desirable operation, much relief may be given by syringing warm soap and water, and afterwards olive or almond oil under the prepuce—and also by stretching the prepuce forcibly with forceps. One of you asks if he may not have *stone* in the bladder? Undoubtedly this is a not uncommon cause of enuresis—but the case wants some important symptoms. There is no prolapsis ani, no blood in the urine; the symptoms are almost congenital, and the child does not seem to suffer much. If, however, there were a reasonable doubt, the bladder should of course be sounded. I will now narrate to you some cases which have occurred either amongst the patients here, or at the Children's Hospital which I attend.

(*To be continued.*)

◆

XYLOL, THE NEW REMEDY FOR SMALL-POX.

By C. R. C. Tichborne, F.C.S., M.R.I.A.

Xylol, xylene, or ethyl-benzine as it has been respectively called, is one of a homologous series of hydrocarbons, of which the well-knowr benzine and toluene form the two first. These hydrocarbons are all formed from coal tar naphtha. Xylol was first procured by Hugo Müller, but its nitro-compound had previously been discovered by Warren De la Rue in 1856. Coal tar naphtha is submitted to fractional distillation until the part which boils at 141° is separated, this is submitted to the action of fuming sulphuric acid, which dissolves the xylol and leaves the other hydrocarbons. The xylol is then separated by distillation from this mixture.

Xylol is said to have been used by Dr. Zuelzer, the Senior Physician at the Charité Hospital at Berlin, with great success in cases of small-pox. The theory of its action would appear to be that xylol is taken up by the blood, and acts as a disinfectant. The vapour seems to the writer to possess faint, and not very well marked, anæsthetic properties—this may be due to the presence of a small quantity of benzol, or the other hydrocarbons. The antiseptic properties of this group of compounds are well known, and thus probably the specific action of this one. The boiling point is variously stated at 139° to 140°. The specimens examined by the writer, generally commenced to boil at about 135° C. The specific gravity was ·866.

It is said that the purity of xylol is of importance, but unfortunately there is no very ready method by which the ordinary practitioner might detect its purity. It should be soluble in fuming sulphuric acid, but it is not soluble in the ordinary sulphuric acid of the Pharmacopœia.

It has a faint odour something like benzol, and an aromatic taste. The doses is three to five drops for children; ten to fifteen drops for adults every hour to every three hours. It is quite harmless in reasonable doses. In Berlin it is given in capsules. As it is very insoluble the best method of giving it would be in an emulsion of almonds. When once assimilated it is rapidly oxidized in the body, this fact being demonstrated by the production of a peculiar odour in the urine, which, however is quite distinct from xylol itself.

BULLET WOUND OF THE BLADDER (*a*).

By Arthur Edward Barker, L.R.C.S.I.

The following case which I have taken from my German notes may perhaps prove of interest to the members of the Surgical Society, as illustrating what the bladder may suffer under certain circumstances, without any lasting or permanent injury. The case was observed in the Klinik of Dr. Busche, Surgeon-General in the late war, who attended the man, and whose last operation on him was performed in his Klinik in the beginning of November of the last year. Dr. Busche has most kindly permitted me to make any use of the cases occurring before us in his practice in two large hospitals, by publication or otherwise, a kindness of which I gladly avail myself, as the case appears to me instructive as well as highly interesting.

Peter S. (soldier). At the time a healthy young man of about twenty-four years of age was wounded in the battle of Bapaume, on the 3rd of January, 1871. Three balls had entered almost, if not quite, simultaneously in different parts of the right gluteal region. The two lowest openings were about three inches from one another, the third about an-inch-and-a-half above a line joining the two lower ones. Two of the balls had evidently left the body, and strange to say, by almost the same opening in the middle of the left groin, just over Poupart's ligament. The wounds showed that they had made their exit within half-an-inch of each other, causing in their course injuries to the bladder, for the urine flowed copiously through the openings in the groin. Whether the third had also passed through one of the openings was impossible to say, but it would indeed be an extraordinary coincidence if the three projectiles entering at such a distance from each other and probably in various directions, should have so converged as to nearly meet just when piercing. It is, however, possible. Of course nothing special could then be done, and he was simply placed on his side and attended to in the expectation of seeing the fearful effects of urinary infiltration setting in. This was far from being the case, however, and after the urine had been for some time flowing off solely through the openings in the groin, it began to come *perurethram* and the wounds in the inguinal region healed with the several others in a most healthy manner. The patient then left the Lazaret apparently quite well, but after a considerable space of time complained of difficulty in passing water. On search being made with a sound, a hard body was discovered far back in the urethra. It was carefully grasped with a fine forceps and extracted, proving on examination to be a splinter of bone (probably from the os ilium), about half-an-inch long, and in one part about a quarter of an inch broad. Fortunately it lay in such a position as allowed of its easy removal. In this manner within a short space of time four similar splinters were extracted, each time relieving the difficulty in passing water, and the man enjoyed a period of rest. After a while, however, he began to complain again, and this time of pain in the glans penis, with the other symptoms of calculus; the urine being much altered. On sounding, a tolerably large stone was discovered, apparently of soft consistence, and it now became a question of importance, as well as great interest. Might not the third bullet be the nucleus of the calculus? The uncertainty and impossibility of determining this, and at the same time the probability of its being the case, pointed, of course, to the extraction through the perinæum in preference to lithotrity. As the man's health was already suffering from the distress and bad state of the bladder and urine, it was at once undertaken (Nov. 8th 1871) in the usual manner; but owing to the softness of the stone, and the necessity of grasping it with a small forceps, on account of the prostate being unusually small, the former broke very frequently and slipped, occasioning much delay, the extraction lasting more than half-an-hour. It was finally removed, however, and the detritus washed out with the irrigator. Then that simple after-treatment which is always had recourse to here in such cases, and which seems to have so much to recommend its wider adoption, was resorted to, namely :—The cut in the perinæum washed clean by the stream of water from the irrigator, was allowed to close completely, the legs being brought together, a pledget of charpie moistened in solution of carbolic acid was alone laid over the surface, no catheter or anything else being left in the wound. The patient was then put to bed, lying on his back with his legs flexed on the body and knees flexed over a high pillow, the latter being kept well together, the orders being that whenever he felt the slightest desire to make water he should be helped, in the same position, into a warm bath, and there allow the urine to pass quietly through the opening. The advantages of this method seem so evident, and in all cases were followed by such good results, that they are deserving of mention (if not already known). In this way is avoided the fever produced by the irritation liable to follow from the presence of the catheter in the bladder and wound, the sides of the latter lying together. On the slightest desire to empty the bladder the patient can easily be lifted into the warm sitz-bath, and there do so under water, which has several advantages, first the air cannot come in contact with either the wound or bladder; second, the urine on entering the cut is immediately deprived of its irritating properties, by being diluted and at once washed away, the wound being closed clean by bringing the legs together again. In the same position he is lifted again into bed, the bladder empty, the wound, without having been touched, cleansed from all the pus and urine and closed from the air. Near the bed of a patient so treated one never perceives the ammoniacal odour which by those managed in the usual way is commonly present (in spite of the utmost care), owing to the trickling out of the urine and wetting of the bed-clothes. The only dressing required is a pledget of wet lint. The warm bath moreover, is in itself most beneficial. With this patient things seemed to go wonderfully well, after a few days the water began to come partially through the urethra, and shortly after ceased to come by the wounds, the latter healing rapidly and cleanly. The condition of the bladder also improved very quickly, and the urine soon became normal, so that in a very short time he would be called almost quite well, when he was attacked with an acute epididymitis on the right side. Under ordinary treatment, however, this too passed away in a few days, and the patient left in good health for his home. The calculus was of the ordinary soft phosphatic composition, and did not contain the bullet as a nucleus.

◆

CASE OF LATERAL LITHOTOMY (*a*).

By Henry G. Croly, F.R.C.S.,

Surgeon to the City of Dublin Hospital.

The patient, from whom the calculus which he now exhibited had been removed by the lateral operation, was a man thirty-five years of age. He was admitted to the City of Dublin Hospital on the 13th of July last, having been sent there by Dr. Bagot, of Enniskillen. The following brief history of the case had been taken by the resident pupil :—

"The man had been suffering for fifteen years, and was treated in some remote part of the country for stricture. He did not complain at any time of the ordinary symptoms of stone, but had a difficulty in passing water. The first symptom that attracted attention was the gradual lessening of the stream and the high colour of the urine. On the 20th of December, 1871, he felt, when jumping across a ditch, as if something suddenly fell into the bladder, and he experienced considerable pain in the perineum. He observed also that his

---

(*a*) Read before the Surgical Society of Ireland.

(*a*) Read before the Surgical Society of Ireland.

water was tinged with blood. Shortly after this he was sounded by Dr. Bagot, and a stone detected. On the patient's admission to the City of Dublin Hospital, there was found a very large deposit of pus in the urine, and a considerable quantity of blood. He complained of a weight in the perineum, and was extremely nervous; there was great difficulty in sounding him. However, having placed the patient under chloroform, and having introduced the sound, it came into contact with the stone. On the 1st of August, he (Mr. Croly) performed the ordinary lateral operation, and his reason for determining on that operation instead of attempting to crush the stone, was that the man was of an extremely nervous temperament, and bore the introduction of the instrument very badly; that he had suffered from rigors on the introduction of the instrument, and that the bladder was in a very irritable condition. By seizing the stone in the lithotrite he could form a good idea of the size of the stone; he found he could not move it about freely in the bladder, and he therefore came to the conclusion that it was partly encysted. There was extreme difficulty experienced in getting the man under the influence of chloroform, it being fully an hour before he could be brought perfectly under its influence. The operation was performed with a staff grooved at the side, and one knife. On introducing the finger into the bladder, the larger portion of the stone came out in the forceps, and finding it seemed smooth at one point he concluded there was another portion of the stone remaining in the bladder. On examining further, he found the flattened portion of the calculus was encysted, and he removed it with a scoop. The bladder was then carefully washed out. The chemisette canula was introduced into the bladder and nothing unusual occurred until the third day, when the chemisette canula was removed at 2 p.m., and at 6 o'clock, he (Mr. Croly) received a note from the resident pupil to say that the man had not passed any water, and that he had very severe rigors. He found that the man had passed no urine, and that none was coming through the canula into which a little tepid water was injected on the supposition that it might have got accidentally stopped. The patient was placed in a warm bath, and he was only a short time in it when he passed water freely, and for several days afterwards he could not pass water until he was placed in a warm hip-bath. The wound gradually closed and the case terminated favourably. On the 21st of October he had a letter from him saying that he had got on very well and was improving every day, and that on going to show himself to Dr. Bagot, the doctor did not at first recognise him he was so much improved. Had he (Mr. Croly) attempted to crush the stone he had little doubt that the smaller portion would have been left in the pouch behind the prostate to form the nucleus of another stone, and the cutting operation was therefore the proper one. With regard to the introduction of the canula, each time that he operated for stone he introduced the chemisette canula. The first time it acted as a foreign body and no urine came, and it had to be removed. In the next case it acted admirably, as it also did in the present instance. With regard to the occurrence of rigors, which was a point of great interest in the case, he asked himself was it possible that they might have been caused by the urine getting round the neck of the bladder? He did not think, however, that this could have been the cause, for he had made only a very small opening in the neck of the bladder. It was very important that the opening should be just sufficient to allow the finger, the gorget, and forceps to get in. Mr. Colles, of the Indian Army, who had cut in ninety persons for stone, told him that whenever the opening made in the neck of the bladder was large the patient died, and whenever it was such as to admit only the finger, so that the sphincter of the bladder grasped the finger, the cases terminated favourably.

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

The following miscellaneous cases have lately been under Dr. Ogle's care:—

A woman, admitted with swelled face from cold, and suffering from alcoholism, was found, on recovery, to be unable to open both eyes to more than half their proper extent. In addition to this partial *ptosis*, there was paralysis of the *muscles* of the *eyeballs* which were almost completely fixed, their axes being tolerably parallel. The pupils were equal and of actual size, acting fairly to light. Sight was on the whole very good, and objects could be seen though placed very far to either side of the head. She stated that this condition of the eyes had existed for seven years, but could assign no cause.

A woman, æt. 68, a midwife, who had continued to menstruate until she was past 52 years of age. She had suffered from constitutional syphilis, which she had acquired in the hand whilst engaged in the practice of midwifery.

A man with disease of the heart, who had had a cut over the left eyebrow, leaving a scar, which, owing to injury of the supra-orbital branch of the fifth nerve, had produced loss of power to a considerable extent of the occipiti-frontalis and orbicularie muscles.

A woman transferred to Dr. Ogle by Mr. Carter, with anasarca and albuminuria, which had apparently resulted from *pregnancy*, and in whom Mr. Carter had found by the ophthalmoscope, much albuminous deposit in the fundus of the eye. The eye is much improving, and the albumen quickly diminishing in the urine under the use of steel. At the time of this note, it is three months since her confinement.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

FEBRUARY 2ND, 1872.

Mr. WHARTON, President of the Royal College of Surgeons, in the Chair.

THE Society met at the College of Surgeons.

DR. RICHARDSON (Hon. Sec.) read a paper from Dr. Arthur Barker, detailing the facts of

A GUN-SHOT WOUND OF THE BLADDER, FROM WHICH THERE HAD BEEN PERFECT RECOVERY,

which will be found at page 184.

DR. TUFNELL said the Society was indebted to Dr. Barker for the interesting case he had communicated. The only observation he had to make on the case was, that he thought in all probability the bladder was very full at the time of the occurrence, and the peritoneum was thus lifted out of the way. A few years ago, in Ireland, a man was shot through the rectum, and the ball escaped over the pubis. The urine was discharged freely through the rectum, and the man recovered without a bad symptom. In that case he had not made water for a long time previous to receiving the wound, and the bladder was very full.

DR. FLEMING said that cases of injury to the bladder from gun-shot wounds had occurred in Ireland as well as elsewhere, and in many of these the termination was not fatal, though he would not say they terminated so favourably as the case described by Dr. Barker. It would be in the recollection of some members of the Society that the son of the late celebrated Dr. Cheyne, during one of the disturbances in the country received a gun-shot wound, and on two or three occasions was operated on with a view to the removal of the bullet from the bladder. The last operation, which he (Dr. Fleming) witnessed, was performed by the late Mr. Cusack in Stevens' Hospital, and on that occasion the bullet was found to be embedded in a portion of the pelvis. The bone was removed, and the recovery of the young gentleman was perfect. There were a great many cases on record of these gun-shot wounds of the bladder and of other cases where the bladder had been most seriously involved in fractures of the pelvis. Dr. Jameson reminded him of a case where the ball passed through the bladder, and yet the man lived for two or three years after the occurrence of the accident. The man was afterwards hanged, and he (Dr. Fleming) made the *post mortem* examination.

Mr. H. G. Croly brought under the notice of the Society

A CASE OF LITHOTOMY,

which will be found at page 184.

The **President** observed that in the case described by Mr. Barker the patient was always put into a bath when he wanted to make water; and in Mr. Croly's case it was found when there was a stoppage of urine, the taking out the canula and putting the patient into a warm bath, gave him relief.

Dr. Denham said there was one point of interest in the case, namely, the smallness of the wound made in the bladder; with reference to which he wished to make a remark. When he was a student in Edinburgh he saw the late Mr. Liston operate very frequently. He was remarkable for his success in all cases and principally in lithotomy; and he always mentioned as one of the causes of success, the making of a small opening into the bladder. He had long fingers; and he said that the moment the urine came he passed the index finger into the wound and enlarged it with his finger and thumb until it was sufficient to admit of the extraction of the stone.

Dr. H. Kennedy said that with the surgery of the case he had nothing to do. But there was a point which seemed to him one of very great consequence,—he meant the diagnosis of stone in the bladder. He had both heard and read of cases where the greatest doubts and differences of opinion existed, and it was even on record that cases had been operated on and yet no stone was found. These obscure cases chiefly occurred in children. It would be in the recollection of some of the members that several years since, the late Dr. Bellingham stated to the Society a case where the difference of opinion was very great, some asserted that a stone existed, and others not. Yet under medical treatment all the symptoms disappeared and the child remained well for a period, if he recollected right, of upwards of two years; at the end of which time all the signs returned, and the operation for stone was successfully performed. As bearing on this point, he might mention that he had read lately of a case occurring in London, where a stone of only eight grains in weight was extracted. It was easy to see how so small a stone might give rise to great diversity of opinion. But besides this source of difficulty he had come to the conclusion that the symptoms of stone might exist for years and yet no stone be present. On no other supposition was it easy to explain the case given by Dr. Croly, where the signs of stone were present for fifteen years, and during part of this period been mistaken for stricture. About seven months since, he had seen a case where, except by sounding, all the usual symptoms of stone were present. The patient was a boy of eight years of age; yet in the course of three weeks, and by medical treatment alone, all the signs disappeared and the boy still remains perfectly well. He considered the question of diagnosis one of considerable moment. As to what had fallen from the President about the use of the warm bath, it seemed easy to explain its effects for it was known to be a powerful agent, whereas cold or even the presence of a stranger could, and often did, prevent a patient from passing water.

Dr. Benson said that a year and a-half ago, he called in Dr. Croly to see a child who had symptoms of stone, and he was so satisfied the symptoms were worth investigation that he sounded and could detect nothing of the kind. He put the child under medical treatment, and there had been no symptom of calculus since.

Mr. L'Estrange observed that there were very few cases of stone in the bladder that could not be detected by the sound, which he had invented, and the size of the stone ascertained. The late Sir Philip Crampton had a case in which he brought out the stone between the nail and his finger; and if there had been a sound then used it could have been observed. Mr. Croly said the stone was encysted; but he (Mr. L'Estrange) did not think that an objection to lithotrity; for Mr. Lysaght, of Roscommon, performed that operation with his (Mr. L'Estrange's) instruments, and though he was able to say it was sacculated, he brought out the stone.

Dr. Fleming remembered Sir Philip Crampton operating in private for stone in a child, Mr. Colles and Mr. Cusack both being present, and the stone could not be found. Sir Philip was much distressed when he was obliged to state to the father of the child that he could not find the stone; but when washing his hands he saw a clot of blood on the sleeve of his coat, and in it was found a very minute calculus. Caius operated for stone in one instance but could not find it, and his assistant when washing the forceps after the operation discovered in it a small stone. There was a large amount of interest connected with symptoms of stone in the bladder where none existed and where the symptoms arose from some malformation of the prepuce, or urethra, or from some condition of the urine itself, as when it was loaded with uric, or oxalic acid. Set the urine right and the symptoms disappear.

Mr. Croly, in reply, said it was not his intention to discuss the subject of diagnosis. Cases of congenital phimosis, or worms causing symptoms simulating those of stone, were well known to every practitioner, and they generally sounded ten times for once that they succeeded in detecting stone in the bladder of a child. He would suggest to Dr. Kennedy that in the next case he met with he should get the child sounded instead of putting it under medical treatment, for it would be an injury to the child to keep it under such treatment for months if a stone really existed which could be removed at once by operation. Mr. L'Estrange's instruments were excellent, and he (Mr. Croly) used them. In this case, however, there was no difficulty in detecting the stone,—the moment the sound was put in it struck the calculus, and the other symptoms showed that it was encysted. In such a case where the stone was so soft that a portion of it came away after the operation, the other portion remaining embedded in the little pouch, he thought if the crushing operation had been resorted to there would have been danger of leaving a portion of the stone behind; but what guided him most in selecting lithotomy was the man having a very irritable urethra and a diseased condition of bladder, which he thought unfavourable to the operation of lithotrity,

(Adjourned.)

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2
„ If Paid in Advance 1 0 0

*** Post-office Orders and Cheques to be drawn in favour o
A. A. Tindall, 20, King William-street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh

Agents for the United States—
New York—Turner and Mignard, Nassau-street.
Baltimore—Kelly, Piet, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1872.

UNIFORMITY OF QUALIFICATION.

We are requested by Dr. Gairdner of Glasgow, and Dr. Sanders of Edinburgh, to publish a memorial respecting the recent proceedings on the part of the Universities and Corporations in Scotland, with a view to the formation of a Conjoint Board of Examination at the instance of the Medical Council, and which indicates the dissent of the memorialists from these proceedings on several grounds. We need not say that anything coming from Drs. Gairdner and Sanders receives our most respectful consideration, and the interest we have always attached to all questions of medical reform further prompts us to give prominence to whatever may influence its progress, even though we may feel bound to point out how much we disagree with it. Let us then look at this memorial. It says :—

> 1. The reason alleged for such proceedings in the first instance, viz., the attainment of "Uniformity of qualification," *i.e.*, a fixed minimum of medical knowledge and skill on the part of candidates, secured through examinations conducted upon a precisely similar plan by examiners making precisely similar requirements, appears to the undersigned an object neither desirable nor attainable.
>
> 2. Even were the object in question a desirable one, it evidently cannot be secured by the measures proposed. It is inconceivable that one Board sitting in England, another in Scotland, and a third in Ireland, each Board being of very complex constitution, and holding examinations in different places, without any concert or intercommunication, could possibly secure "uniformity" in any real sense of the word.
>
> 3. The immense number of candidates which would have to be examined in each division of the kingdom by the Conjoint Boards, would make it absolutely necessary either greatly to enlarge the number of examiners and to subdivide them into companies (of course with a still further loss of "uniformity" as regards results), or to work one set of examiners continuously day after day for long periods, with the practical effect of reducing their operations to a wearisome routine, incompatible with other professional pursuits on the part of the examiners, and entailing great hardship upon candidates by want of accommodation with the sessional arrangements of the principal medical schools.
>
> 4. The expense of examinations so conducted would be, if thrown upon the candidates, a very serious addition to the cost of medical education and qualification, without any commensurate results as regards the security of the public.
>
> 5. The undersigned are decidedly of opinion that if, for the public security, an additional examination requires to be introduced over and above the nineteen at present in operation, the cost of such additional examination should in any case not be thrown upon the candidates, nor yet on the existing examining bodies, but should be defrayed by the State, as representing the public.
>
> 6. The true object to be aimed at, whether in view of the public interest or that of the medical profession, is (in the opinion of the undersigned) *not* uniformity, nor yet a fixed minimum of qualification, but the watching and stimulating the existing examining boards through a systematic inspection, conducted under the auspices either of Government or of the Medical Council.
>
> 7. The undersigned profess themselves willing and anxious to facilitate to the utmost a thoroughly efficient system of examination in the Universities and Corporations with which they are severally connected, and would gladly welcome the visits of any Inspectors appointed on the part of the public to secure, as far as may be, efficiency on the part of all such examining bodies in the performance of their important duties. In the case of the Universities, such a system of inspection would be quite in accordance with the system already introduced by the Universities Act of Non-Professorial Examiners. The undersigned are thoroughly satisfied with this system, and believe that an extension of it would do good.
>
> 8. The details of such inspection should, in the opinion of the undersigned, be arranged between the State, as representing the public, and the Medical Council as representing the Medical profession.
>
> 9. The undersigned desire it to be understood that so far from objecting to a "Conjoint" system of examination, they would cordially welcome any voluntary joint action of different boards with the view of diminishing the labour and responsibility of examination, and the expense and trouble of it to the candidates. The objection that they entertain to the proposed system is, that it would not diminish either the expense or the trouble to the candidates, but would, on the contrary, increase both ; while, by removing the responsibility of the practical part of the examination in some measure from the existing Boards, it would tend very much to reduce all medical examinations to a low dead level, and would render it nearly impossible to improve them in accordance with the demands of advancing medical knowledge.

As in many other cases, we find in this memorial a good deal to commend, and as much or more from which we dissent. It is, for instance, at this time of day almost too late to be told that uniformity of qualification is not desirable. Perhaps those interested in their fear of dull uniformity and a single minimum embracing a knowledge of all branches of the profession imagine that the advocates of the one-portal system are all actuated by a desire to destroy all existing institutions. But no considerable party has any desire whatever to abolish or injure the Universities or Colleges. What is really desired is to take away the reproach of a system of competition downwards.

We admit the force of Clause 2. We have many a time pointed out that the establishment of three boards cannot create uniformity. But it is a step in advance in some sense. If England and Ireland agree to some practicable plan of this kind, it would be, we think, very unwise for Scotland to decline to do the same. The Scotch Colleges set the good example of combination and a single conjoint board, for that kingdom is only going a step farther in the direction in which our Scottish friends led the way.

With regard to Clause 3, it seems to us that it could not be more difficult for Scotland than for the other kingdoms which have determined to try.

With regard to cost, we look upon it as most easy to arrange.

As to this question of inspection, no doubt it might do good if the State were to employ independent men to carry it out. But will the country consent to pay them, when all the good they could do might be accomplished in a more simple and less costly way ? For the several bodies to watch each other as now done by the Medical Council is a solemn farce.

If a real one-portal system could be obtained, it would suffice to secure all the Universities and Colleges to their own management, only compelling them to withhold their diplomas from those who had not obtained the single license.

The last clause seems to us half an admission that conjoint action may, after all, be desirable. We, too, think voluntary amalgamation would be able to supersede compulsion, and only should rejoice to see an honest effort to carry it out everywhere. But human nature is imperfect ; and out of nineteen "authorities" it is scarcely surprising that some should be reluctant to put aside self and work for the good of the profession alone. We are glad to see Dr. Gairdner at last speak on Medical Reform ; and now that he has done so, we sincerely hope he will not again dismiss the subject. We have little doubt that in time, if he attended to the subject, he would become a supporter of our views.

DIAGNOSIS OF SYPHILIS BY THE MICROSCOPIC EXAMINATION OF THE BLOOD.

We have already given some account of the alleged discovery of Dr. Lostorfer, and next week shall issue a fuller account of the subsequent meetings, when it was ably maintained, as already reported by us, that the so-called syphilitic corpuscles have no existence, or are only appearances to be found in healthy blood.

We do not propose here to enter into the controversy ; but before it has advanced further, we are anxious to place before our readers the effect produced by Dr. Lostorfer's communication on one present at the meeting. To effect this, we take the following letter from the *Boston Medical* *and Surgical Journal*, which, at the same time, shows how our American contemporaries keep pace with what is passing in Europe :—

VIENNA, January 12, 1872.

MESSRS. EDITORS,—I have just returned from a meeting of the "Gesellschaft der Aerzte," at which was announced a discovery of the most stupendous importance. I am eager to be the first to herald to the New World, through your pages, the greatest success—I may venture to say—as yet achieved by the microscope, to wit, the certain diagnosis of syphilis. I will give briefly, from memory, the course of procedure which led to this grand result, having first recorded the name of the propounder of the new theory as Dr. Lostorfer. Wishing to make a series of examinations of blood from syphilitic patients, Dr. L. applied to Prof. Zeisal in August last, who at once placed his wards at the service of the investigator. The manner of conducting the researches consisted in taking a drop of blood, placing it immediately between a slide and covering glass, then setting the specimen under cover. A large number of slides were thus prepared, and daily examined microscopically with a No. 10 immersion lens, Hartnack. The first two days nothing abnormal presented itself; but, on the third, minute shining bodies were discerned, which grew from day to day, until they attained the size of red corpuscles. The shape was, in most instances, round, but modifications of that form were here and there noticed; they were all, however, provided with tapering processes, or "sprouts." The number of these corpuscles to be seen at one time within the field of the microscope was variable, amounting in only one specimen to fifty. A month later these objects were still visible. A solution of sugar, as well as several other solutions, caused them to shrivel up, become, as it were, folded upon themselves, lose their shining aspect, and cease to grow. Cold was also found to affect their development, inasmuch as a temperature below 10° Reaumur (54° Fahr.) put a stop to all growth.

To prove the connection between these bodies and syphilis very many experiments were made with healthy and diseased blood, and the diagnosis confirmed beyond the possibility of doubt.

Blood was then daily examined while the patients were undergoing treatment with mercury (einreibungen), and after a certain time (in one case twenty-five days), during which the number of corpuscles was steadily decreasing, they had wholly vanished from the field. After these experiments, Dr. Lostorfer submitted himself to Prof. Stricker, and, later, to Prof. Hebra, to have his power of diagnosticating syphilis, by the microscopic appearances of the blood, put to the test. On various occasions he received from them numbered slides, with blood of syphilitic and non-syphilitic individuals. To their astonishment, he unerringly selected from the preparations those where the blood was tainted with syphilis, with the exception that on certain slides the blood was pronounced to be in a condition allowing of no conclusion being arrived at.

The discoverer gives the name of syphilitic corpuscles to these bodies, which he said must originate in one of two ways,—either from germs always present in the blood, but stimulated to growth by the syphilitic virus alone, or from such introduced bodily into the blood at the time of infection.

In conclusion, he read the records of a number of cases with his microscopic observations of the blood from day to day. As Dr. Lostorfer ceased speaking, a burst of genuine enthusiasm escaped from the assembled physicians, while Prof. Skoda rose to greet the hero of the evening as the proclaimer of what was destined to prove one of the most important discoveries of the age. He regretted that it was not customary in Austria to give medals or other rewards of merit in such cases, stating that, had this statement been made in Paris, he would have been crowned, as he deserved.

Prof. Stricker detailed the precautions taken to avoid error or deception in each of the trials to which Dr. L. was subjected. The latter's selection of diseased blood was always correct and decided, except in the few ruined specimens. To ensure the purity of the healthy blood, he had taken his own and that of his servant. After a while Dr. L. distinguished between these two, inasmuch as the Professor's was thicker and "dirtier."

Prof. Hebra had confirmed all that had gone before, and said he had been so much struck with the discovery that Prof. Stricker's blood "contained more filth (schweinerei) than that of any other living man," that he had instituted researches for similar peculiarities among his patients, but, thus far, without result. No words are needed to show the immense field for research thus suddenly thrown open to investigators, nor can the practical results likely to proceed from this study be over estimated. Microscopes all over the world will now be turned toward these new constellations, and every freak recorded.

Theories of unity and duality will soon cease to vex the earnest student and practitioner, and half of the skill and learning of dermatologists is made of no value by this simple and certain indication of the presence of the syphilitic virus. The testimony of two such renowned and incredulous men as Professors Stricker and Hebra is a convincing proof that these corpuscles are not bubbles to be pricked by the next impertinent microscopist. I trust I have not omitted nor misstated any of the main points of Dr. Lostorfer's paper, but if so, will send you in expiation of my offence a copy of his article as soon as printed.

I am, yours, &c.,
JAMES CHADWICK, M.D.

◆

THE CONJOINT EXAMINING SCHEME FOR IRELAND.

THE anticipation which we have expressed that the scheme for a Conjoint Examination as agreed to by the Conference of Licensing Bodies would be neither acceptable nor practicable has, we understand, been verified by the reception which it has met by the Governing Councils of those bodies to which it has been submitted. We believe it is true that both the Council of the Royal College of Surgeons and the Senate of the Queen's University have expressed opinions on it which amount to its rejection by them. The Council of the College of Surgeons, we understand, has dissented from those clauses which enable a student to pass the Conjoint Examination *before* he takes any qualification or pays any substantial fee. The Senate of the Queen's University, we are informed, have decided not to bind themselves to any scheme from which any of the co-operating bodies might withdraw at any time, but to await legislation.

The Apothecaries' Company have agreed to the scheme, and the University of Dublin and the College of Physicians have not yet decided upon it.

We conceive that this statement of the attitude of the licensing bodies hardly justifies the jubilation of the *British Medical Journal*, which considers that the Conference has reported "in an able and satisfactory manner."

That journal is of opinion that "to a competition which will lower the price of diplomas without injuring their scientific value the Profession cannot object,"—a view from which we dissent *toto cœlo*.

Whether we speak on behalf of the Profession, or the licensing bodies, or the public, we believe we are justified in saying that the admission of a flood of undiplomated four guinea doctors is neither prudent nor desirable.

We are informed by the same journal that the Irish scheme "corresponds with that planned and adopted by the English bodies." As a matter of fact, it is perfectly and essentially different in all important respects.

It is a subject for regret that the incompatibility of University and College interests in Ireland (where, unlike England, an active competition for Medical licensing exists between such bodies) makes a fair and broad arrangement for Conjoint examinations impossible. We had hoped for a better result; but we believe we can now look to Government for a far more equitable adjustment than the Irish Conference has offered.

SCOTLAND.

SIR ROBERT CHRISTISON, BART.

We defer until next week giving an account of the celebration of Sir Robert Christison's fiftieth year as a professor in the University of Edinburgh. It was in every respect a great success, and worthy of the occasion.

Notes on Current Topics.

Ligature of the External Iliac Artery High Up at Sir Patrick Dun's Hospital, Dublin.

We noticed in our number of January 17th that Mr. Butcher, in the operating theatre of Sir P. Dun's Hospital, ligatured the external iliac artery on the right side, high up, for a large inguinal aneurism, extending above Poupart's ligament, the patient being a man, æt. 68. We are happy to follow up the case, and state now that on the thirteenth day of this month, and the thirty-fifth after the operation, the ligature came away, not a trace of blood following it. The wound now is nearly healed, and the temperature and sensibility of the limb are restored to their normal condition, the same as the sound one. The aneurismal tumour is reduced to about the size of a section of half a billiard ball, and is quite firm and hard; all the circumference of the tumour has been rapidly absorbed, and we have only to add that the successful result of this serious case is most encouraging to operative surgery. Mr. Butcher has added in this operation one more success to the series which has obtained for him the character of being one of the most intrepid and skilful surgeons in Ireland.

The Medical Society of London.

The Treasurer has just issued his financial statement for the year, to the 31st January, ult.

The banker's book shows a balance in favour of the Society amounting to the sum of £262 16s. 7d., with the Society free of debt, and on the eve of having its funds augmented to the extent of the greater part of the revenue for the present year, through the falling due of its annual subscriptions. Financially, therefore, the Society is in a more flourishing condition than it has been at a corresponding date for many years past, if not for any year during the period it has been in existence.

The Treasurer also reports that it is very probable that, ere long, considerable expense will have to be incurred in consequence of the approaching termination of the lease of the premises, it will be greatly to the advantage of the Society if the exceptional outlay on this account can be met without its being necessary to make any exaction on the Fellows in excess of the ordinary annual contribution; and it is encouraging to be told that the Treasurer is strongly of opinion that this object can be realised if the same path of rigid economy be followed for a time that has been pursued during the past year, and indeed in bygone years, whenever like exigencies have occurred to render it necessary; and that without intrenching in any respect on the requirements of the Fellows, or the interests of the Society at large.

A general meeting will be held on the 4th March to receive the report, and elect the officers for the ensuing year. On the 8th March the dinner will take place, Dr. Andrew Clark in the chair.

Charing Cross Hospital—Report of the Registrar for 1871.

The Registrar of Charing-cross Hospital, Dr. Poer, has invented a valuable tabulated report of the cases treated in this hospital and which, if it were made a basis or model for other institutions, might become a valuable series of reference tables.

The total number of patients admitted to Charing-cross Hospital during the year 1871 was 1,402. Of these 678 were admitted under the care of the physicians, and 724 under the care of the surgeons.

Of the 1,402 patients 1,139 were discharged as cured or relieved, 143 died and 120 remained under treatment in the hospital on the 1st of January, 1872.

The average time which each patient spent in the hospital was (in round numbers) 32 days.

The number of days' nursing afforded by the hospital amounted (in round numbers) to 45,260.

The daily average number of patients in hospital was (in round numbers) 124.

This report is accompanied by seven tabulated statements:—

Nos. 1 and 2 show the various injuries and diseases for which the patients were admitted, giving the numbers of each sex and the result, *cure*, *relief*, or *death*.

No. 3 shows the cause of death with the length of stay in hospital of each fatal case.

No. 4 gives the result of every *post-mortem* examination during the six months ended December 31st, 1871.

No. 5 shows the cause, the nature, and the result of every operation performed during the six months ended December 31st, 1871.

No. 6 gives certain particulars respecting the cases of acute and subacute rheumatism admitted during the six months ended December 31st, 1871.

No. 7 gives certain particulars respecting the cases of acute febrile disease, other than rheumatism, admitted during the six months ended December 31st, 1871.

Private Practice by Naval Surgeons.

We learn from the *Malta Times* that the medical officer of one of Her Majesty's ships stationed on the Danube has been transferred to the East Indies, for the apparent cause that he was conducting a considerable private and dispensary practice, and receiving fees as a private practitioner which, as Surgeon in the Queen's Navy, he was not entitled to do. The removal of this gentleman is represented by the *Malta Times* in the light of a great grievance, but we take a diametrically opposite view and consider that it would be neither healthy for the service nor fair to civil practitioners that the medical officers of every ship which might be stationed at a foreign port should go into competition with the local physicians.

Female Medical Missionaries.

Several lady doctors have gone out to India from America in the steamer "Singapore," for the purpose of engaging in work as medical missionaries. The *Scotsman* says that one of the ladies now studying medicine in Edinburgh contemplates undertaking the same work if ever she and her companions are allowed to complete their studies, but that so far from furthering this end, the directors of the Medical Mission in Edinburgh have refused to allow the lady students even to attend in their Cowgate Dispensary.

Suppression of Drunkenness in France.

THE Committee of the French National Assembly which was directed to examine the Bills on this subject, have presented their report. They recognise the principle that a penal law for such a purpose is a legitimate mode of dealing with it and they consider that such an enactment is urgently required because drunkenness has become a social vice, shameful in the present and dangerous in the future. Having declared that the existing enactments are quite insufficient, the committee proposes a specific code of law founded on the remarkable work of M. Theophile Roussell.

Education of Dispensers in America.

ACCORDING to a recent report of the New York Commissioners of Pharmacy, 666 persons, out of over 900 candidates, have been licensed, out of these less than thirty succeeded in passing the examination at the first trial. The *Chemist and Druggist* says that egregious and discreditable failures in chemistry, pharmacy, and toxicology, as well as in "doctor's Latin," characterised the large majority who were turned back by the ordeal. Only three out of over 700 applicants could read the simplest Latin sentences: but more than this number were familiar with the jargon of the prescription counter. "To express the idea of 'the same,' the word *ejusdem* was used; and the Commissioners report the results of this test. One clerk, it is stated, replied that in no store where he had been employed had he ever seen or heard of "infusion of ejusdem." This famous prescription was presented at eighteen drug stores in the most populous part of Broadway, and in each the same answer as the above was returned.

Preservation of Food.

THE Food Committee of the Society of Arts has received for examination from Mr. C. Nielsen, of Copenhagen, specimens of an effort to solve the problem of fixing blood in forms suitable for food, and at the same time capable of preservation, viz., (1) as sausages, puddings, cakes (being mixed with fat, meal, sugar, salt, a few spices), to serve as a much cheaper compensation for meat, and intended more especially for the use of the poorer classes; (2) as blood-chocolate, more especially suitable to be used in hospitals and otherwise in medical practice, in which latter form it has been recommended by Professor Panum, at a meeting of physicians at Copenhagen, October 24th, 1871, and is now being employed at the hospitals of Copenhagen, the attention of physicians being directed to its effects.

In the *Allgem. Wien. Med. Zeitung*, of 6th of February, we notice the following:—"The emancipation of ladies desirous of learning makes propaganda even in Europe. At this moment twenty-four ladies, young and elderly, are attending the Polytechnic School at Zurich. Russia sends the strongest contingent." England will soon have the power of boasting that it is the only country where women cannot graduate in medicine, or indeed even *study* the art. We hear from Dr. C. R. Drysdale, that the Committee of the Farringdon General Dispensary, London, has just suspended him for a month from his functions as Senior Physician, because some of the Committee object to him allowing ladies to attend his clinique, although there are no male students at the dispensary.

Methylated Spirit in Tinctures.

FROM the supplement to the 14th Report of the Commissioners of her Majesty's Inland Revenue, recently issued, it appears that only one instance has occurred of the illegal use of methylated spirit in the preparation of tinctures, the substance so prepared being laudanum, which from its peculiar odour, affords great facilities for the utilisation of methylated spirit.

Health of Dublin.

IN the Dublin Registration District the births registered during the week ending 17th February, amounted to 145. The average number in the corresponding week of the years 1864 to 1871 inclusive was 178. The deaths registered during the week were 244. The average number in the corresponding week of the previous eight years was 184. 45 deaths from small-pox were registered during the week. In the North Union Small-pox Hospital three persons (City cases) died from small-pox. 12 deaths from small-pox were registered in Belfast, and 27 in Cork. 14 deaths were caused by fever, viz., five by typhus, three by typhoid, and six by simple continued fever. Scarlet fever, measles, and whooping-cough caused four deaths each. 10 children died from convulsions. 38 deaths resulted from bronchitis, and three from pneumonia. Six deaths were referred to paralysis, and one to apoplexy. Heart disease was the cause of nine deaths. One death was attributed to stone, two deaths were referred to kidney disease unspecified, and one to Bright's disease. Four deaths were referred to liver disease. 31 persons fell victims to phthisis, one to mesenteric disease, three to hydrocephalus, and two to scrofula. Cancer killed six persons. One person died from the effect of burns.

YEARLY SUMMARY.

Births.—During the year 1871 there were registered in the Dublin registration district 8,860 births, or 29 per 1,000 of the population. In London the number was 34 in every 1,000; in Glasgow 39 per 1,000, and in Edinburgh 34 per 1,000.

Deaths.—8,144 deaths were registered in the Dublin registration district during the year 1871, being equal to a ratio of 1 in 38, or 26 in every 1,000 of the population. The deaths in Belfast were 26 in every 1,000, in Cork 27 per 1,000, in Limerick 26, in Waterford 21, in Galway 22, in Sligo 18, and in Londonderry 20 in every 1,000 of the population. In London 25 in every 1,000, in Glasgow 33 per 1,000, and in Edinburgh 27 in every 1,000 of the estimated population.

Diseases.—The deaths from zymotic diseases registered during the year amounted to 1,720, affording a ratio of 1 in every 4·7 of all the deaths. The number of deaths from small-pox registered in the Dublin district during the year amounted to 207, or 1 in 39 of the total deaths. 34 deaths of City patients occurred in the North Union Hospital, situated without the Dublin registration district. 398 deaths, or 1 in every 20 of the total registered, were caused by fever, viz., 114 by typhus, 190 by typhoid or enteric, and 94 by simple continued fever. Scarlet fever caused 253 deaths, showing a decrease of 195 compared with 1870. 252 deaths were referred to diarrhœa, against 320 in the preceding year. Whooping-cough contributed 212 deaths. 95 deaths resulted from croup. 26 deaths were caused by measles. Diphtheria was the cause of 22 deaths, and quinsy of six. To convulsions 554 deaths were ascribed. 1,203 persons died from bronchitis, and 192 from pneumonia. Heart disease killed 303 persons, pericarditis 11, and aneurism 30. Phthisis or pulmonary consumption proved fatal in 977 instances, mesenteric disease in 128, hydrocephalus in 178, and scrofula in 62. Cancer caused 142 deaths. Apoplexy was the assigned cause of death in 127 cases, paralysis in 133, epilepsy in 32, and cephalitis in 60. 41 deaths were caused by Bright's disease, 71 by kidney disease unspecified, three by stone in the bladder, 132 by liver disease unspecified, 12 by jaundice, and 15 by hepatitis.

Vegetable Powder.

According to the *Mouvement Médical*, "vegetable powder" is for some purposes superior as an application to linseed meal. Unfortunately, the nature or composition of the preparation is not given, yet the following remarks regarding it may have an interest for some of our readers :

The powder in question is finely granulated and dark coloured, more so than linseed meal ; its odour reminds one of oleaginous grains ; its taste is sweetish. Applied to the tongue this powder gives a sensation of freshness, to which soon succeeds one lightly acrid. It is easily soluble in water, and when mixed with a little saliva immediately acquires a semi-mucilaginous consistence.

The last property shows the very hydrometric power of this powder, which we continue to call, for want of a better name, "vegetable powder ;" in fact, while being very finely granulated, it gives to the finger a sensation of the dryness which linseed meal leaves ; it absorbs a great quantity of water, and with a spoonful of this powder a poultice the size of one's two hands may be made ; this presents the appearance of very soft pulp, more equally mixed with water than that obtained from linseed meal, and preserving its humidity much longer.

Water is everything in a poultice. If it is more efficacious in this form than as a lotion, it is because the poultice has a certain weight, reduced certainly as much as possible, but much greater than that of a bandage steeped in fluid ; it is also kept in its place by a slight pressure ; these different actions cause the water to penetrate more closely into the tissues. The poultice is, so to speak, but a medium for the fluid ; of what use is it then when the water which it contained has completely evaporated ? The first condition, therefore, of a poultice is to preserve as long as possible the water employed in its preparation.

But it may be said that it is easy to make a linseed-meal poultice more hydrometric by increasing the proportion of meal ; in other words, making the poultice thicker. This is true, but at the same time it would be heavier, and it would be both cruel and useless to try to persuade a person suffering from phlegmon or peritonitis to keep a heavy weight on the affected part. The second condition, therefore, of a poultice is to be as light as possible, so that the place which is inflamed and in pain should easily endure this therapeutic means of cure.

The "vegetable powder" presents this double advantage, being very hydrometric and absorbing much water it can be used in small quantities, forming a soft and very damp paste, and further, by reason of its slight bulk, very light. But besides this, the specific gravity of the powder is less than the linseed meal, so that lightness is added to persistent humidity to make of a poultice prepared from this substance a typical production.

Let us add, that linseed meal contains acrid matter which excites the skin, and a fatty oil, which, in contact with the air, absorbs oxygen, developes fatty acids, and, so to speak, produces rust, another cause of cutaneous irritation. The "vegetable powder" is less exposed to produce this last phenomenon. We do not say that the inconvenience is entirely obviated, but we believe that it is less than when linseed meal is employed.

The first impression which the patient experiences to whom a poultice made of this powder is applied, is a sensation of freshness ; in a few moments a slight reaction supervenes, heat arrives, but this is not great, and is merely temporary, freshness soon returns, and remains as long as the application lasts : this may be prolonged for a considerable time on account of the light weight of the poultice.

Poultices of this description have recently been applied to a case of an infant affected with peritonitis, in a case of phlegmonous erysipelas, of two persons with abscess of the armpit, of several females affected with metritis or metro-peritonitis, and in one of phlegmon of the breast ; also of a patient who had suffered upwards of a year with scrofulous ulcer of the arm,—in each instance with complete success.

Samuel on Inflammation.

In *Virchow's Arch.*, Oct., 1870, Dr. Samuel speaks of the results of inflammation artificially excited by means of caustics, burning, or rubefacients. He affirms that he has observed how that the first phenomenon of the inflammatory process is the coagulation of blood in the veins ; to which there may succeed a secondary congestion in the arteries, by the impediment caused in the circulation From this he concludes that in the veins we must look for the principal factor of inflammation.

The Medical Council is to meet on the 29th. Dr. Burrows will bring before it the Scheme of the English Colleges, on behalf of the Royal College of Physicians.

The Queen has appointed Sir W. Gull to be one of her Physicians Extraordinary.

Amongst the curious publications called forth by the Prince's illness we have received a tabular statement entitled "The Nation's Wave of Suspense in 1871," and which is described as a loyal record of the critical illness of H.R.H. Albert Edward, Prince of Wales, with a conspectus of the bulletins issued by the Physicians in attendance, and notices of contemporary and connected events, exhibiting in a novel and striking form, and at one view the rising hopes and anxious fears of the British people during this period of national trial. For those who desire to thus commemorate the period there is an edition on plate paper for framing. It is a curiosity in its way, and we suppose will sell.

St. Mary's Dispensary, founded five years ago by Mrs. Garrett-Anderson, M.D., has been transformed into an hospital of which two wards are already opened. The Earl Shaftesbury presided last Thursday at the opening ceremony, and it appears that Dr. Elizabeth Blackwell, who has returned from America, and Miss Morgan, M.D.

Zurich, have joined Mrs. Anderson as physicians to the Hospital. We are not informed how these ladies are to obtain a British diploma, or how their names can be inserted in the *Register*, the only legal authority to practise.

◆

FINANCIAL POSITION OF GOVERNMENT IN RELATION TO ARMY MEDICAL DEPARTMENT.

Number of Medical Officers in each rank, with pay thereof, on May 1st, 1871.

No.	Rank.	Pay per Annum. £	s.	d.
101	Surgeon Majors	43,329	0	0
235	Surgeons	85,775	0	0
1	Assistant-Surgeons over 15 years	319	7	6
231	Assistant-Surgeons ,, 10 ,,	63,236	5	0
241	Assistant-Surgeons ,, 6 ,,	54,978	2	6
137	Assistant-Surgeons under 6 ,,	25,002	10	0
946		£272,640	5	0

Number of Medical Officers in each rank with pay thereof *as will be* on May 1st, 1876.

No.	Rank.	Pay per Annum. £	s.	d.
212	Surgeons Majors	92,856	0	0
124	Surgeons	44,895	0	0
117	Assistant-Surgeons over 15 years	37,366	17	6
229	Assistant-Surgeons ,, 10 ,,	62,688	15	0
137	Assistant-Surgeons ,, 6 ,,	31,253	2	6
127	Assistant-Surgeons under 6 ,,	23,177	10	0
946		£292,237	5	0
	Excess, £	19,597	0	0

The foregoing figures distinctly prove that at the present rate of promotion, the *position* of the component members of the Department must, at the expiration of five years, be so altered by length of service as to cause the gradually increasing outlay to have then reached an additional cost of nearly £20,000 per annum.

In this calculation no count has been taken of the number of surgeon-majors over twenty-five years' service, whose pay is consequently augmented by 3s. a day (viz., 27s.), as this sum is allowed to be a set-off against the probability of any deaths amongst the senior Assistant-Surgeons, whose places would then be supplied by those on a lower rate of income.

The calculation is thus rendered perfectly incontestable, and a continuance of the investigation will also show that each succeeding year must, by a process of reduplication, add immensely to the increasing price of the Medical Service.

It is therefore evident that on this day five years (May 1, 1876), the country will possess an Army Medical Staff of the exact numerical strength of to-day, but costing £20,000 more; and that for this augmented outlay nothing but discontent and dissatisfaction amongst those who are growing old in the subordinate grades will be purchased, without even adding a single man to a projected Medical reserve.

The solution of the difficulty is not only feasible, but possesses the rare qualification of being benefical alike to the State and to the Service.

Viz.:—Optional retirement at twenty years' service, instead of twenty-five, on £1 a day, *conditional* on enrolment, up to the age of 55 years, in the Medical Reserve, from which the Militia could be provided with experienced military surgeons, on additional allowance to each officer, when so employed, of quarters, fuel, servants, and forage.

Paradoxical as the statement may seem, it is nevertheless a fact that the retirement of a Surgeon-Major on £1 a day costs the State *only* 8s. 6d.; since, by his removal, 24s. being saved, while the promotion of an assistant-surgeon over fifteen years' service to the rank of surgeon, costs only 2s. 6d., and the appointment of an assistant-surgeon to fill the place of the latter 10s. a day, this sum, 12s. 6d., with the 20s. given as *pension* to the Surgeon-Major, represents a total loss of 32s. 6d. against a gain of 24s., leaving a balance loss of 8s. 6d., at which rate, for the increased outlay of £20,000, 129 Surgeon-Majors might be *pensioned* yearly.

It is therefore incredible that the excess of expenditure should still continue to be dispensed to the hardship of the recipients, when a proper utilisation of a far less amount would reproduce a normal rate of promotion, establish a Medical reserve, supply Medical officers for the Militia, and give rise to contentment in a Department where despair and stagnation now reign.

X. Y. Z.

May 1st, 1871.

◆

Foreign Medical Literature.

A REMEDY FOR CORYZA.

By Dr. C. Barbier.

(Translated expressly for the Medical Press and Circular from the *Lyon Médicale.*)

"Il ne faut pas négliger les petits profits."

I know a man who had one evening the foolishness to go to bed in a room where there was a large open fire of anthracite under a chimney half-closed by a slide. This imprudence almost cost him his life, but he only lost by it—immortality in the little journal of his arrondissement—a fine occasion lost. Hardly was he in bed, and not yet asleep, when he felt himself seized with pain, dizziness, shooting pains in the temples, &c., aiding thus with clear conscience the approach of a commencing nightmare. It is the effect of the charcoal, he thought, I must flee. But already he had no longer the power.

Soon overcome by a heavy sleep, he saw himself pursued, then martyrised by savages, he felt in the skin of his head the knife which scalped him . . . . until at last, rolling down a precipice, he awoke . . . . on his falling out of bed.

At this moment I awoke (I was the man) uttering an energetic Thank God! I heard eleven o'clock strike; I had gone to bed at nine.

It is impossible to tell what I suffered during those two hours; it is unspeakable. I appeal to all those who have entered the antechamber of the house of death, at the invitation of *carbonic acid*, of *carbonic oxide*, or of a simple *vase of flowers.* Ah! truly, can't please the lovers of romance who have made suffocation "the easiest death." I do not congratulate the ladies "deceived and abandoned" for their good taste and their monopoly for this kind of suicide.

Immediately upon my feet, I hastened to open the window and the door, to extinguish the fire, &c. But, alas! during the few minutes this manœuvre lasted, my room was filled with night fog, whilst my *inexpressible*, (free translation, my night-shirt) floated at will of the wind.

The following day I breathed needles in my parchment nostrils; I had a complete *rhinitis*, and expected bronchitis and the rest. Total, a six weeks' cold . . . . if I do not anticipate.

Immediately I rung for my groom.

"Understand," I said, "I shall not go out to-day, I shall strike work."

"Whether any one asks for me or not, I am at home to no one. Everyone is comprehended in the order I give."

A violent ring at the bell answered my last words; a pressing case in an urgent patient admitted neither reasons, nor excuses, nor replies; I must set out at once, in abominable weather . . . the consequences may be imagined.

The pocket handkerchiefs with which I had provided myself were soon useless . . . I was reduced to sponge the end of my nose, which was at first a relief to me, then a subject of study.

The more one blows one's nose, the more one wants to blow one's nose. The depletion of the nasal fossæ constitutes at first a subtraction of pressure which should facilitate a new exudation; besides, the *pituitary* membrane being exposed, the air inspired by the nostrils excites it grievously, which augments still more its hypersecretion, fresh need to blow one's nose, fresh vicious returns of the causes, reproducing the same effects, and this abundant serous secretion quickly constitutes a general enfeeblement, a veritable *autophagy*.

Let a pretty just comparison be allowed me, although a little *pulled in by the hair:* the more one has one's hair cut, the more it becomes long, thick, and strong; it is for the razor and the scissors that the impatient young man and the intelligent mother ask: he, moustaches; she, hair for her daughter.

The sensation of fulness of the nasal fosses is very unpleasant; it makes the voice snuffling or nasal; it changes voluntarily, by the fact of an error of pronunciation, a compliment into an absurdity, or even into an insult. . . . But that is a detail.

The accumulation of the nasal mucus concurs in fulfilling the conditions of the treatment of coryza extolled by M. Ivonneau, of Blois, the occlusion of the nostrils during forty-eight hours; besides, there seems to me to be, in rhinitis, the happy influence of the shedding of tears in acute ophthalmia; and it is known that M. Brachet preferred tears to all the *collyria*, and that he was not afraid, in the complication of xerosis, to provoke them by tickling the conjunctivæ with the head of a pin or the feather of a quill pen.

I see in it, besides, a plastic and warm layer preserving the membrane of Schneider from the contact of the air, smoke, irritating dust, &c., whilst maintaining the uniform conditions of heat and hygrometry, and, in fine, all the advantages of the method of dressing wounds by occlusion of M. Chassaignac, and of dressings more and more seldom in the order of the day in the course of the great operations of surgery (*a*).

To return from my digression, it was wearisome to me to enter my house to try the abortive method recommended in 1845 by the English Pretty (*b*).

Dr. Teissier has found it useful. He wrote it to a young lady the evening before her marriage, and she was thereby enabled to go through the next day's ceremonies without sneezing.

Instead of employing nitrate of silver in solution, I have reduced it to an impalpable powder, and mixed it with ten times its weight of sugar. Five or six inspirations of the size of about half a pinch of snuff of this powder have sufficed to avert in two days my cold in the head and its consequences. The first inspiration was very painful, and seemed to me to augment the illness, but the following were less and less so.

In the presence of this marvellous cure, I had one day the bad thought of inserting daily in all the journals of France the following advertisement:—

"A priest has found the means of curing colds in the head in twenty-four hours. The treatment exacts neither repose nor diet; it is easy to pursue in secret or on a journey. By sending (*sic*) 3 francs in postage stamps, &c. . . ." There is no doubt that this dodge would bring me a hundred francs a day. But . . . suffering humanity before all. . . . Wherefore I publish here *gratuitously* my method, which I summarise as follows:—

1st. Recommendation: During all the course of the malady *the patient must not sneeze* (*a*); if it is not possible, he must open his mouth wide, in order to expel by this cavity the column of air which would shake the partitions of the nasal fossæ too strongly.

2nd. Invitation: One must blow one's nose as little as possible, and in an incomplete manner, for the numerous reasons indicated above.

3rd. Prescription: Three or four times a day, until an effect, draw in strongly by the nostrils, a very small pinch of the following powder:—

Nitrate of silver dissolved . .	1 part
Sugar	9 parts.

Reduce to an impalpable powder.

I finish, Mr. Editor, with asking you to be so good as to insert this little article in a corner of your charming journal. It is not very well written (not the journal, the article), I know, but I also know that

One must not neglect little benefits.

◆

Literature.

SYPHILIS: ITS NATURE AND TREATMENT, WITH A CHAPTER ON GONORRHŒA (*b*).

We bespeak a cordial welcome for this new work, which contains in a moderate compass the conclusions of an industrious, pains-taking syphilographer, with an unbounded courage of convictions, and a great familiarity with the whole literature of the great subject to which he has devoted so much labour.

In the preface the author explains his motives for writing another work on a subject already so much dilated upon. It seems that, in 1863, he published a pamphlet which soon went out of print, but which was referred to in various debates on the treatment of syphilis in London, Paris, and Christiania. It was also translated into German by Dr. Hermann, of the Wieden Hospital, Vienna. He seems to think that the evidence contained in the pages of this work may tend to convince all who read it, that mercury has been credited with far too much remedial power over syphilis, by the past generation of medical men; and that iodine and iodide of potassium are so much more safe and useful, if used in right doses, that it is likely that mercury may be ere long almost entirely discarded from the treatment of all forms of the disease. Open discussion of such obscure points is, he adds, not only a right, but the duty of all who desire to come to any clear conclusion.

The first two chapters, as far as page 33, are devoted to the doctrines and treatment of gonorrhœa; firstly, in the male, and secondly, in the female. Chapter III. is "On Syphilis," and thirty-five pages are given to the general consideration of the whole doctrines of syphilis and its phenomena. Chapter IV. is "On Syphilis in Women." Chapter V. is "On the Diagnosis and Causation of the Disease." In Chapter VI. the author treats of the treatment of syphilis. Chapter VII. continues the same subject. In Chapter VIII. there is, in the form of an Appendix, a disquisition on the "Origin of Syphilis, and Nature of the Chancre."

With regard to gonorrhœa, the author calls it a *special* inflammation of the urethra, of which by far the most

---

(*a*) How many amputated on the field of battle have owed their most prompt cure to the want of care—that is to say, to the material impossibility of making methodic dressings?

It is not the more or less prolonged remaining of pus on a wound which favours purulent resorption; it is autophagy. Let us make our patients eat as the English do, and count a little more on *natura medicatrix*.

(*b*) Cauterisation of the nasal fossa with—

Distilled water, 30 grammes,
Nitrate of silver, 40 centigrammes.
Mix.

(*a*) There is a means of avoiding the disagreeableness of sneezing, that is by rubbing briskly the sides of the nose with the fingers (T. and D.); but in sharp rhinitis this means is painful, and produces a contrary effect.

(*b*) "Syphilis: Its Nature and Treatment, with a Chapter on Gonorrhœa." By Charles R. Drysdale, M.D., M.R.C.P.Lond., F.R.C.S.Eng. Physician to the Metropolitan Free Hospital, London, &c. Late Hon. Sec. to the Harveian Society's Commission for Prevention of Venereal Diseases. London: Baillière, Tindall, and Cox. 8vo. Pp. 165.

ordinary antecedent is contagion. Perhaps ninety per cent. of all cases come from contagion. However, he admits that it is true enough what M. Ricord says, that there is nothing more common than to find women who have communicated the most acute attacks of gonorrhœa to the male, and who are only affected with a scarcely purulent catarrh. Excesses in venery and alcoholic fluids will, however, sometimes cause gonorrhœa. Mr. H. Lee's opinion that gonorrhœa in the male may arise from intercourse with a woman in whom no change in the genital organs can be detected on minute examination, is adopted by the author.

Gonorrhœa has a short incubative period, may continue for years, and is the main cause of stricture of the male urethra. It tends eventually to become chronic in the form of gleet, and at any moment to relapse again when alcoholic fluids are indulged in. The phenomena observed by the endoscope are redness in the fossa navicularis, or in the membranous or prostatic portions of the urethra, &c. In chronic cases, the colour of the mucous membrane is dusky, less elastic, firm, and even leathery, and twice or thrice as thick as in health. With regard to treatment, the sole treatment which the author evidently much approves of is, that of injections. At the outset, strong injections of nitrate of silver sometimes do cut short the disease (ten grains to the ounce); but these are rather dangerous. Chloride and sulphate of zinc make the best of all injections (two grains to the ounce, or thereabouts). They may be used at all stages of gonorrhœa, if care be taken. Our author seems to have a complete distaste for copaiba and cubebs in all but the most exceptional cases. The use of hot fomentations of the organ is very useful in the acute stages. For chordee, one third of a grain of morphia is useful at bedtime. Injections to be used thrice a day at least, the fluid retained three minutes, and continued for a week after the discharge has ceased. In chronic obstinate cases, passage of a bougie daily is good practice. The endoscope is too cumbersome for practice. Balanitis may be treated by a lotion of liquor calcis. Prostatitis requires warm baths, rest, and warm water enemata. In cystitis, infusion of buchu is useful. In orchitis, rest in bed, the testes being well raised, a brisk purge, and hot fomentations are recommended. Gonorrhœal rheumatism is not very uncommonly met with. No internal treatment is useful. Blistering of the painful joints should be tried. Gonorrhœal conjunctivitis is a most dangerous prognosis. Incisions of the conjunctiva are required with cautery, with nitrate of silver. Gonorrhœa has scarcely ever anything to do with syphilis, except when a chancre is in the urethra.

As to stricture of the urethra, it is very rare indeed in the prostatic portion, and may be single, multiple, cartilaginous, or undilatable. Stricture may involve the canal to the extent of half an inch, or for several inches. The chief cause of stricture is gonorrhœa, but cautery, with strong solutions of nitrate of silver for spermatorrhœa, may produce it. The French scale of bougies is more gradual and better than the English, and should be used in treating stricture. Two to four days should elapse before the next size is passed, and No. 26 or 28 of the French scale should be passed before concluding. Holt's dilator has much to be said in its favour, especially in the treatment of the poorer classes; who, if not cured at once, often die of retention of urine from carelessness. In suitable cases there is very little danger, indeed, from forcible dilatation. The rigors of stricture patients should be treated by large doses of quinine. In Chapter II., the author says that much obscurity exists with regard to the diagnosis and cure of gonorrhœa in the female. So much is this the case that he evidently would not like to assert categorically that any given female patient was suffering from gonorrhœa, unless there were vulvitis accompanied by vaginitis and urethritis. The last symptom is, doubtless, a useful one to aid the practitioner in coming to a conclusion. The chief treatment for gonorrhœa in the female consists in warm fomentations, when the attack is acute, followed by strong injections of sulphate of zinc, alum, and tannin. In urethritis, a thin pencil of nitrate of silver may be passed up the urethra. In gonorrhœa of the uterus, a sponge-tent, or a tent of laminaria, should be passed, and then the interior of the uterus touched with tincture of iodine. Gonorrhœa is the main cause, probably, of the infertility of prostitutes. Gonorrhœa in the female is not easily differentiated from syphilitic discharges proceeding from mucous tubercles, &c.

In Chapter III., the author remarks that in Paris, physicians now are the chief persons who attend at the Venereal Hospitals, since syphilis requires but few operative procedures. It is evident that he casts in his lot with the school of dualists; although, both in this chapter and in the appendix, our author certainly gives both sides of the question fairly. Notwithstanding all that has been written, there can be little doubt that cases do often occur, even in the male, in which it is very difficult to give a certain prognosis as to whether syphilis will follow after a given ulcer or not. The author does not believe that slightly indurated sores are specially likely to be followed by benignant syphilis. Women suffer far more severely from chlorosis, loss of hair, and, indeed, from many others of the horrors of the disease, than men do. The alopecia of syphilis is caused by the *fever*, or want of nutrition of the body. Phagedænic sores are often the preludes to rupia. Roseola is almost always seen among the early rashes of syphilis. The papular form of syphilitic eruption is very common. The pustular is common on the scalp. Squamous syphilitic eruptions are not uncommonly mistaken for psoriasis, but are rarely itchy. There is a pigmentary skin disease seen in some cases. Mucous tubercles are pathognomonic of the disease. They are common on the throat and in the nostrils; but rare in the larynx. Elevated patches on the tongue are common in early syphilis. Vegetations or warts have no necessary connexion with syphilis. The glands affected in syphilis are chiefly the inguinal, cervical, occipital, axillary, and popliteal. Jaundice sometimes occurs in early syphilis, and hemiplegic seizures have been noticed by the author. Syphilitic iritis is a most important disease. It lasts a long time, and requires careful local treatment above all. In young adults the prognosis is not unfavourable; but in elderly persons it not unfrequently destroys vision from adhesions of the iris to the lens, &c. Syphilitic iritis is very liable to relapse. It is not uncommon in infants, and often causes blindness in infancy, when untreated. Choroiditis and retinitis are seen in early syphilis, and occasionally cases of mydriasis are met with.

Acute rupia may cause death from cachexia; but, fortunately, *malignant syphilis* is comparatively rare now-a-days. Diseases of the liver and kidneys sometimes follow rupia. Small tumours of a dusky red colour form in the secondary period, perforate the skin, and cause phagedæna. Gummy tumours are very common in the tertiary period in all parts of the body, but the throat is their seat of predilection. Iodide of potassium is, the author thinks, all but infallible in such cases. Dry caries of the skull is sometimes, though rarely met with in syphilis; but since iodine has taken the place of mercury, such cases are not so dangerous. Persistent headache, conjoined with prominences and depressions of the skull, may make us diagnose such cases. The cartilages of the larynx are occasionally involved by syphilis, and in hereditary syphilis. The joints are very rarely attacked in syphilis of adults. As to gummy tumours of the testes they are not very rare, and fortunately yield rapidly to large doses of iodide of potassium. The ovary is occasionally attacked by gummy tumour, but not often. As to syphilitic Bright's disease, this is occasionally met with, and the author relates a fatal case under his care at the Metropolitan Free Hospital.

Thickening of the pylorus has been referred to syphilis; and ulceration of the rectum is occasionally caused by syphilis, with stricture of a fatal character. The liver is not unfrequently attacked by the disease; and the author relates one or two cases in which he made the diagnosis of syphilitic liver. Iodide of potassium is very useful, he thinks, in such cases. The heart and great vessels are *doubtless sometimes* affected with gummy products, and aneurism of the aorta is due to syphilis in some cases. Dr. Drysdale mentions that he has had some cases of syphilitic lung disease at the North London Consumption Hospital, which were accompanied with cavities, and one of which did well with iodide of potassium. Diseases of the nerves are now recognised very frequently to be due to syphilis. Epilepsy in adults, especially in males over thirty, is not unfrequently syphilitic in its origin. Such epilepsy is usually accompanied by unilateral convulsions. Iodide of potassium cures those cases sometimes very rapidly. Paraplegia and locomotor ataxia also are not unfrequently of syphilitic origin, and the iodide is useful in suspected cases. Hemiplegia syphilitica is not uncommon. Ptosis is very commonly caused by syphilis. The optic nerve, the third and fifth nerves, are all commonly attacked by this terrible malady; the facial nerve, too, is sometimes attacked late on in the disease. Tic doloureux, when very persistent, should be treated by iodide of potassium, as it is sometimes syphilitic. Ozæna is one of the most difficult of all the affections caused by this disease to treat successfully. Large, very large doses of iodide of potassium, however, almost always succeed. The epiphora caused by inflammation of the lachrymal canals, is best treated by the iodide, as is also the interstitial corneitis seen so commonly in young persons who have inherited this disease, and show it near the time of birth. Cataract is not rare in inherited syphilis. Atrophy of the vessels within the eyeball and in the papillæ may cause blindness in tertiary syphilis. Deafness is caused chiefly in cases of hereditary syphilis.

(*To be continued*).

Correspondence.

THE SMALL-POX IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Judging from the number of admissions during last week, I consider the epidemic continues, though slowly, to decrease. I have had since Saturday last but nineteen fresh cases. No doubt the cause I pointed out in my last letter, viz., the opening of the Mater Hospital for small-pox cases, contributes in a great degree to produce the result of diminishing, very considerably, the admissions into the sheds; still, even taking this into account, the average weekly number of fresh cases is, I think, decreasing. I am more disposed, however, to regard the gradual, and, as far as I can judge, permanent decrease, in the number of purpuric cases, as a more certain sign of the fading away of the epidemic than the mere diminution in numbers might lead one to conclude. Of the nineteen admitted during the past week there was only one well-marked purpuric case. The proportion of confluent cases continues about the usual average. Another circumstance, to which I think considerable importance must be attached, is the fact that the disease now appears to show a tendency to attack, in a greater ratio than previously, those who have *never* been vaccinated. Five out of the nineteen cases admitted last week were never vaccinated. Taking twenty cases, at random, of those admitted at the commencement of the epidemic, I find that only one out of that number was so unfortunate as never to have been vaccinated. It is true that the large proportion of unvaccinated cases, last week, may be merely an accident, and before drawing any definite or safe conclusion from the fact, it would be necessary to ascertain if a similar condition of things prevailed in the other hospitals of the city. As far as the fact may be taken as evidence, the conclusion it seems to warrant is, that the epidemic, having expended much of its force, now finds its victims to a greater extent than formerly amongst those who have never had the protection of even primary vaccination; that in fact, vaccination, even when performed long since, becomes a more powerful protecting influence as the epidemic decreases, and that hence a falling off in the proportion of vaccinated to unvaccinated persons attacked is evidence, so far, of a general decrease of the epidemic. I believe it is true that in an invasion of cholera one of the first signs of its subsidence is a lessening in severity of the individual cases, and the same appears probably to be true of small-pox.

Yours truly,
Jos. E. Kenny,
Union Physician, North Sheds.

Saturday evening, Feb. 24th.

POISONING BY CARBOLIC ACID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the last issue of the Medical Press there is reported by Dr. Harley a case bearing the above heading, and in which he asks for some "information on the subject, especially as to the best antidote for it." Now if you would not deem it unworthy your journal, the following few words on a case somewhat analogous to Dr. Harley's may not be devoid of some notice. About a year hence a little boy, æt. eighteen months was brought to me suffering from a severe burn on the side of face and neck down to clavicle. I prescribed for it a liniment, consisting of one part carbolic acid to twelve of olive oil, and pledgets of lint steeped in this to be applied to the affected surfaces. Under this treatment for some days everything went on quite well, and considerable portion of surface had healed, when one morning the mother used the dressing so strong, that immediately the child was taken violently ill. In a few minutes afterwards I saw the child, and believed it had not many moments to live, it was collapsed and a profuse "milky froth" flowing from its mouth, no vomiting, I had it brought into the open air, and directed the mother to keep the froth carefully wiped from the mouth; while I administered myself a teaspoonful of spirits as a *dernier ressort*, for as I have said, I thought it had not many moments to survive. However, it rallied perfectly in the course of an hour, and made a complete recovery. The parts to which the dressings were applied were rendered "perfectly white," and the oozings from them, that came in contact with the sound skin of the neighbouring parts, caused excoriation of them.

I am &c.,
John McKeogh, L.R.C.P.,

Thurles, 16th Feb., 1872.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The Editor of the *British Medical Journal*, in a recent number of that periodical, animadverts, with the warmth and earnestness of a partisan, on Mr. Bruce's change of policy on the subject of the so-called "Contagious Diseases Act;" and characterises this change of policy, as a pusillanimous retreat from a position which had been previously maintained against a "senseless and indecent agitation."

How far it is prudent and discreet in the Editor of a public journal, to give an *ex parte* complexion to his official utterances, on a subject as to which there is anything but unanimity among the members of the Profession, it is not for me to determine, but I may be permitted to express my conviction, that, if a comparison were to be instituted as to the relative intelligence of the abettors of that measure, and its opponents—setting aside those members of the profession who would be in the division—the result would furnish a very fair average as to the latter class; whilst among them not a few would be found, in mental calibre, in force of intellect, and in sobriety of judgment, not inferior to any of its advocates. How this sweeping charge of "senselessness" could have been uttered and entertained in the face of such an opposition, can only be charitably explained on the supposition, that the intellect of the parties concerned had suffered a temporary disturbance.

The latter taunt of the two reverts, by its inherent resilience, upon the persons who have given expression to it. A bill introduced for a partial and inequitable application, and surreptitiously placed upon the statute book under a vague and fictitious designation, must have had in the minds of its framers and supporters certain phases of indelicacy unsuited for the visual faculty in the broad light of open day. Besides, assuming that a nation, professedly Christian, recognises the injunctions of the Decalogue as the basis of its code of morals, to indorse, by parliamentary enactment, a course of licentiousness, as it directly contravenes the supreme authority of the Great Lawgiver on the subject in question, so it can never promote the interests of the community, social and physical, untimely associated as they are with its moral interests.

In submitting the above for insertion in the MEDICAL PRESS AND CIRCULAR, I am echoing, as I believe, the sentiments of many members of the association to which I belong, who are equally alive to the physical evils which are being entailed by syphilitic taints in the constitution, but who have a profound conviction, that that which in principle is morally wrong, can never be made a remedial agency for the consequences of a course of vicious indulgence.

I am &c.,
J. BIRCHENALL, M.R.C.S.,
Macclesfield, Feb. 19th, 1872.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have heard it stated as the opinion of a late Medical professor of Queen's College, "that black clothes received and retained the infection of diseases, more than any other colour," thus resembling the rays of heat, and light, which we know are absorbed by black. Can you or any of your correspondents throw light on this interesting question?

Armagh, 15th Feb., 1872. M.D.

◆

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday, the 19th ult., the following gentlemen having conformed to the by-laws and regulations, and passed the required examinations, were granted licences to practise physic, including therein, the practice of medicine, surgery, and midwifery:—Edward Cresswell Baber, M.R.C.S., 34 Thurloe square, S.W.; Robert Edward Hammond, M.R.C.S., 17 Booth street, E., Chorlton-on-Medlock; John Nelson Kiddle, M.R.C.S., Guy's Hospital; Charles Sage Ticehurst, 11 Carlisle parade, Hastings; John Tweedy, University College Hospital; George Bland, who passed his examination in medicine, October, 1871, and has obtained a recognised qualification in surgery.

Mr. Norman Lockyer on the Sun.—On Wednesday evening, Feb. 14th, the president, vice-president, and managers of the London Institution, Finsbury circus, gave a conversazione, which was attended by several hundred persons, including a large proportion of ladies. Among the contributions for the occasion on view in the spacious Library were a series of water-colour sketches of Mexican scenery and vegetation lent by Mr. G. H. White; photographic views of the Nile, belonging to Mr. F. M. Good; spectroscopes, rare chemicals, new voltaic batteries, &c., the special feature, however, of the evening was a lecture by Mr. J. Norman Lockyer, F.R.S., on the Sun, illustrated by interesting drawings and photographs of the exterior of that luminary, as seen under various aspects, including prominences, lines, and other phenomena. The lecturer's remarks naturally had special reference to various points connected with the atmosphere and vapours around the Sun and the enormous forces which have recently been discovered to be constantly operating. Having alluded to and illustrated the discovery by chemical means of hydrogen, magnesium, and other substances outside the Sun, Mr. Lockyer said that in future the study of the heavens must be the combined work of the astronomer, the physicist, and the chemist; and pointed out the necessity of closely studying, not merely the visible part of the spectrum, forming but a small part of the whole, but also what is beyond. In conclusion, he contended that if a case had been made out in favour of the Sun's atmosphere, some steps should be taken in order that the question might be more closely investigated and more rapidly worked out than it is now.

The last report of the Sanitary Commissioner for Madras gives the following table of mortality in that presidency:—

In the European Army - - - -	19·2	per thousand.
In the Native Army - - - - -	13·8	do.
Civil population- - - - -	18·5	do.
Police - - - - - - -	13·5	do.
Prisoners - - - - - - -	26·5	do.

There has been a remarkable decrease in the death-rate, since the prisoners have been provided with better food and more room. In 1865, the death-rate, sad to say, was 126·3 per thousand; but in 1870, after the introduction of improvements by which the prisoners were provided with less impure air, with better food, and pure water, it fell to only 26 per thousand. The *Madras Medical Journal* says that these figures are a full and sufficient answer to those who, from time to time, have raised an outcry against pampering our prisoners, and they must satisfy all right-minded and impartial minds that the recently effected improvements were absolutely necessary to wipe out a very black blot from our prison administration, seeing that, under former insanitary conditions and surroundings, our prisoners were literally decimated with scurvy and its allies, and that, in the majority of cases, a prolonged term of imprisonment was tantamount to a sentence of death.

Preservation of Meat.—The Food Committee of the Society of Arts have had before them some further specimens of Bancroft's desiccated meats, from Queensland. It consists of meat deprived of a certain amount of water, by five pounds of fresh meat being reduced, by a simple drying process, to one pound. It is ground to a powder, and, with no mixture of any other ingredient, is put into tins, not air-tight, but simply covered with an ordinary lid. The Committee can speak confidently of its keeping qualities, the specimens which they have had before them being part of the original consignment sent to this country in 1867. It is in excellent condition, just as good as when originally sent over. It contains all the constituents of the meat, and is well adapted for the making of soups, beef-tea, potted meats, hashes, curries, &c., &c. In flavour it is agreeable, and its nutritious qualities have been favourably certified to the Committee by Dr. A. S. Taylor, to whom it was sent for examination. The Committee would gladly see it introduced into the trade as a general article of food, believing it a valuable addition to the food resources of the kingdom.

Army Medical Department.—Inspector-General Beatson embarks for Bombay about the 6th inst. Staff Surgeon-Major Bawtree has been granted leave of absence pending his retirement upon half-pay. Staff Surgeon Titterton, having been placed under orders for the West Indies, has been pronounced by a medical board unfit for tropical service for the present, and has proceeded on six months' leave. Staff Assistant-Surgeon T. W. Wright has been granted one year's leave, after a tour of service on the African Coast. Staff Assistant-Surgeon S. Robertson proceeded on leave on the 1st inst. until March 31st on private affairs. We understand that the strength of the department at Malta and Gibraltar is to be at once reduced. Surgeon-Major James E. Scott, M.D., 4th Battalion, Rifle Brigade, is acting as principal medical officer at Chatham, in addition to his other duties. Assistant-Surgeon Isaac Hoysted, 2nd Battalion, 9th Regiment, and Assistant-Surgeon J. C. Murphy, R.E., have rejoined at Chatham from leave. Staff Assistant-Surgeon Beattie has been ordered to the Isle of Grain, to take medical charge of troops at that station. Assistant-Surgon A. Minty, M.B., being supernumerary in his regiment the 4th Battalion, Rifle Brigade, is about to be transferred to the staff.

Science at Cambridge in 1872.—The following is a list of the scholarships and exhibitions for proficiency in Natural Science to be offered in Cambridge during the present year:—*Trinity College.*—One or two of the value of about £80 per annum. The examination will be on April 5, and will be open to all undergraduates of Cambridge and Oxford, and to persons under twenty who are not members of the Universities. Further information may be obtained from the Rev. E. Blore, Tutor of Trinity College. *St. John's College.*—One of the value of £50 per annum. The examination (in Chemistry, Physics, and Physiology, with Geology, Anatomy, and Botany), will be on the 12th of April, and will be open to all persons who have not entered at the University, as well to all who have entered and have not completed one term of residence. Natural Science is made one of the subjects of the annual College examination of its students at the end of the academical year, in May; and Exhibitions and Foundation Scholarships will be awarded to students who show an amount of knowledge equivalent to that which in Classics or Mathematics usually gains an Exhibition or Scholarship in the College. In short, Natural Science is on the same footing with Classics and Mathematics, both as regards teaching and rewards. *Christ's College.*—One or more, in value from £30 to £70, according to the number and merits of the candidates, tenable for three-and-a-half years, and for three years longer by those who reside during that period at the College. The examination will be on March 19th, and will be open to the Undergraduates of the College; to non-Collegiate Undergraduates of Cambridge; to all Undergraduates of Oxford; and to any students who are not members of either University. The candidates may select their own subjects for examination. There are other Exhibitions which are distributed annually among the most deserving students of the College. *Caius College.*—One of the value of £60 per annum. The examination will be on March 19th, in Chemistry and Experimental Physics, Zoology, with Comparative Anatomy and Physiology, and Botany, with Vegetable Anatomy and Physiology; it will be open to students who have not commenced residence in the University. There is no limitation as to age.—Scholarships of the value of £20 each, or more if the candidates are unusually good, are offered, for Anatomy and Physiology, to members of the College.—Gentlemen elected to the Tancred Medical Studentships are required to enter at this College; these Studentships are four in number, and the annual value of each is £113. Information respecting these may be obtained from B. J. L. Frere, Esq., 28 Lincoln's Inn Fields, London. *Clare College.*—One or more of the value of £50 per annum. The examination (in Chemistry, Chemical Physics, Comparative Anatomy, and Physiology, and Geology) will be on March 19th, and will be open to students intending to begin residence in October. *Downing College.*—One or more of the value of £40 per annum. The examination (in Chemistry, Comparative Anatomy, and Physiology) will be early in April, and will be open to all students not members of the University, as well as to all undergraduates in their first term. *Sidney College.*—Two of the value of £40 per annum. The examination (in Heat, Electricity, Chemistry, Geology,'Physiology, Botany) will be in October, and will be open to all students who may enter on the College boards before October 1st. *Emanuel College.*—One or more of the value of £40 to £60 per annum. The examination on March 19th, will be open to students who have not commenced residence. *Pembroke College.*—One or more of the value of £20 to £60, according to merit. The examination in June, in Chemistry, Physics, and other subjects, will be open to students under twenty years of age. *St. Peter's College.*—One from £50 to £80 per annum, according to merit. The examination, on April 4th, in Chemistry, Comparative Anatomy, and Physiology and Botany, will be open to students who will be under twenty-one years of age on Oct. 1st, 1872, and who have not commenced residence. *King's College.*—One of the value of about £80 per annum. The examination, on April 9th, will be open to all candidates under twenty, and to undergraduates of the College in their first and second year. There will be one classical and one mathematical paper, in addition to three or more papers in Natural Science, including Physics, Chemistry, and Physiology. Although several subjects for examination are in each instance given, this is rather to afford the option of one or more to the candidates than to induce them to present a superficial knowledge of several. Indeed, it is expressly stated by some of the Colleges that good clear knowledge of one or two subjects will be more esteemed than a general knowledge of several. Candidates, especially those who are not members of the University, will, in most instances, be required to show a fair knowledge of Classics and Mathematics, such, for example, as would enable them to pass the Previous Examination. There is no restriction on the ground of religious denomination in the case of these or of any of the Scholarships or Exhibitions in the Colleges or in the University. Further information may be obtained from the Tutors of the respective Colleges. It may be added that Trinity College will give a Fellowship for Natural Science once, at least, in three years; and that most of the Colleges are understood to be willing to award Fellowships for merit in Natural Science equivalent to that for which they are in the habit of giving them for Classics and Mathematics.

Gleanings.

The Glue Bandage as a Primary Setting for Fractured Limbs.

Dr. George Ross, House Surgeon, Montreal General Hospital, says:—The use of the Glue Bandage as a primary setting for fractured limbs, has been introduced into this hospital by Dr. McCallum, within the past three months for the first time here, and as far as I am aware, for the first time also in this country. It may therefore be of interest to shortly record the following cases which were amongst the first so treated.

The method of applying the bandage being the same in all, one description of the general procedure will apply to all and avoid repetition. First then, it is necessary to procure some good suitable glue—the best for the purpose is Cooper's No. 1 white English glue, or else some of the finer sorts in thin sheets, which are manufactured in this country; it is prepared by first soaking in water for an hour or two, and then melting in a common carpenter's glue-pot; also some fine sheet wadding, and several rollers made of thin cambric or old worn cotton, (new cotton is objectionable for it will not soak up the glue so thoroughly, and will make a less firm bandage.) The limb is then entirely swathed in a thin layer of wadding made by splitting the ordinary sheets in the middle to avoid unnecessary bulk, and then whilst carefully held in position by an assistant, the first roller is applied in the ordinary way; this done, it is smeared all over by a brush, or better still by the hand, with a good layer of the melted glue to which one-fifth part of alcohol has been added to accelerate the evaporation. The second roller is then applied, and in like manner coated thickly with glue. Some strips of bandage ten or twelve inches in length, are then thoroughly soaked in the glue and placed over the seat of fracture, some vertically and others diagonally, so as to still further strengthen this part. The third roller is finally secured over the whole and covered with a thick coating of glue.

It is necessary now to sling the limb so that the air may have equal access on all sides to dry it. I have found that the outside coating will become quite dry in from three to five hours, when the sling may be removed, but the entire thickness of the bandage will not be found entirely consolidated for about forty-eight to sixty hours. After the lapse of this time, the leg is found to be encased in a perfectly-fitting boot, more solid than the thickest sole-leather, and can be moved in any direction without pain. In none of the cases has there been any complaint of pain from the swelling that we might expect to find occur shortly after a fracture had been sustained. On the contrary, the patients have all expressed themselves as feeling extremely comfortable. As soon then as the bandage has completely consolidated, it becomes necessary to split it down the front from one end to the other. Owing to the extreme hardness of the splint, this is a matter of some difficulty, except in the event of one's possessing a pair of powerful properly-constructed bandage-pliers: failing this however, the simplest plan is to slip a very thin piece of wood beneath it, and then cut on this with a sharp strong knife. Having thus split the bandage from end to end, a number of holes are bored on either side with a brad-awl, and a long tape being passed alternately through these, it is laced up like a lady's corset. The apparatus is then entirely complete, and may remain without being touched until union is perfect. The above description might lead some to suppose that the process was long and tedious, and in consequence objectionable, but our small experience with it in this hospital is such as to make us believe that by reason of its increased comfort to the patient, and of the facts that patients can sooner get up with safety with this than any other form of splint, and that it will never get out of order, and consequently never require re-adjustment, the advantages secured by its employment greatly counterbalance any slight trouble that it is necessary to take to ensure its proper application at first.

At this hospital, the above-described method has been put into practice in several cases of simple and compound fracture of the leg, and in all with most satisfactory results. In the majority of the cases, the patients were permitted to get up on crutches on the third day from the receipt of the accident. In two, it was thought advisable to make use of a box splint for a few days previous to the application of the bandage on account of considerable swelling and rapid vesication.—*Canada Medical Journal.*

The Alkaloids of Opium.

BY O. HESSE. (*a*)

In order to obtain the rarer alkaloids, the black mother liquors were taken (as obtained in the Robertson-Gregory process) from which the hydrochlorides of morphine, codeine and pseudomorphine had been separated. This liquor was first treated with an equal volume of water and precipitated with excess of ammonia; the clear liquor was exhausted with ether, and this again treated in the manner described in the *Ann. Chem. Pharm.* vol. cliii, p. 47. The alkaloids thus obtained can be now separated into two parts, the one insoluble, and the other soluble in excess of sodium hydrate. The alkaline solution, treated according to a former method, deposits first a small quantity of lanthopine, the filtrate from which contains neither codeine nor meconidine, for it is not coloured on warming with sulphuric acid; from it the author has obtained a small quantity of codamine. The solution is precipitated with ammonia, and the hard precipitate dissolved in a very small quantity of boiling dilute alcohol. White crystals are thereby obtained, from which the laudanine is separated by the action of hydriodic acid with which it forms a difficultly soluble compound. *Laudanine* has the composition $C_{20} H_{25} N O_4$, instead of the formula $C_{20} H_{25} N O_3$, as formerly given; its melting point is 166°. *Codamine* is found to melt at 126°, instead of 121°, and has probably the composition $C_{20} H_{23} N O_4$,

The portion insoluble in sodic hydrate, which must contain thebaine and papaverine, is dissolved in acetic acid, and the solution is neutralised in presence of alcohol, whereupon a crystalline precipitate is formed, consisting of papaverine and narcotine, which can be separated by oxalic acid. The melting point of *narcotine* is given by the author as 176°, instead of 170°.

Papaverine, $C_{21} H_{21} N O_4$, when absolutely pure, dissolves in small quantities of sulphuric acid without colouration; generally, however, on warming a crystal of papaverine with concentrated sulphuric acid, a dark blue colour is produced, but when other crystals are added the colour is not increased; on the addition of water, papaverine sulphate is precipitated, as a resinous mass, which after a short time solidifies. No other alkaloid of opium gives this reaction; pseudo-morphine, which is the only one that is precipitated from its sulphuric acid solution by water, is obtained as a crystalline powder, not a resinous precipitate. Dilute nitric acid converts papaverine readily into nitro-papaverine,

$$C_{21} H_{20} (N O^{2}) N O^{4} \div H^{2} O,$$

which occurs in colourless thin prisms, melting at 163°, and becoming yellow on exposure to light. When chloride of zinc and impure papaverine hydrochloride are allowed to act together for a short time, the impurities are decomposed, and a hydrochloride of an alkaloid is obtained, which agrees in properties with pure papaverine hydrochloride. The new alkaloid forms with acids very handsome crystalline salts, resembling the salts of cryptopine.

The neutralized acetic acid solution, from which the narcotine and papaverine have been separated, contains *thebaine*, which can be separated as the bitartrate by adding powdered tartaric acid. Instead, however, of tartaric acid, concentrated hydrochloric acid is added, which keeps the thebaine in solution, whereupon crystals of cryptopine hydrochloride are formed. From the dark coloured liquid still remaining, the author has been able to separate three other alkaloids, protopine, laudanosine and hydrocotarnine, by processes which will be described in another memoir.

Cryptopine, $C_{21} H_{23} N O_5$, melts at 217°, dissolves easily in chloroform, with difficulty in alcohol and is insoluble in ether. It is strongly basic, and forms salts which can be obtained in crystals; with hydrochloric acids it forms two salts $C_{21} H_{23} N O_5 . H Cl + 6 H_2 O$, and with $5 H_2 O$, but the author has not obtained the salt with $2 H Cl$, as found by T. and H. Smith. It is precipitated from cold neutral solution by hydrochloric acid as a gelatinous mass, but from hot solutions prisms are deposited.

Protopine, $C_{20} H_{19} N O_5$, may be separated easily from the former alkaloid; it forms solid prisms with hydrochloric acid. It melts at 202°, and is somewhat difficultly soluble in alcohol and insoluble in ether.

Laudanosine, $C_{21} H_{27} N O_4$, dissolves sparingly in cold, but easily in hot benzol; it forms colourless prisms which melt at 89°. It is easily soluble in alcohol and ether, and has a basic reaction; with hydriodic acid it forms a very difficultly soluble salt.

Hydrocotarnine, $C_{12} H_{15} N O_3$, crystallizes in large colourless prisms, with $\frac{1}{2} H_2 O$ as water of crystallization; they melt at 50°, and give up the half-atom of water. It volatilizes at 100° with partial decomposition, it dissolves easily in ether and alcohol; behaves like narcotine with concentrated sulphuric acid. Its reaction is basic, and it neutralizes dilute acids, forming salts which are easily soluble in water.

The author appends a valuable table, giving the colourations observed when the various alkaloids are dissolved in pure strong sulphuric acid, and in acid containing traces of iron.

	Dissolves in Pure Acid.		In Acids containing Oxide of Iron.	
	At 20°.	At 150°.	At 20°.	At 150°.
Codeine	Colourless	Dirty green ...	Blue	Dirty green
Codamine ...	Colourless	Dirty red-violet	Intense green-blue	Deep violet
Laudanine ...	Very faint rose-red...	Deep red-violet	Brown-red, similar to cobaltic nitrate solution	At first green, then deep violet
Laudanosine ...	Faint rose-red, somewhat stronger than laudanine	Ditto	Ditto...	Ditto
Cryptopine ...	At first yellow, then violet, and finally deep violet	Dirty green ..	Deep violet	Dirty green
Protopine ...	At first yellow, then red, and finally bluish-red	Dirty greenish-brown	Ditto...	Dirty-greenishbrown

---

(*a*) *Deutsch. Chem. Desch.* Ber. iv. 693; from the *Journal of the Chemical Society*.

NOTICES TO CORRESPONDENTS.

Mr. R.—Your letter being composed almost exclusively of Scripture quotations, and not bearing upon the subject under discussion, it is scarcely suitable for our columns in its present form. We shall be happy to return it for revision should you wish.

Communications have been received from:—Dr. N. Pascal, Paris. Mr. Critchett. Professor Erasmus Wilson. Dr. Basham, London. Dr. Morgan, Dublin. Professor Murphy, Carrick-on-Suir. Dr. Hopkins, Glamorgan. Captain Noyes, Charton. Dr. Birchenall, Macclesfield. Dr. Gibson, Newcastle. Mr. Moody. Mr. Bell, Edinburgh. Mr. Gibsone, Belgravia. Dr. Mickle, Kirklington. Dr. Henry, Clones. Dr. Strachan, Glasgow. Dr. Pomfret, Hollingworth. Dr. Nicholas, Wandsworth. Dr. Langley. Dr. Roe, Manchester. Mr. Ingram. Dr. Brett, Notting hill. Mr. Wotherspoon. Mr. J. Aston. Wadingham. Dr. Chapman. Mr. Redman, Lincoln. Mr. J. Ogle, London. Mr. C. R. C. Tichborne, Dublin. Dr. Crosslé, Chesterfield. Mr. T. Prenter, Antrim. Mr. Wilson. Dr. W. W. Ireland, Falkirk. Dr. Cameron. Dublin. Dr. Allen, Paris. Dr. Orpen, Kenmare. Dr. Brett. Dr. J. E. Smith. Mr. Alfred Haviland, London. Dr. Clarke. Mountmellick. Mr. Domeier, Berlin. Mr. Frame, Comber. Mr. Harrison, Killough. Dr. Drysdale, London. Dr. Fleming, Omagh. Dr. Mitchell, London. Dr. Burkett, Waterford. Dr. Johnson, London. Dr. Byrne, Awghrim. Mr. Sarjeant. Dr. Tickler, Bawtry. Dr. Godfrey, Dripsey. Dr. Campbell, Cambridge. Dr. Darman, Kensale. Dr. Pantaleone, Rome. Dr Golding, Cork. Dr. Jacob. Mr. Walker, London. Dr. Crean, Wexford. Dr. Fulton, Toronto. Dr. Toole, Bandon. Dr. Mapother. Dr. Foreman, Ballynahinch. Dr. Edgar, St. Louis, &c, &c.

◆

VACANCIES.

Castlebar Union. Medical Officer for the Dispensary District No. 2. Salary £110 per annum. (See advt.)

Hodbarrow Mining Company, Cumberland. Medical Attendant upon the miners. Salary £500, with 10s. 6d. extra for midwifery cases.

Shropshire Lunatic Asylum. Medical Superintendent. Salary £400 per annum, with residence.

Queen's Hospital, Birmingham. Resident Physician and Medical Tutor. Salary £100 per annum, with board.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Feb. 28.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Hensley, "On the Mechanism of Respiration, Circulation, and Digestion."

Thursday, Feb. 29.—Royal Institution, 3 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, March 1.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

SLIGO UNION.

THE MEDICINES.

A LETTER was read from Messrs. Boileau, Boyd, and Co., medicine contractors, stating they had seen in the public press of Sligo, under the intelligence of the Sligo board meeting, particulars of a report lodged by Dr. Tucker, animadverting upon the quality of certain medicines supplied by their house to the Sligo dispensary. It was for the express purpose of making exception to Dr. Tucker's remarks that they now addressed this letter to the board, and they trusted the guardian's sense of justice would award them that consideration that a house of over one hundred and seventy years standing was entitled to. They wished to preface their remarks by stating that had there been any justifiable cause of complaint, it would have been more courteous to have apprised them, and thus given them an opportunity of explanation; but now it was made a public matter, and they should deal with it as such. Firstly, the contractors desired to state that, during the period they had had the honour of supplying the union, they never received a complaint of the quality of their medicines. Secondly, they denied that the medicines enumerated in Dr. Tucke'r report were bad, or inferior in any way; but that when they left their house they were of undoubted purity and best quality, and they called on Dr. Tucker to prove it otherwise. Further, they courted the most rigid inquiry into the matter, and requested that any of their drugs might be forwarded to the city analyst (he being the proper officer) for his report. Should his report prove contrary to the opinions of Drs. Tucker, Lynn, or Lougheed, they would expect that satisfaction afforded from one gentleman to another, and which they shall make use of as they thought fit and proper. Further, they beg to inform the board that, pending the decision and judgment of your board, we will bring the whole matter under the notice of the Poor-law Commissioners, and court their inquiry also; for they (the contractors) could not allow the matter to pass unnoticed, inasmuch as the respectability of their house was impugned, characterised as it has been for over a century and a-half as being distinguished for selling pure medicines. In Dr. Tucker's report he used the words "adulterated drugs." If he alludes to their medicines in this remark, they at once gave it a most unequivocal denial, and also stated that, as far as their house was concerned, their contracts to the many unions they supplied "was not a wholesale system of fraud on the sick poor." In conclusion, Dr. Tucker's report, in which he recommends the supply of medicines to be obtained from the Apothecaries' Hall, because they were legally bound to supply genuine medicines, they beg to inform the board and Dr. Tucker that they were bound by a much stronger tie than any legal form—viz., a character which they had endeavoured to maintain, and not without success, before the whole profession and the public, to whom they could appeal with the most perfect confidence.

The Clerk, in reply to a guardian, said that the medicines complained of were brought to the workhouse, and were then in the board-room.

Some guardians considered that the charge against the medicines was more for inferiority than for adulteration.

The clerk having produced Dr. Tucker's report and read it, the chairman said it appeared more an abstract charge of general inferiority and adulteration than anything else.

Mr. O'Connor would clear up all doubts on the subject by having the medicines analysed.

Mr. Walker and Mr. Barber were of the same opinion, and at their request the medicines were ordered to be laid before the board.

The master opened the different parcels, and they seemed to consist of a bottle of spirits of wine, a large bottle of cod liver oil, and parcels of valerian root. &c.

The Chairman remarked that the cod liver oil did not look very nice, but

Mr. L'Estrange, pointed out that the bottle had only a paper stopper, which he supposed was not the kind of cork sent by the contractor.

Resolved—That the drugs now returned by the Sligo dispensary committee be sealed with the union seal, and be forwarded to the city analyst for analysis and report, requesting him to state seriatim which of the articles forwarded appear to him to be of inferior quality, and that the Poor-law Commissioners be requested to sanction any charges attending this proceeding.

CASTLECOMER UNION.

THE VACANT OFFICE OF MEDICAL OFFICER OF THE WORKHOUSE.

IT was proposed and passed "that we strongly recommend the appointment of Drs. Sterling and O'Hanlon, the two dispenary medical officers of the Castlecomer dispensary district, to the favourable consideration of the Commissioners. We beg to submit for their more accurate information, the great advantages to be derived by the appointment of the two dispensary medical officers. 1st. The benefit of consultation in serious cases. 2nd. The undoubted advantages of mutual assistance in difficult operations. 3rd. The facility of obtaining immediate attendance in emergencies at the workhouse or hospital, which has been exemplified on more than one occasion by the Master of the workhouse having to procure the assistance of one of the dispensary medical officers. 4th. Heretofore, the medical attendance by Drs. Rosse and Carpenter gave the greatest satisfaction. We may add that the manner in which Drs. Sterling and O'Hanlon have performed their respective duties entitles them to the most favourable consideration of the Commissioners."

VOTE OF CONDOLENCE FOR THE LATE DR. NOLAN.

Proposed by R. Butler, Esq., J.P.; seconded by R. Cooke, Esq., J.P., and unanimously adopted:

"RESOLVED—That we feel deep and heartfelt regret for the death of Dr. Nolan, medical officer of the workhouse and hospitals of this Union. We deem it an act of justice to his memory to bear our testimony to the very zealous manner in which he discharged his professional duties, bringing to their performance high medical skill, kindness of manner, and above all, a conscientious anxiety for the sick poor committed to his care."

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 17*th February,* 1872; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 10TH FEBRUARY, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN	9,745	310,565	41	145	244	28	48	45	4	4	...	4	14	2	1	3	91
BELFAST	20,687	182,214	30	147	104	16	17	12	1	...	...	2	7	1	1	1	26
CORK	13,816	90,851	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
LIMERICK	8,509	44,547	21	28	18	1	6	...	...	...	...	...	...	...	...	..	5
LONDONDERRY	21,865	30,893	32	17	19	6	5	...	...	...	...	4	...	...	...	...	10
WATERFORD	17,209	30,838	20	20	12	...	4	...	...	...	...	...	1	1	...	...	...
GALWAY	21,358	19,713	24	19	9	2	...	...	...	...	...	...	...	...	...	...	3
SLIGO	30,835	17,175	24	11	8	1	6	...	...	...	...	...	...	...	...	2	4

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Antrim	Antrim	£100	£7 6 0	709	308	14,578	6,253	March 5	Northrn. Coun. Rail.
Castlebar	Castlebar ..	£110	£34 3 0	1297	635	97,889	20,689	Feb. 28	G. N. and W. Railway.

◆

ENNISKILLEN UNION.

A CORRESPONDENCE was read—sent down by the Commissioners—in which Doctor Rogers asked advice regarding the course pursued by him in the case of a child named Terence Murphy, who, it appeared, was born in the Lisbellaw Union, and being subsequently removed to the Enniskillen Dispensary district, was successfully vaccinated by him in his capacity as Medical Officer of the latter district. The Commissioners stated, in reply, that so far as they were informed of the circumstances, Dr. Rogers appeared to have complied with the requirements of the third section of the Compulsory Vaccination Act. He might, it would appear, have sent a duplicate certificate to the Registrar of Births and Deaths of the Lisbellaw Dispensary district, in which the child was born, although such a proceeding was not obligatory on him.

Dr. Rogers said the magistrates in open court mentioned that he had not done his duty, and that an action might be taken against him—one of the same magistrates in the Enniskillen board-room expressed himself in the same manner. Mr. Sankey expressed himself very strongly, whereas he thought it was he who had best ground for an action. He thought it was harsh to fine the parent of the child in question.

◆

ENNISCORTHY DISPENSARY.

AT a meeting of the Committee of the Enniscorthy Dispensary, held here yesterday, Dr. Furlong of this town was appointed without opposition Medical Officer of that establishment.

DRUMQUIN DISPENSARY.

ELECTION OF MEDICAL OFFICERS.

A meeting of committee for the purpose of electing a medical officer for this district, in room of Dr. Joseph Todd, resigned, was held. Three candidates came forward—Dr. A. M'Master, Dr. George K. Given, and Dr. John Johnston. The voting in Omagh Union was in favour of Dr. M'Master, by a majority of three; and that in Castlederg was in favour of Dr. Johnston, by one. Dr. M'Master has been therefore elected for the Omagh, and Dr. Johnston for the Castlederg Union in this district.

Dr. Robert Saunderson, jun., youngest son of Dr. Saunderson, medical officer of Edenderry Dispensary, has been elected medical officer of Pettigo and Clonelly Dispensary Districts, in the Donegal and Irvinestown Unions.

STRADONE DISPENSARY.

A meeting of the Committee was held in Stradone for the purpose of electing a medical officer. There were two candidates—Dr. W. H. Parker, and Dr. James Matthews.

A poll was then taken, when there voted—

For Dr. Parker, 5; for Dr. Matthews, 6.

The Chairman declined to vote.

Dr. Matthews was declared elected.

THURLES UNION.

SUPPLY OF VACCINE LYMPH.

The Commissioners wrote acknowledging the receipt of the minutes of last meeting, containing a resolution of the Board, stating in reply to their letter of the 5th inst. that the Guardians do not subscribe for supplies of vaccine lymph for the several dispensaries of the Union. The Commissioners thought that the most satisfactory arrangement would be effected by the Guardians subscribing for each of the dispensaries as well as for the workhouse, as suggested by their circular letter of the 24th ult. The Commissioners would be glad to learn that the Guardians adopted that course.

ROSCREA UNION.

EMPLOYMENT OF DISPENSARY MIDWIVES IN THE WORKHOUSE.

Dr. Powell, the officer of the workhouse, informed the Guardians that he had to call in the dispensary midwife to attend a lying-in case during the week, and he wished to know if he would do so in future cases.

It was resolved in future, when necessary, Dr. Powell be empowered to employ the midwife at a remuneration of 5s. per case.

DUNSHAUGHLIN UNION.

The election of a medical officer for the workhouse took place last week. Two candidates offered themselves for the appointment, viz., Dr. Petit, of Dublin, and Dr. Laffan, of the Killeen dispensary district in the Dunshaughlin union.

On a division 19 voted for Dr. Petit, and 9 voted for Dr. Laffan. Dr. Petit was declared elected by a majority of 10.

The board unanimously passed a resolution testifying their high opinion of the eminent personal and professional qualifications of Dr. Connoll, late medical officer of the workhouse.

We commend to the attention of Poor-law Medical Officers the conduct of a relieving officer of the Galway Union, whose resignation was presented at the last meeting of the Board of Guardians.

The following conversation ensued.—

Mr. Redington—I would like to know Mr. Morris's reason for resigning.

Chairman—I would not like to lose a good officer without a reason.

Mr. Comins—But you are not to know his motives in sending in his resignation.

Chairman—Is it from ill health you resign?

Mr. Morris—No.

Chairman—And for what reason?

Mr. Morris—Well, I believe that if I did not resign now I would soon have to resign, from the feelings I see manifested.

Mr. O'Flaherty—Cannot you tell your reason?—I understand he got nineteen or twenty tickets the other day, and none of them required relief at all.

Mr. Fahy—I understand he is fully determined on resigning.

Mr. Martyn—I am only sorry that after Mr. Morris acting for us for nineteen years, we cannot now give him some superannuation,

Mr. Davis—I believe the reason for his resigning is, that a local warden in Spiddal sends him fifteen or twenty tickets nearly every day, while not a single one of those in whose favour they are issued require relief at all. He (Mr. Morris) consequently felt it better to resign than to endure persecution of this kind, or come to a quarrel with the party.

Mr. Comins—If that's the only reason he has, I would have him withdraw his resignation.

Mr. O'Flaherty—The wardens could be changed in Spiddal.

Query—How many Poor-law Medical Officers in Ireland would resign under similar circumstances? How many Boards of Guardians would care whether they did or not?

NEWMARKET-ON-FERGUS DISPENSARY.

The Commissioners forwarded to the Board a copy of observations appended by Dr. Frost to his report, Form L, relating to Newmarket Dispensary District.

Dr. Frost observed to the Commissioners that on his requisition to the Cow-pock Institution, vaccine lymph was supplied to him on two occasions; he took all due precautions to preserve it, yet of five children he vaccinated with it, not one showed any evidence of its having produced the usual vesicle.

The Commissioners stated, in reply to Dr. Frost, that he should represent the matter to the Board of Guardians with a view to obtaining a further supply. The Commissioners at the same time requested to be informed if Dr. Frost made use of Dr. Husband's capillary tubes as recommended by them, as a means of preserving the lymph, obtained from the children vaccinated by himself.

On Dr. Frost mentioning the matter to the Board, on the 31st January, they ordered the Clerk to send a copy of his observations to the Cow-pock Institution, which was done.

A letter was read by the Clerk from the Registrar-General stating, that in consequence of communications addressed to the Poor-law Commissioners, with a view to the more effectual carrying out of the provisions of the Compulsory Vaccination Act, the Clerk would permit the medical officer of the dispensary districts to inspect his registers of births, deaths, and marriages, in the months of June and December in each year, or at such other time, during office hours, as he may apply, in order that the names and addresses of parties whose children have not been vaccinated may be ascertained—ordered.

Quarterly Summary of the Mortality of Dublin.

Births.—In the Dublin District the number of births during the quarter amounted to 2,145, equal to 1 in 36, or 28 in every 1,000 of the population.

The number of births in the northern portion of the city was 890, or 1 in 30; and in the south, 856, or only 1 in 40 of the population.

There were *registered* in London during the same period 27,892 births, equal to 1 in 20, or 34 in every 1,000; in Glasgow 1 in 27, or 38 per 1,000; and in Edinburgh 1 in 30, or 33 in every 1,000.

Deaths.—The number of deaths in the Dublin District amounted to 2,164, or 1 in 36, or 28 in every 1,000.

The number of deaths north of the Liffey was 796, or 1 in 34 of the population; and south of the river, 1,041, or 1 in 33 of the population. In Rathmines, Donnybrook, Blackrock, and Kingstown, 1 in 50.

The deaths in Belfast represent 27 in every 1,000; in Cork the ratio represented by the number of deaths *registered* was 24 per 1,000; in Limerick it was 26 in every 1,000; in Galway 18 per 1,000; in Sligo 22 per 1,000, and in Londonderry 23 in every 1,000 of the population.

The number in London during the same period was 1 in 39; in Glasgow 1 in 33, and in Edinburgh 1 in 33.

Diseases.—Small-pox caused 176 deaths, or 1 in 12·3 of the total deaths. During the whole of the year 1870 there was no death from small-pox registered. The disease was imported from England. The following is the only information afforded by the returns as to vaccination:—33 persons were stated to have been vaccinated 57 not vaccinated; in 2 instances the observation was "vaccination indistinct;" in 2 "not known," and in the remaining 82 cases there was no reference to the subject. Thirty-four deaths of City patients took place in the North Dublin Union Small-pox Hospital, which is situated without the Dublin Registration District.

Bronchitis proved fatal in 333 instances, affording a ratio of 1 in 6·5 of all the deaths registered.

229 persons fell victims to phthisis, being 1 in 9·4 of the total deaths.

The assigned cause of death in 146 cases was convulsions.

One hundred deaths were caused by fever, viz.:—17 by typhus, 54 by typhoid or enteric, and 29 by simple continued fever.

Scarlet fever caused 60 deaths. In the corresponding quarter of 1870 177 persons died from this disease.

There were only four deaths from measles.

Twenty-five deaths were referred to whooping-cough, 17 to croup, 7 to diphtheria, and 3 to quinsy.

Diarrhœa caused 75 deaths, dysentery 4, and "simple cholera" 2.

Sixteen deaths resulted from erysipelas.

Ninety-two deaths were ascribed to heart disease, 9 to aneurism, and 4 to pericarditis.

Thirty deaths were attributed to mesenteric disease, 45 to hydrocephalus, and 13 to scrofula.

Cancer was the cause of 39 deaths.

Thirty-one deaths were ascribed to apoplexy, 30 to paralysis, and 6 to epilepsy.

Liver disease caused 32 deaths, nephria 10, and kidney disease (unspecified) 15.

STUDIES ON TOBACCO.

In the *Giornale Ven. d. Sc. Med.*, Dec., 1871, Prof. P. Mantegazza gives an excellent memoir on tobacco. He first speaks of the researches of Erlenmayer, who gives the following symptomatology of poisoning by nicotine. Conjunctivitis, diplopia, and amaurosis are not infrequent when tobacco is greatly made use of. The skin takes a yellowish hue, and furuncular eruptions are not rare. Stomatitis, glossitis, and black deposits on the tongue and teeth are noticed. Gastrodinia, mesenteric neuralgia, dyspepsia and feeble appetite are common, serous diarrhœa, and in severe cases, paralysis of the rectum. Pharyngeal catarrh, bronchitis, hæmoptysis, asthma, and catarrh are caused by smoking. The circulatory system presents palpitation of a special nature, with a certain anxiety. All authors agree that the genito-uninary organs are least affected by tobacco. The nervous system, in general, suffers a good deal from the chronic use of tobacco. Hyperæsthesia and neuralgia are common, and we have already seen that the optic and olfactory nerves are affected, whilst the nerves of general sensation are affected by various hallucinations. There may occur neuralgia of the various branches of the fifth pair, or of the ischiatic, or along the vertebral column. Anæsthesia is greatly pronounced over the whole skin, and especially on the legs. Analgesia also is complete. There is muscular weakness, greater or less, especially in the lower extremities, and sometimes so grave, that the patient cannot stand on his feet, and when seated must lean against a solid body. The horizontal position is the least grave. There also may be tremors in the limbs, uncertain gait, convulsive movements. Vertigo is an important symptom, which is conjoined with a sensation as if the eyes were continually rolling. The intellectual and moral functions are perturbed with a well-marked nervous irritability, with anxiety, with the terror provoked by frightful visions, with dulness of thought, melancholy, and timidity. In some cases there occurs true delirium accompanied by trembling, as in chronic alcoholism, in other cases there is profound melancholy, alternating with great exaltation, and with precordial anguish, and lastly, it may give rise to mania. Some observers have also noticed dementia.

Dr. D. Petrera made experiments on frogs with tobacco, and found the acceleration of the respiration first taking place to be followed very quickly by stoppage of respiration, stupor, palsy of the upper extremities, and congestion of all the viscera. Sichel speaks of amaurosis of tobacco smokers. Brodie accuses tobacco of injuring the race. Tiedemann speaks of the evils done to boys by smoking. Boys who smoke become weak, irritable, pallid, and thin. Cacopardo, of Rome, and Professor Scalzi, have spoken much against tobacco. They accuse nicotine of causing phthisis. Decaisne also says it lowers the intelligence of young men. King James in his work "rem turpem visu, olfactu insuavem, cerebro noxiam, pulmonibus damnosam," and adds that by means of tobacco "Corporis sanitas atteritur, res familiaris arroditur, dignitas gentis senescit domo, vilescit foris." (*Misocapnus*, 1644). Men have discovered in smoking a new pleasure, but also a new sorrow. And the race would have been far happier if it had never known tobacco. The evils of tobacco are—that it diminishes the general sensibility, and lowers public morality, makes the air in rooms unwholesome, takes men away from woman's society, sometimes produces severe poisoning, diminishes the working power of a people, and adds a heavy expense to the poor, and it shortens life, easily prompts to drinking, may cause amaurosis; it retards the growth of the young, causes nervous disease of all kinds, palpitation of the heart, asthma, weakens the will and the thought, and genital organs; weakens the digestive organs, and the whole organism and its muscles.—*The Doctor.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 6, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture II. (*continued*) .. 198

Enuresis: Its Causes and Treatment. A Clinical Lecture delivered at the London Hospital. By Dr. Bathurst Woodman, Assistant-Physician to the London Hospital, and Physician to the North Eastern Hospital for Children 202

On the Treatment of Eczema. By J. L. Milton, Surgeon to St. John's Hospital for Skin Diseases (*continued*) 203

SPECIAL REPORT ON FOODS, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the MEDICAL PRESS AND CIRCULAR.) No. I.—Preliminary Remarks on the Physiology of Food...... 205

TRANSACTIONS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND—
On the Origin of Fever 206

PAGE

LEADING ARTICLES.

SYPHILIS CORPUSCLES 211
THE CONJOINT EXAMINATION SCHEME FOR IRELAND 212
THE QUACK FRATERNITY 212

NOTES ON CURRENT TOPICS.

Thanksgiving Day, 1872 213
The Prince of Wales 213
New Method of Giving Chloroform 213
A New Function for Coroners 214
Condurango 214
An Example 214
Important Changes in the Army Medical Department 215
Prodigious Gall Stones 215
On Diseases and its Remedial Treatment 215
The Medical Council 215
On Sleep and Dreams 215
Secret Poisons 215
Frightful Accident at Antwerp 216
Capture of a Shark 216
Poisoning of Fifteen Persons............ 216
The New Public Health Bill 216
Pathological Society of London.......... 216
The Geographical Distribution of Scrofula in England and Wales.................. 217
The Coronership to the City of London... 217

SCOTLAND.

Sir Robert Christison, Bart. 189

PAGE

LITERATURE.

The Science and Practice of Medicine. By William Aitken, M.D., Professor of Pathology, Army Medical School .. 217
Year-Book of Pharmacy 217

The Vacant Irish Surgical Baronetcy 218

CORRESPONDENCE.

John McKeogh, L.R.C.P., on The Influence of Ergot in Midwifery Practice 218

MEDICAL NEWS.

Indian Medical Service.................. 218
Past List for H.M. Army Medical Service 218

Notices to Correspondents 219
Books, Pamphlets, and Medical Journals received.................. 219
Vacancies 219
Meetings of the London Societies 219
Operation Days at the London Hospitals 219
Appointments 219
Marriages 219
Deaths 219

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE II.

Phlyctenous Affections.

THE *third* group of cutaneous diseases, the phlyctenous ffections, is represented in our collection by two examples f vesiculous lesion, namely, pemphigus and herpes. The xamples of pemphigus are numbered 109 to 119, with a ecent addition No. 518, and those of herpes 120 to 127. he lesions in the vesiculous form of cutaneous affections re three in number, namely,—erythema, vesicle or bulla, nd crust, and its pathological state is consequently morphic. If we analyse the pathological characters of affection, we shall discover it to be an erythema atded with serous effusion beneath the epidermis, the sed fluid raising the horny layer of the cuticle into a ter or bleb. It would be interesting to discuss why, in e cases, erythema should subside without leaving ind it any mark of its presence: Why, in other innces the erythema should be followed by dry exfoliation the cuticle; and, why, in a third series, as in the one ore us, it should be accompanied with vesication, and herpes, with suppuration and sometimes with ulceration ddition to vesication. An explanation ready to our d, and conforming with the existing theory of disease that the question is one of vital dynamics, and that changes referred to, represent degrees of vital or ners force. In ordinary erythema, the standard of nerve er or vital power is lowered to a certain degree, while phlyctenous erythema it is lowered still more, passively in the case of pemphigus, actively in the instance of herpes. After death, as we well know, a state of loosening and separation of the cuticle takes place, which is referrible to cadaveric transudation, and in some forms of cachexia, as well as in some of gangrene, for example in chilblain and carbuncle, the development of bullæ may be likened to a similar process.

The first specimen of pemphigus that we have to examine is *pemphigus iris*, a form of the disorder which supplies us with a curious example of the transition of erythema into the vesicular affection. Nos. 100 and 101, are instances of erythema iris, of a migratory form of erythema, in which the progression is centrifugal, and as it were saltatory, and the resulting consequence a singular eccentric arrangement of rings. But the eruption subsides without structural change and without disturbance of the epidermis. Not so, however, in pemphigus iris; the development of the central blotch, and the successive formation of eccentric rings are exactly the same, but another pathological feature is superadded, the central blotch vesicates, and becomes covered with a bulla or bleb. Sometimes the rings surrounding the central blotch also vesicate, and the curious phenomenon results of a central vesicle or bulla encircled by one and sometimes by several vesicated rings. The case ceases to be one of erythema iris, for the vesicle transforms it into one of pemphigus iris, and, as may be supposed, where a considerable number of eruptive spots are thrown out on the skin, some will retain the erythematous character, some will be bullæ with vesicated rings, and between these extremes, others will be found to represent every variety of intermediate stage.

An example of *pemphigus iris* is shown in the drawing No. 109, displaying the inner side of the thigh and leg of an adult man. In this case the eruption was general, but most abundant on the lower extremities; more frequently it is local and limited to the hands and feet. The outbreak is always associated with constitutional debility and irritability, and sometimes with cachexia, and in general there is more or less enteric disturbance, and a participation in the disease, of the mucous membrane as indicated by aphthæ, sometimes by uræmia, and sometimes by slight hæmorrhage from the alimentary canal.

The drawing illustrates very fairly the progressive stages of the eruption; its erythematous origin, the subsequent vesicle, the eccentric erythematous rings, the conversion of the more central rings into annular vesicles, the varied tints of the more distant rings; then the retrogressive stages, the opacity of the vesicle, its collapse, sometimes its rupture, the desiccation of the vesicle and its contents, and their consequent conversion into a thin brown scab. Occasionally the rings are each the production of a separate day, so that when the process has lasted for some time, it would be possible by counting the rings, to determine the day of appearance of the first spot and the number of days the patch had existed. In the large patch seen in the drawing, there are seven white rings, representing seven days, and seven circles of fading red between them, the outermost white ring being bounded by a narrow areola of pale crimson. While, in another patch, measuring only half-an-inch in diameter, there were nine different tints of colour, which, from the centre to the circumference, were—red brown, white, deep red, lighter red, deep red, pale red, deep red, yellowish white, and crimson blush.

Another very interesting illustration of pemphigus iris is shown in the model No. 518. The eruption in this case is seen in every stage of development, from slightly prominent red spots, little more than a line in breadth, to circular blotches, nearly three quarters of an inch wide. In the smallest spots there is redness merely, then follows a white vesicular centre with red margin; after that the central cuticular dome subsides, while around it an annular vesicle is produced, and this again is encircled by a red margin. Sometimes the central vesicle collapses incompletely, leaving a disc of white cuticle partly separated from the rete mucosum, in which case three rings may be distinguished encircling a central white disc, the colour of the rings being, firstly, a brown red, then one which is white, prominent, and vesicular, and thirdly a red halo. Upwards of fifty pocks in various stages are scattered over the surface of the hand, and in four places the vesicles have become abraded, and a brown exudation crust has been produced.

From the small size of the central vesicle, this form of eruption is sometimes but incorrectly denominated "herpes" iris, and the present model, on account of its vesicular centre, has received the name of "hydroa" in the Paris collection.

Pemphigus iris has been first selected in our description of pemphigus, because it occupies an intermediate place between erythema and phlyctena, and thereby forms a link between the typical erythema and the typical pemphigus. I may remind you that we have seen examples of eruption that seem to be the merest modification of erythema papulosum, but which assume the peculiar figure to which the term "iris" has been applied, and which, consequently, we have distinguished as erythema iris; nevertheless, another simple lesion, namely exudation, added to that already existing, is sufficient to convert erythema iris into pemphigus iris. Were it not for this transitional character, we might have treated pemphigus iris as the modification of an eruption, which is represented in a typical form by pemphigus vulgaris.

Pemphigus vulgaris is illustrated very fully in our collection by the series of drawings, casts, and models, numbered 110 to 119, which not only mark the physical appearance of the disease, namely, its hyperæmic origin, its vesication and retrograde progress, but also the constitutionally cachectic tendencies of the disease.

The patient, from whom the drawings 110 and 111 were made, was a strumous boy, 7 years of age; when three years old he received a blow on the knee, the injury produced swelling, and four years later the limb was condemned to amputation. With occasional intermissions, his life, up to the period of this report, was spent in hospital; and three years after, being invalided for his knee, the pemphigus made its appearance. The eruption was recurrent, lasting the first time for nine weeks, and subsequently for five weeks, with intervals ranging between ten days and two or three months. In all, he had six attacks, the eruption being chiefly developed on the limbs, and was much debilitated in constitution.

The plaster casts, Nos. 112 and 113, of the forearm of a child, display very strikingly the figure and bulk of the vesicles or rather blebs of pemphigus. Some of the bullæ are isolated, others confluent; near the wrist is a compound bleb of large size, formed by the blending of four bullæ, which were originally separate; whilst, in various places, others may be seen undergoing progressive retrogression.

The casts in wax and plaster, numbered 114, 115, and 116, representing part of the lumbar region and thigh of a young woman, aged 20, bear upon their face an evidence of the fatal cachexia, which constituted a part of her history. The skin is discoloured, almost swarthy, from the abundance of pigmentary deposit, the bullæ are small and imperfectly developed, some are in the state of collapse; dark brown stains indicate where others have subsided; and amid the rest, there are superficial ulcerations in various stages of healing, and deeply indented cicatrices. On the thigh, and within a small extent of surface, there are about eighty spots presenting every stage of progressive and retrogressive development.

As we usually meet with it, pemphigus is local in its development, limited to a part of the body, as the limbs; sometimes attacking the upper limbs, but more frequently the lower limbs. Occasionally, however, the eruption is general, as in the case of cachectic pemphigus already described, and in that from which the models, Nos. 117 and 118 were made. The patient in the latter instance was a female servant, aged 46, and the disease proved fatal in nine days, the affection being named by Guibout, *acute general pemphigus.* Although general, the bullæ were most abundant on the extremities, a few only being scattered over the face, upper part of the neck, and trunk; their average size was that of an almond, but some were much larger. Guibout notes that one day the bulla on the hand was a large, flat, uniformly elevated erythematous patch, bordered by a rose-coloured areola, and on the next became distended to its present dimensions. The young woman had a general appearance of health; she had been troubled for four months with nocturnal pruritus, beginning in the legs and thence extending to the whole body; for these symptoms she took baths and applied ointments, and the pemphigus followed immediately upon the use of an ointment containing turpentine. On admission into hospital she was suffering under enteric derangement, with a pulse of 112; three days later the tongue was coated, and the pulse 104; the next day the tongue was white; the day following the pulse was 100; there was much prostration, with delirium and a hot skin; the day afterwards she became comatose, the delirium continuing, and she died in the night without reaction. After death the chief internal morbid appearance was congestion of the mucous membrane of the small intestine.

The model No. 119, is another example of pemphigus, developed in this instance on the lower half of the right leg. Lailler terms it "acute pemphigus." Over a limited extent of surface are scattered nine bullæ, ranging in size between that of the hemisphere of a large pea and that of a large hazel nut; and about the same number of circular excoriations, caused by the rupture of other bullæ. The contents of the bullæ are semi-purulent and opaque, the distended bullæ are without areolæ, but the excoriations are surrounded by an erythematous desquamating border, within which is seen an edge of collapsed cuticle, and within the latter a thin brown scab. On one or two the scab is thicker, almost amounting to a crust; from others an ichorous sanguinolent discharge is seen to be issuing, and in two places there are clusters of three or four excoriations in which the erythematous borders and excoriated bases have become blended so as to form inflammatory blotches.

If, now, from our new point of view, we contemplate the groups of cutaneous disease which the present inquiry has brought under our notice—eczema, as representing common inflammation of the skin, revelling in almost every form of lesion of which the integument is capable, and erythema presenting the most elementary form of disorder, namely, simple hyperæmia, with or without disturbance of cell function—and advance towards phlyctenous affections in the instance of pemphigus with the curiosity and interest which attach to the question: What will cutaneous inflammation do next? What it will do and can do is now before us in the illustration of pemphigus; the hyperæmia or erythema of the skin will be rapidly succeeded by the effusion of an aqueous lymph over the whole surface, as if the latter had been subjected to the irritation of a blister; the erythematous base is circular in its figure, and the blister or bulla is equally round; if the erythematous base be small the blister will be correspondingly small, and if, as is very commonly the case, the erythematous blotch increase by its circumference, the blister will likewise increase until it arrive at the very edge of the erythematous base, and attain a magnitude of very considerable extent. And this is one of the peculiarities of pemphigus, that the blister appears to arise from the unaffected skin, often without a trace of areola or without any margin of hyperæmia around its circumference. In the models before us, we have blisters of very considerable size, but we occasionally hear of their reaching the bulk of an egg, of an orange, and even a greater magnitude.

We may realise the idea of pemphigus by a word, such for example as *idiopathic blister* or spontaneous blister, and just as we know the effect of a blister of cantharides, or of a jet of boiling fluid, or of a flame of fire, to be at first redness, and then a blister; so, in pemphigus, we see the blister rising spontaneously without either epispastic, or scald or burn. We may, however, very reasonably infer that, although there has been no irritant applied, yet that a similar change has taken place in the skin; and, as we know that the effect of these irritants is to lower the vital dynamics of the skin; so must we, in the absence of any external agent, arrive at the conclusion that some cause capable of reducing the vital force of the skin is present in the organism; and, furthermore, that such cause being the agent of a lowering of the vitality of a part of the body, approaching to a partial death of the skin, will be a matter of serious portent to the life of the individual. The conclusion is inevitable, pemphigus is a grave and serious affection, an associate of cachexia, always a symptom of a depressed vitality of the organism, and not infrequently a sign of a fatal state of disorder of the economy. The whole of the cases that we have examined are suggestive of a grave, and frequently fatal derangement of the organisation, and those which follow corroborate this anticipation.

In pemphigus we have the opportunity of noting certain phenomena resulting from the nature of the exudation which, however simple in themselves, are nevertheless worthy of our observation. The exuded fluid which, in its qualities, corresponds with the serum of the blood, is at first perfectly transparent, but gradually becomes opalescent, and at a later period is more or less distinctly yellow from the development of pus globules. In its transparent state it displays like an optical lens the congested base upon which it has arisen, and enables us to observe that the base is one while crimson, and another while purplish in its hues; but as opalescence sets in, this feature of the eruption is lost. A similar observation becomes a mark of diagnosis in the instance of the minutest of the phlyctenæ, that which, from its millet-seed size, is termed miliaria. The cuticle in miliaria is remarkable for its tenuity, its little rounded vesicles resemble beads of sweat upon the skin; hence, its cognomen, sudamina, and the one while transparency that transmits the red colour of its base, and another while opalescence that recals the appearance of drops of milk, have gained for it the distinctive appellations of miliaria rubra and miliaria alba. These appearances are well illustrated by the models on the table, and I beg to call particular attention to the model 117, with respect to which it is especially noted by Guibout that the large bulla on the back of the hand, measuring about three inches square, was one day a large, flat, uniformly, but very slightly elevated blotch, bordered by a rose-coloured areola, in fact, an erythema, and the next day the enormous vesication that we now see before us.

The transparency, the bright colour, and the benignant purulency of the bullæ of pemphigus, are always grateful to our eye as being of good augury, and teeming with hopeful expectation. But the purplish, and purple, and leaden-coloured tints, are less satisfactory. Sometimes the fluid of the blisters is reddened or empurpled by admixture with blood, which may be the result either of accidental pressure or friction, or the consequence of hæmatolysis, which betokens a state of cachexia in a more or less advanced degree. We are all familiar with the ugly, flat, leaden-coloured bleb of a devitalised chilblain; or the sanguineous bleb of a carbuncle, or the equally ill-conditioned bleb of a cachectic rupia; these are so many examples which find a comparative illustration in pemphigus, when it occurs in a cachectic constitution.

Another point of interest that attaches to the history of pemphigus is the mode of retrogression of the bleb. The more natural course of the retrograde change would be the gradual collapse of the vesicle; it becomes wrinkled, it contracts, it subsides, it falls down upon the surface from which it arose; it dries up into a thin scab which covers the base for awhile, being kept in its situation by the agglutination of its inspissated contents, and finally it drops off in the shape of a thin flat scale, when the base upon which it rested has healed and has become reinvested with normal epidermis. I am describing the most favourable course of retrogression of a pemphigus, one which presents the least possible departure from the standard of health, in fact the history of the healing process of a common blister, but you will perceive at once how a variety of small accidents may alter the harmonious working of the curative operation. The bleb may be accidentally bruised or broken or displaced, and then the covering of the inflamed skin will be a crust resulting from the exudation of inflammatory products. Or an exudation of inflammatory products may accompany the ordinary mode of healing by evaporation, and the scab may attain considerable thickness. Sometimes, also, in a state of low vitality at the cutaneous tissues, there may occur superficial gangrene and sloughing, succeeded by ulceration.

The French dermatologists have described a form of pemphigus which they denominate *pemphigus foliaceus;* the disease itself is of the low and cachectic type, the eruption is serpiginous in its character, creeping outwards upon the neighbouring skin; the contents of the bullæ are aqueous and non-plastic, and the cuticular dome of the bulla falling into wrinkles as it descends upon the inflamed base, and drying into a thin greyish and tawny scab, has suggested the idea of a dried leaf and the corresponding designation of the form of the eruption with which it is identified, that of "pemphigus foliaceus."

I may also mention in this place and as a note for future comment, that I have seen pemphigus in association with scabies, and also with prurigo. In these instances the blisters were the consequence of a neurosis, and this explanation will help us to understand the nature of some cases of local pemphigus which are rare, but which have been described under the name of pompholyx.

Another *phlyctena* of smaller dimensions than the *phlyctis* of pemphigus, but one of an interesting and important character has been termed herpes, and herpes is illustrated in our collection by a series of specimens beginning with No. 120 and extending to 127.

It is no part of my intention or wish to disturb the signification of a term which was settled by Willan, and has been accepted by all dermatologists since the days of our distinguished countryman; but it is a habit with me and one beyond my control, to endeavour to search out the meaning of the words which I am required to employ, believing most faithfully that where those terms have decended from medical philosophers of such acknowledged greatness as our ancient masters, Æsculapius and Hippocrates, they must embody some intelligible signification. Passing in review the various terms that I have had occasion to use hitherto in the course of these lectures, namely, eczema, psoriasis, pityriasis, scabies, lichen, impetigo, erythema, urticaria, pemphigus, and herpes, I find two instances in which I would put in a firm protest against the nomenclature adopted, one of these being lichen, and the other herpes. The term lichen has been settled by Willan to signify an eruption of pimples, but the real meaning of the term is made manifest when we trace back its derivation to the word λειχειγ, lingere, to lick, as though it were intended to refer to a something which adhered to the surface as the tongue in licking adheres to a plate of glass. The illustration is perfect in the instance of the growth of a vegetable lichen on the bark of a tree, while nothing can be conceived more opposite to the genius of the word than a mere crop of pimples, the "papulæ" of Celsus.

My other exception is taken with regard to herpes. Herpes, as settled by Willan, is made to signify an eruption of vesicles. But herpes is derived from ερπειν, serpere, to creep, from which we obtain the adjective serpiginous or creeping. Now herpes, as we at present understand the use of the term, is no more a creeping or serpiginous form of eruption than is erythema or eczema, both of which present themselves occasionally in the act of obeying a pathological law of the skin, namely, that of creeping onwards by the circumference into the neighbouring skin, whether at the same time they heal within the area or not. The true herpes was denominated "serpigo" by the Latins and the synonymous terms herpes esthiomenos, and herpes exedens, both occasionally crop up as the accustomed designation of lupus, epithelioma and dermatosyphilis.

I feel, Sir, that observations of this kind cannot be out of place when addressed to a body of scientific men whose daily bread is the harvest of learning, and who are always foremost in the bands of those who seek to improve and elevate the intellectual nature of man. As a teacher, I should hardly be doing my duty were I not to endeavour to explain, as I went on, the technicalities which have been imported into a subject so closely identified with medicine and surgery as dermatology. While in the class room it is an obvious necessity to be prepared to satisfy the eager questions of those who have a claim to all the information we can bestow, and with whom the demands of *wherefore* and *why* are very reasonably of constant occurrence.

◆

ENURESIS:

ITS CAUSES AND TREATMENT.

A CLINICAL LECTURE DELIVERED AT THE LONDON HOSPITAL.

By Dr. Bathurst Woodman,

Assistant-Physician to the London Hospital, and Physician to the North Eastern Hospital for Children.

(*Continued from* p. 183.)

There was a boy James L., æt. 4½, brought to me with enuresis, whose mother gave me such an account of his symptoms, that I asked Mr. Tay to examine him, without myself inquiring, as I perhaps should have done, more minutely into the case. Mr. Tay sounded the bladder, and finding no stone, referred him back to me. I got the mother to bring me some of the water, and found it *loaded with lithates*, and *extremely acid*, and on standing, there was a copious deposit of *crystals* of *uric acid*, and also of *oxalate of lime*. Some of these were very large, and in fact minute calculi. Free use of diluents, a regulated diet, and the tincture of perchloride of iron in 5 minim doses soon relieved him. He also had warm baths to make his skin act, and to promote absorption of fluid.

An older boy, came about the same time, whose age was about 9 years. He had had a very severe attack of scarlatina, followed by dropsy, when 2 years old. But the present affection dated from the beginning of the autumn which was somewhat wet and cold.

No cause could be ascertained, till I examined the urine, when I found it contained *albumen*. On treating him for this, and enjoining avoidance of cold and damp, and the wearing of flannel, I had the gratification of finding him quickly cured of this troublesome symptom.

A girl, æt. 8, was brought to me with incontinence. On inquiry we found she had *worms*, both lumbrici and oxyurides When these were expelled, the incontinence was cured, without any further treatment being necessary. Probably, the thread-worms irritated the rectum, and perhaps crawled up the vagina, as they often do, and thus excited the reflex act of micturition. To prove to you that this is often a reflex act, I may remind you that old nurses often *tickle* the inside of the thighs to make a child pass water, and that carters do the same to horses as well as whistling to them!

A girl of 12, the subject of hereditary syphilis, was brought to the Children's Hospital for incontinence of urine. She had been taking tonics, and belladonna, and syrup of iodide of iron, for weeks, and had been severely chastised, but the bed and child both continued to suffer. Examination proved that there were mucous tubercles about the anus, and the fourchette. These cured, the incontinence vanished. I might tell you of other cases, where sugar in the urine, where very ammoniacal and phosphatic urine, from catarrh of the bladder, or where effects of fear (waking up from a frightful dream), or fissure of the anus, or piles (though these are rare in children), or polypus of the rectum, appeared to be the exciting causes; but I will only give you two more. One is very interesting, although incomplete, as I lost sight of him, and my notes are imperfect.

A boy, æt. 10, had a stab in the back, in the median line, between the 11th and 12th dorsal vertebræ. There was not much bleeding, and at the time he had no very bad symptoms. Eighteen months after this, he had incontinence of urine come on, but there seemed no paraplegia, neither was there anæsthesia of the lower limbs. I could find, however, no other cause for this symptom. With rest, good diet, and perchloride of iron he improved a good deal, but I lost sight of the case, and cannot say whether he was cured.

The other patient was a young lady of 19, who was engaged to be married, but dared not, of course, until cured of her enuresis. Examination disclosed a vascular tumour of the meatus urinarius. It was snipped off, and in about three weeks she was not only cured, but married!

As I hold that a clinical lecture should not be too long, I shall just mention a few of the other causes, which one sometimes meets with. When I say paralysis of the bladder is *seldom* a cause, I doubt not that there are cases in which it is so, or at least of those muscles which act as sphincters. This was probably the case in the boy who was stabbed. It is so in some cases of paraplegia with incontinence. It is so when the urine has been *retained* too long. But *spasm* of the bladder may also be a cause, and doubtless is so sometimes in epileptic, and so called hysterical cases, when combined with relaxation of the sphircters. In obscure cases, *inquire if there be epilepsy in the family, if the child have had or has fits.* Let it be watched at night, and look yourself for minute hæmerrhages in the neck, and about the back of the shoulders, and for marks of bruising, or of tongue-biting. Remember that *chorea* of the bladder is not impossible. Keep calculi, and abnormalities of the urine in mind, ascertain whether the patient masturbates. Do not forget the possibility of disease of the kidneys, bladder, or rectum. Above all things, do not overlook the existence of obvious causes of irritation about the external genitals. Bear in mind that night-terrors may be due to lead-poisoning, and that this may perhaps cause incontinence. Ascertain the presence or absence of spinal or cerebral disease. In short *study every case by itself*, in the light of other cases, and your treatment, which must needs be as varied as the causes, will generally be successful. As some *method* is desirable, I would recommend the following :—

1st.—Inquire carefully into the duration, and frequency of the incontinence, and into the previous history of the child, and the family.

2nd.—Carefully note the diathesis, and general bodily condition of the patient.

3rd.—Examine the *urine* by test papers, by other tests, and by the microscope if necessary.

4th.—Make a careful examination of your little patient, including the anus and rectum amongst the pudenda, and if needs be, exploring the bladder also. I need not enjoin upon you all possible delicacy and tenderness in these examinations. You must explain the necessity to the parents —and you will often astonish them by evidences of neglect of cleanliness, or of the existence of sores of which they were ignorant.

5th and lastly.—Suit your treatment to the case ; removing or soothing all causes of irritation, and at the same time endeavouring to improve the general health, for it is quite true that delicate and tubercular children, or those weakened by long and severe illnesses, such as the exanthemata, suffer most. Above all things *do not countenance corporal punishment for this* bodily infirmity. It is as cruel, as it is usually useless ; and I am in the habit of saying, that the parents or nurses ought to be beaten, and not the little patients.

I will mention two or three *auxiliaries* to treatment, useful in a great number of cases.

There is first the warm-bath ; a sitting-bath is all that is generally needed. It should not be *too* warm, indeed 90° or at all events 98° is quite warm enough. Next, I have found it of great service to forbid the little patients to drink anything after their tea (say at five or six o'clock), unless thirst be extremely pressing.

On the importance of *waking* them up once, twice or more in the night, to make water, I need not dwell. This is not so cruel as it seems, the child is soon asleep again in most cases. It is also well not to let them lie on the back. The trigone of the bladder is the most sensitive part, and besides, it is possible the posterior regions of the spinal cord get unduly congested. A reel (such as used for cotton), fixed in the middle of the back sometimes prevents this, and the child may be turned over on the side. For local sores, the glycerine of tannin, aided by cleanliness is very valuable. I wish it did not stain the sheets so much. As tonics, mineral acids with bark, and the perchloride of iron, are the best I know ; and if sweetened, children seldom refuse to take them, which is a great advantage.

As a sedative, belladonna is, perhaps, often better than opium. You may give from one-eighth to one-fourth of a grain of the extract even to very young children, three or four times a day. This is the most successful empirical remedy I know, and in obscure cases, always deserves a trial, increasing the dose within the limits of safety. Should the urine, however, be saccharine, ammoniacal, or phosphatic, opium must have the preference. For ascarides you will use local injections. Salt and water enemata are as good as anything else. In epileptic cases, cod-liver oil (if the fits are tubercular in origin) will perhaps deserve to be considered as more than an auxiliary.

It has been well said that " La Médecine guérit quelquefois, soulage souvent, console toujours," but, gentlemen, if you act thus, if your treatment be scientific, which means, founded on knowledge ; there are few cases you will not be able to cure, fewer still you cannot relieve and none at all you may not console.

ON THE TREATMENT OF ECZEMA.

By J. L. Milton,

Surgeon to St. John's Hospital for Skin Diseases.

(*Continued.*)

Exercise.—After counselling the patient to protect the skin as far as possible from the air, it may seem a contradiction to recommend plenty of out-of-door exercise, but trial will show that they are quite compatible. All things that irritate the skin should be kept from it, and the air does irritate it. The most successful local treatment seems to be that which most effectually wards off the air, and I suspect that the efficacy of the nitrate of mercury ointment is due, not to any curative power it possesses, but to the fact that the nitric acid combines with the albumen of the serum and epidermis so as to form a crust, an almost impermeable obstacle to the action of the atmosphere. Too much light is almost as injurious, and I have often traced relapses to long exposure to the sun, or to the east winds on very bright days. Indeed, in some very severe cases, until a certain progress has been made towards recovery, the best plan would probably be to shut patients up in a dark room. But cases which require such stringent measures are the exceptions, and in general the patient is all the better for plenty of fresh air and exercise. As a rule, I have no faith in any system of treatment which compels people to stay in the house. M. Rayer says (*a*) that he has met with "several cases of eczema in which a vast variety of therapeutic agents had been fruitlessly employed whilst the patients went on with their usual occupations and took active exercise, but which were successfully effected by the same means from the minute these individuals consented to lay themselves up." This may now and then happen with patients who are unable to procure a sufficient supply of wholesome food ; who sleep in close overcrowded stinking bedrooms ; who have to stand a great deal and face all weathers, or who lead a very hard anxious or wearying life, but I have never seen an instance in which I could trace the incurability of eczema to such causes as exercise only.

Again, great exhaustion may militate against the patient taking much exercise, especially in the shape of walking, which is not a desirable method when there is any great weakness or when it is carried to the extent of inducing fatigue. Apart from these exceptions I always advise as much of it as I can, especially in the shape of boating, cricketing, riding, &c.

Diet.—As to diet all that ever I have observed points to one conclusion, namely, that eczema is another word for exhaustion. It occurs to a great extent among those who work too much and use an innutritious diet, or in whom mal-assimilation is going on. In some persons it seems to be almost a necessary result of an improper mode of living and overtaxed energy. Great anxiety, which is so potent and prevalent an agent in the development of this malady almost certainly entails some degree of exhaustion. I have often found that patients suffering from eczema, as indeed from many other forms of exhaustion, either owing to want of appetite for plain wholesome food or to want of means, go day after day without dining, living on tea or coffee and bread and butter, or bacon, bloaters, sausages, or something of that kind "as a relish." One of the worst cases of eczema I ever saw was in a gentleman who boasted that he never dined. He took six or seven cups a day of strong coffee and the sort of diet I have mentioned ; long before he was rid of his tormentor he was satisfied that he had been making a mistake. In some few cases this complaint may be brought out or kept up by the over free use

---

(*a*) "A Therapeutical and Practical Treatise," &c. By P. Rayer, M.D. 1835. P. 302.

of stimulants; but it prevails very extensively among temperate persons and total abstainers; and in children, among whom it is seen to such an extent, stimulants can have nothing to do with its appearance. Occasionally it seems to come on from the want of fresh vegetables, and wears much the appearance of scurvy (for which it is frequently mistaken by patients), being marked by great loss of strength, soft spongy state of the gums, indented tongue, foul breath, tendency to bleeding from the mucous membranes, costiveness, coldness, and coarse muddy look of the face, often with great dejection of spirits.

I have always found that a good plain diet, containing a fair amount of meat, say half a pound a day for an adult, with a large proportion of fat, an item only too often omitted or objected to by patients, with plenty of well boiled vegetables, fat ham or bacon and eggs for breakfast and some good red wine, was prescribed for eczematous persons. The patient should eat only brown or household bread, the white bread commonly sold containing scarcely any nutrient matter. Fat bacon fried, boiled eggs and brown bread form, perhaps, the most nourishing and digestible diet that could ever be put upon the table. After numerous trials, in which I have been very kindly assisted, I am disposed to say, with little, if any qualification, that in eczema red wine is superior to any kind of beer or spirits, and that the best kinds I have tried are tarragona and claret. As in pityriasis the latter answers extremely well in hot weather. A grown person suffering from eczema may take three or four glasses of tarragona a day, and even children bear a glass daily very well, especially if made into negus. When the weather is neither very hot nor very cold, two glasses of tarragona and four of claret, mixed together, make a very useful and pleasant substitute for either separately. In the case of women who are suckling, stout may sometimes be given, but it never answers so well. When the scorbutic symptoms just spoken of are prevalent, pure lemon-juice becomes invaluable; and it is a singular fact, that no remedy which I have tried relieves the sensibility to cold, often noticed in eczema, so quickly as lemon-juice; but only the freshly squeezed juice should be employed; that sold in the bottle by fruiterers and confectioners cannot be relied on. The same effect from lemon-juice has been noticed in the cold stage of ague.

From starving, bleeding, and purging, men have gone to the other extremes. Fat meat, cod-liver oil, bran biscuits, five or six glasses of wine daily, stout to dinner, rum and milk first thing in the morning, hot milk and beef tea between breakfast and lunch, and even food during the night are now given to patients who, a few years since, would have been restricted to gruel and tea, dry toast and barley water, with just about as much solid food as would keep a baby alive; a diet much more calculated to hasten the passage of the spirit to another world than to support the frame and the devastating action of calomel, antimony and black draught—bleeding and leeches. In skin diseases at any rate, extremes meet, and at a point where they do mischief, the high feeding of the present day is as hurtful as starvation was. It might, in rare cases, be put in requisition for a few days with the view of relieving great exhaustion, but as a system it does not answer. Too much animal food is especially injurious in eczema. We do not know very much about the action of food, but this much is well known; for it is an established fact, that however good may be the meat on which soldiers and sailors are fed, if they get too much of it and too little vegetables, they fall into a state of purpura, frequently accompanied by eczema and certainly akin to it; both blood and tissues being in such a state that a slight blow will blacken a whole limb. In training for prizefights, the men are fed on a diet composed almost exclusively of bread and meal, and for a time seem to get into extremely high health on it; but in a very well-informed paper (*All the Year Round*) it was stated, some few years ago, that the health of these men rapidly break down after a few trainings, and that an unusual proportion of them are cut off by dropsy and consumption, to an extent which the supposed looseness of their lives will not altogether account for. On the other hand, the better the feeding, so long as it is well digested, the healthier the skin; starvation makes it coarse, flabby, and offensive to the smell. Hufeland mentions (*a*) that a lunatic, who wanted to starve himself to death, exhaled a most noisome smell from his skin so soon as the starvation began to tell upon his health. To a certain extent I can confirm this. Not only have I observed that the skin is, on the whole, more offensive in the underfed, even when cleanly, but I have notes of six or seven cases where, to my surprise, I had remarked that persons, whom I had known in better circumstances, and in whom I had then never noticed it, had acquired during poverty a very unmistakeable odour. Again, more nourishing food was introduced at an insane asylum where skin diseases had previously been very common. Cocoa was substituted for gruel, meat for soup, wine was given to the feeble. The result of this was that diseases of the skin became rare indeed, to use the words of the physician who communicated the fact (*b*). At the same time, I cannot say that those observations are sufficiently complete to warrant me in drawing any particular conclusions. They point to some fact, but nothing more.

In acute eczema, or in sudden and severe relapses, a light diet such as chicken, rabbit, ham, veal broth, with fish, as soles and whiting for instance, and farinaceous food, is often advisable for a few days. Again, I have often seen people worse after indulging too freely in pork, curries, or strong soup, and patients frequently notice the fact.

Mr. Wilson does not fear any ill effects from the use of salt meats; he thinks it is bad reasoning to argue, that because soldiers and sailors suffer from scurvy, owing to their being so much fed on junk, therefore salt meats, which are fresh and sweet compared with junk, are likely to bring on scurvy. A monotonous diet, he thinks, injurious; as does Mr. Hunt, who holds that so long as there is plenty of change, it is of little moment what people eat, and that half the skin diseases under which children at boarding schools suffer owe their existence to the sickening monotony and the restraint. As a change, salt meat occasionally, especially such salt meat as good fat bacon or boiled ham can do no harm, at least I never saw any; but the frequent use of salt meat out of which the juice has soaked, and the fibre of which has perished and become saturated with salt and nitrate of potass, cannot fail to be productive of mischief. The patient just spoken of took no meat except of this kind. Mr. Wilson looks with little favour on salads, potatoes, and watercresses; salads he thinks, can only be made tolerable by adding oil to them, and watercresses have merely their pungency to redeem them. On the other hand, Dr. Edward Smith (*c*) and Sir Thomas Watson consider potatoes as a very valuable article of food.

(*To be continued.*)

◆

Death of a Medical Student from Chloroform.—The coroner for West Middlesex held an inquiry on Friday last, touching the death of Mr. Mark Furnivall, aged 22 years, a medical student. Mr. O'Hagan, a solicitor's clerk, said that he had known the deceased for some time past, and he last saw him alive shortly after midnight on Monday at the Arundel Hotel, Strand. Between nine and ten o'clock on Tuesday morning witness was called into his room, and found him lying dead in bed. Witness had heard that he suffered from heart disease and was in the habit of putting chloroform on his handkerchief when he went to bed to allay pain. When he was discovered dead in bed he had the handkerchief to his nose and mouth. Witness had no reason to believe that he would commit self-destruction. He was quite sober when he went to bed, and appeared very cheerful. Dr. Dunn, M.R.C.S., said that the *post-mortem* showed death had resulted from inhalation of chloroform. Verdict—Accidental Death.

(*a*) Hufeland's "Art of Prolonging Life." Edited by Erasmus Wilson. Second edition, p. 29.

(*b*) *Journal of Cutaneous Medicine*, Vol. 1, p. 220.

(*c*) *British and Foreign Medico-Chirurgical Review*, 1865, Vol. 2, p. 103.

SPECIAL REPORT ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

No. I.

PRELIMINARY REMARKS ON THE PHYSIOLOGY OF FOOD.

There is no subject of greater moment to the individual, or to the community at large, than that of food. We do not think we can be accused of exaggeration when we aver that national prosperity in great measure depends on the proper supply of fit and unadulterated food.

Notwithstanding that of late years great advances have been made in attaining to a knowledge of the nutritive values and special functions of the various principles of food, we believe that there is still a wide field open for investigation.

Before proceeding to lay before our readers our series of analyses of the more important artificial foods we deem it advisable to take a brief survey of the modern views as to the physiology of diet.

Various classifications of foods have been proposed from time to time, it is not so very long ago that the division of alimentary materials into *nitrogenous* and *non-nitrogenous* was promulgated by the illustrious Liebig, and almost universally adopted. We can see no objection to this classification as we have stated it, but when we are told that the term *nitrogenous* is to be considered as synonymous with "plastic," or "histogenetic," or "nutritive," and the term *non-nitrogenous* with "respiratory," or "calorifacient," or "heat-forming," the classification is no longer admissible. Probably the best classification, as involving no transitory theory, is that of Dr. Prout which indicates the necessity of four classes of principles of food —viz. :—

1. Albuminous.
2. Oleaginous.
3. Saccharine and Amylaceous.
4. Inorganic.

The most recent experimental researches have been confirmatory of the view that a food competent *permanently* to nourish, to renovate, and to support, must have a representative of each of these principles in proportions varying with age, sex, idiosyncracy, habit, or occupation, race, climate, &c.

We shall hereafter allude to the function which each of these principles subserve in the organism.

Physiologists and chemists have long sought to establish a *nutritive standard* which would serve as a basis for the determination of the nutritive values of foods. For the reason that the requisite quantity and quality of foods depends on the modifying influences above mentioned any attempt to establish an *universal* nutritive standard must fail. The blood has been adopted as a standard, but when we reflect that blood, while it is doubtless the proximate medium of nutrition is *also the vehicle of disintegrated products* we have said enough to show that the blood cannot be regarded as a reliable criterion. Milk also has been selected as a standard. Now milk is a model food for infancy, and although a man would live better on bread and water than on milk alone, still, we must allow that the latter affords a valuable *general approximative* standard. A nutritive standard, in fact, will vary for almost every individual, and can only be ascertained by the test of experience in each case.

We now pass on to consider the relative value of the nitrogenised and non-nitrogenised principles of food. It was part of Liebig's theory that the development of motive power was the prerogative of nitrogenised food. This view is no longer tenable, recent researches having proved indubitably that development of force and nutritive function are the attributes of the non-azotised as well as the nitrogenised aliments, and that, on the other hand, the nitrogenised principles are calorifacient as well as plastic. While it is true then that both nitrogenised and non-nitrogenised principles are factors of force we would here direct attention to the fact that "the muscular qualities of the two kinds of food differ considerably from each other." The Rev. Prof. Haughton in his eloquent address at the Oxford meeting of the British Medical Association in 1868, after illustrating this fact by a reference to the comparative muscular powers of cats and ruminants says, "we find among ourselves an instinctive preference given to farinaceous and fatty foods, or to nitrogenised foods, according as our occupations require a steady, long-continued slow labour or the exercise of sudden bursts of muscular labour continued for short periods.

Not only has it been demonstrated that nitrogenous diet is not essential for the sustentation of labour but it has also been proved that the quantity of the urea excretion is always proportionate to the quantity of nitrogenised food ingested, but bears no relation to the dynamical actions of the body. These facts are wholly at variance with Liebig's view that dynamical force is the result of *tissue combustion*, and not of *oxidation of food.* We may here allude to the beautiful experiments of Professors Fick and Wislicenus (*a*) which, supplemented as they were by the accurate researches of Professor Frankland (*b*), and more recently by those of Professor Parkes (*c*), prove beyond all doubt not only that hard work may be done on a non-nitrogenised diet, but, moreover, that exercise causes no appreciable increase of nitrogen in the urine, that, on the contrary, the quantity of urea excreted during rest is in excess of that eliminated during active work. We have not space to enter more minutely into this subject but will refer our readers for details to the writings of the authorities we have quoted. We believe that the warrantable conclusion to be drawn from these researches is that oxidation of the hydrocarbonaceous foods developes *heat* which is convertible by the muscles into *mechanical force.* We are not yet absolutely prepared to concede that the motive power of a food depends on its thermotic attributes, but modern research, we must allow, tends to this conclusion. Now we must not be supposed to depreciate the

---

(*a*) *Lond. Edin. and Dub. Phil. Mag.* Vol. 31. P. 485.

(*b*) Proceedings of the Royal Institution, 1866. P. 631.

(*c*) *Ibid,* 1867.

value of nitrogenised food. The experiments of Dr. Parkes prove indubitably that deprivation of azotised food during sustained active labour results in physical exhaustion and structural impairment of tissue. The question now presents itself, what are the chief functions of nitrogenous foods? They are first and chiefly the construction and reparation of tissue; that they subserve the respiratory function and aid in the development of mechanical force is undoubted, and, lastly, that they aid in the assimilation of the hydrocarbons is at least probable. With reference to the latter functions there are many matters yet requiring elucidation.

Of the non-nitrogenous principles of food the oleaginous group differ from the saccharine and amylaceous in being more potent as respiratory and calorifacient agents. The importance of a due proportionate supply of oleaginous matter in a diet cannot be too highly estimated. Lehman claims for fat an active agency in the digestion and metamorphosis of animal matter. Fat unquestionably is an active agent in tissue-fabrication and no less certainly does it aid in the normal process of structural disintegration. What are its functions in nervous matter in which it exists so abundantly we cannot confidently affirm, but that they are important is undeniable. It is needless to refer to the mechanical functions which fat performs in the body.

The saccharine and amylaceous articles of food although of great value in other respects possess scarcely half the calorific power of fat. That starch and sugar subserve the production of fat we believe has been experimentally determined.

One of the chief functions of this group of alimentary principles we believe to be their conversion into the various organic acid compounds such as lactic acid, butyric acid, &c. We cannot yet positively define the exact function which these acids perform in the organism, but it is reasonable to attribute to lactic acid the office of aiding in the digestion of azotised matter, and in the words of Dr. Letheby "perhaps its occurrence in the juice of flesh is for a similar object, namely, the solution of effete tissues" (*a*).

We have not space to enter here into the subject of the alimentary value and functions of the saline constituents of food. The universal presence of them throughout the body, the craving which the system experiences on deprivation of them and the deviation from health consequent thereon prove that they are of essential value. Dr. Letheby says, "the saline or mineral constituents of food are largely concerned in the metamorphosis of matter, and perhaps this is their sole function, for it is a speciality of these substances to give a valuable form to the plastic constituents of food and of the animal tissues."

◆

At a special meeting of the Council of the Royal College of Surgeons, on Thursday last, Mr. Henry Spencer Smith, F.R.C.S., a member of the Council of the College, and Senior-Surgeon to St. Mary's Hbs-Hospital, was elected a member of the Court of Examiners for a period of five years, in the room of Mr. Cock, consulting-surgeon to Guy's Hospital, whose term of office had expired.

(*a*) "On Food: being the substance of four Cantor Lectures delivered before the Society for the Encouragement of Arts, Manufactures, and Commerce." By H. Letheby, M.B., M.A., Ph. D., &c., Professor of Chemistry in the College of the London Hospital, and Food Analyst for the City of London. London: Baillière, Tindall, and Cox.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

The Society met on Friday Evening, the 16th ult., at the Royal College of Surgeons. The President of the College, Mr. Wharton, in the Chair.

Dr. Pratt read the following paper

ON THE ORIGIN OF FEVER.

Mr. President, I own it is a difficulty with me, and at this critical period, to come in presence of this learned Society to lay before you facts of very long standing, I may say of centuries duration, and which up to the present date remain open to the inspection and observation of all:

Having read a great deal lately in the newspapers, both English and Irish, as well as in the weekly medical periodicals, relative to the cause of typhoid and other fevers, the writers abstaining, in general, from the production of any real facts, seem to be unanimous in attributing such diseases, in their inception, to the decomposition of animal and vegetable matter. They trace the first rise of the malady to malignant effluvia emitted from manure heaps, stagnant pools, drains, sewers, cesspools, and to all such heterogeneous accumulations as are found near the dwellings of the poor and farming classes, as well as to the gases arising from the closets and closed sewers of the rich, who dwell in palaces and fare sumptuously every day.

After an experience of a quarter of a century as an Irish Dispensary Medical Officer, I venture to record my dissent from these conclusions. As a practical man, in charge of a large and populous district, together with a practice over 200 square miles, I need not say that I have had abundant opportunities of becoming familiar with the dwellings and habits of all classes of the community; and it is my firm conviction that the agencies above indicated cannot be actually productive of fever of any type. Were it otherwise, Ireland would ere this be depopulated from sea to sea, or at most but sparingly and thinly inhabited.

It is a well-known fact that, with rare exceptions, the farm yards of the Irish agricultural classes are simply the open spaces either in the front of their dwellings or close behind. The office houses, the cow houses, stables, &c., either ranging with the main dwellings, or actually forming a component part of them. The farm yard manure, carelessly heaped, in many instances up to the very doors, and in such a way that it often becomes a problem to the perplexed doctor, whose practice is desired within, how to effect an approach, especially when called upon in the dead of night, without sinking ankle deep in mire and filth, or perhaps coming to worse grief in the shape of a souse in the slough of despair.

Such is the state of affairs during the winter months—in the hot weather of the summer the pits from which the accumulated manure had been removed to the farm serve as a receptacle for slops and refuse of all sorts thrown from the houses. These slops, fermenting in warm weather, produce a green stagnant pool, the gases generated showing themselves in the form of bubbles on the surface, which in due time burst, and, of course, discharge their *supposed* noxious contents in the immediate neighbourhood of the dwelling with all its inmates, old and young.

In places such as I have very inadequately described, I may say I have rarely observed a case of fever of any type to occur. The average length of life is very high in many such places, and I may say also, that illness in many such places is almost unknown, save in the form of a common cold, or such diseases as are peculiar to infantile life and childhood.

In many instances, I am sorry to say, our peasantry live in a state of barbarism even worse than that already described—the farm stock being housed in the same dwelling as the human inmates, the manure thrown in heaps everywhere about the house up to the very threshold; the pigs and poultry fed upon the kitchen floor, and the refuse of the repast, together with the contributions from the guests—porcine and feathered—swept into a deep pit close by the fire-side (called the ash-hole or ash-pit), which is rarely cleaned out until it is filled to overflowing. Yet, even in such habitations as these I have found the families hale and sound—strangers to fevers and other diseases which, if the contrary received theory be correct, ought to be too familiar acquaintances.

Let me add an illustration :—Some eight or ten years ago, during the construction of the Newry and Armagh Railway, the small town of Markethill was crowded to excess with navvies and their families, there was not an available spot in the town, but was filled to suffocation—many rooms tenanted with two or more families at night. Notwithstanding all the filth and stench consequent upon the over-crowding, the season was one exceptionally free from disease generally, and in particular marked by the absence or rare occurrence of those of a febrile character.

Nor is my experience in these matters at all singular in what I have stated in reference to the continuance of vigorous health in the close neighbourhood of influences commonly believed to be of a noxious character. Clergymen of all persuasions meet with the same state of things in their walk of life, as well as Dispensary Medical officers, and the intelligent members of the Constabulary Force who, being brought by their statistical duties into close connection with the farming classes, are perhaps qualified to give an opinion as well as clergymen and doctors.

It is a fact that vegetable and animal life will flourish and thrive wonderfully in the vicinity of such places as I have already pointed out : grasses of all sorts grow luxuriantly around the borders of such places, and ducks and many sorts of waterfowls feed and fatten upon such stagnant pools, with their bills as deep into them as they find necessary to procure feeding from the bottom, oftentimes as far down as length of neck will permit.

Rats and frogs also live and thrive well about such places. I have recently seen a closed sewer, which runs through a farmer's yard, opened for the purpose of having it cleared out; it had not been opened for many years previously ; it was almost entirely filled with most offensive smelling matters. After the removal of the flags, which formed the covering, a number of frogs were found lodged together at one side of the drain, more than two yards from the opening into it, where they had collected to hybernate ; they were all alive, and had every appearance of health, and no doubt, were they permitted to remain a little longer time, they would have come forth from their retreat, of their own accord, in due season, to spawn.

I carefully examined the spot where the frogs collected themselves, and was unable to discover the remains of a dead one, thus showing that the gases generated in the sewer had no injurious influence upon them.

Familiar as I am with facts such as I have described, I own it has seemed to me passing strange to see it so confidently asserted that His Royal Highness the Prince of Wales must have caught the dire disease, which has so lately been the cause of so much anxiety to every loyal heart in the realm, from defective sewerage in the house of his noble entertainer.

"The wind bloweth where it listeth ;" and in my humble opinion it is the same with the seeds of disease.

Strange, indeed, are the laws of epidemics : at one time, small-pox rages, as at present ; at another, fever ; at another, scarlatina ; at another, erysipelas ; at another, *cholera;* whitlow, perhaps, and influenza, &c. Let it be *particularly noted* that the conditions productive of fatal disease are, in all cases, subject to little or no variation, and therefore, where the causes are perennial, as among the Irish peasantry, there ought to be no respite from the ravages of deadly maladies.

The facts, unfortunately for the theory, are perverse ; instead of a confirmation, they supply a refutation, to my mind, irresistable.

The conclusion to which all my experience tends may be expressed briefly, and will, no doubt, have been anticipated by my audience, viz., that the causes generally assigned as generating typhoid and other fevers are completely inadequate, and that it yet remains to be discovered from what mysterious sources those fatal maladies arise.

Dr. Rawdon Macnamara expressed, on behalf of the Society, the thanks due to Dr. Pratt for having come up from a distant part of the country to communicate his experience. At the time he (Dr. Macnamara) occupied the chair of the Society, he tried to impress on his hearers the importance of soliciting communications, such as that of Dr. Pratt, from their provincial brethren. They had a vast field open to them, and any communications which they might make to the Society would deserve consideration, and be received with respect and gratitude. The question of the communicability or transmissibility by sewer gases, with which Dr. Pratt's paper dealt, was one that required much consideration at the hands of that Society. He entertained strong opinions on the subject ; but he would not venture to trouble them with any lengthened observations, as he saw present among them sages of the Profession, men whose opinions ought to be received with all the weight that attached to pre-eminent sagacity, great experience, and unrivalled intellectual ability, and he hoped they would favour the Society with their views on the question. He himself held strong views as to the transmissibility through gaseous influence of various kinds of disease. He thought he could bring forward proofs of the transmissibility of scarlatina in various obscure ways. He believed that typhus fever, and pre-eminently typhoid fever could be transmitted through various forms of sewer poisons. Gas might be most offensive to the nostrils, and yet not capable of producing anything like zymotic disease. If they were to turn out the lights in that room they would have a most unpleasant odour. They knew what it was, or rather, thanks to the Corporation of Dublin, they did not know ; but presuming it represented carburetted hydrogen, he did not think that would be capable of conveying a poison that would produce disease. It might kill, but he doubted if it would communicate to the person who died of it that which would communicate the disease to another person. The most unfortunate thing about gas poisoning in other cases was, that the odours were not perceptible ; they were perfectly innocuous as to smell, and yet they carried death on their wings. He differed from Dr. Pratt on that point, although fully recognising the importance of his paper. The question was one well worthy of investigation, and it ought to be discussed separately from another important question, namely, whether the poison of typhoid was analogous to that of typhus. Whether they were analogous or dissimilar diseases, or sprang from the same source, was foreign to the question treated by Dr. Pratt. He had brought forward most powerful evidence that stink was not the cause of fever ; but the stink Dr. Pratt spoke of was different from that to which they attributed typhoid disease, although the most skilful chemist would find it difficult by the most careful analysis to discover wherein lay the distinctive difference between them. In the condition of affairs in the dwellings of the small farmers, described by Dr. Pratt, there was an important element wanting to the production of typhoid disease. He described deposits of decomposing matter and human ordure at the side of the hearth, but these were placed in a *cul-de-sac*, and along with them was deposited at the same time the very thing which they knew to be Nature's great corrector and deodoriser—turf ashes—so that if gas were formed there, it was absorbed at once, instead of being disseminated through the house. This was different from what prevailed in the ordinary water-closet. He believed that a great deal of the morbific poison which was generated by water-closets arose from the communication with tidal rivers. When the tide was out, the tube which passed from the closet was filled up with gas, and when the tide rose it sent back the gas, which found its way out through the seats and pans of the water-closets. It was a great error to suppose that, if the pan of the water-closet contained water, it would intercept the gas. The moment the water in the pan was fully saturated with gas, the gas, if it continued to be forced up, bubbled through the water, and that form of typhoid poisoning was carried into the house. He appealed to Dr. Stokes, one of the greatest authorities on fever in this or any other country, whether he was not justified in saying that in former days they did not find the symptoms, which were now described as typhoid fever. He was certain that at the commencement of his professional career there was an absence of these particular symptoms. On looking at the writings of Sydenham and others, they could trace various other forms of fever, but he could not find in these works any of the symptoms of that form of fever now known as typhoid. He believed that that disease was unknown in the old times when the offices were generally situated at the bottom of the gardens, and when there was no risk of contaminating the air in the houses by sewer gases. He believed that that accounted for the absence of typhoid fever in former days ; whereas modern civilisation, with its many advantages, was accompanied by some evils, one of them being the returning of gas into their houses by means of water-closets.

Dr. Darby said he could corroborate every word of Dr. Pratt's paper by his own observation. It was most valuable, because of the theories that were now put forward, not only as to contagion or infection spreading from the diseased to the healthy body, but also with regard to its production from manure heaps and decomposing organic matter. There was only one cause which he thought would account for the spread of disease from human being to human being, and that was overcrowding. All his life he had seen the healthiest human beings reared in farm-yards, the children playing from morning till night on the dunghill, and the pigs and fowls running about the house. The more filth about a farm the richer a farmer would be. His object was to make manure, and he did it, but without detriment to the health of the inhabitants of the farm. A few months ago he was attending a case of small-pox in the dirtiest house he knew. It was filled with children; it was filled also with cocks and hens, and he was not at all sure that the pig did not sleep under the bed. He had the curiosity to measure the room in which six children were sleeping. It was seven feet wide by nine feet long, and six and a half feet high, and had but one small window. Six children were sleeping in one large bed in that room, and one of the children had small-pox. He recommended the removal of the child to hospital, but the parents would not consent. He then told them to remove the other children from the room, but this could not be done, as there was no other place to put them. This was three months ago, and not another case of small-pox occurred in the house. The overcrowding of people in small lodging houses, did, he believed, generate fever, but he denied that manure heaps or gas emanating from decomposing matter would do so. Practically, he thought the wisest course was to leave a vent for the gas to escape and to prevent its accumulation, and in some places that was done; but in truth, he did not think the disease called typhoid fever could be traced to any distinct source. In these farm-yards and houses the people went on from year to year with the same dirt, and there was no small-pox, typhus, typhoid, or scarlet fever among them. A change took place, an epidemic set in, and then disease spread among people who had been free from it for years. Some gentlemen said these diseases could be stamped out. He doubted the possibility of this being done. They did not stamp out the cattle disease, or the grape disease, or the potatoe disease. They were fighting with an unknown enemy, and they were not prepared with the proper weapons to fight him. He did not mean to disparage cleanliness—quite the contrary. He believed it possible to stamp out endemic disease by improving the habits and increasing the comforts of the people. They might stamp out scrofula and cachexia by sanitary and other measures, but he did not think they could stamp out epidemic disease.

Professor Cameron thought that Dr. Pratt in his opening had stated that which was not generally received in science. He stated that those who wrote on typhoid fever said it was produced from the emanations from decomposing animal and vegetable substances. Those who had studied the etiology of the subject found no such statement made by any competent authority. It was stated that animal matter undergoing decomposition, and air contaminated with fæcal emanations would lower the vital system and predispose to disease, but he did not think it was stated that the disease could be got from sewer emanations alone. There must be the virus of the disease present in the decomposing matter before the emanations from it were capable of giving the disease, but decomposing animal and vegetable matter *per se* was not likely to produce it. That decomposing animal matter such as excrement, was a great cause of the disease was highly probable when they considered the enormous amount of fæcal matter from typhoid patients which was disseminated over the country. It amounted, he calculated, to one million four hundred thousand pounds weight deposited every year. Suppose the number of cases in the United Kingdom every year was 200,000; sometimes in England alone they amounted to 150,000, and 50,000 for Scotland and Ireland was not an extravagant figure; and suppose there was diarrhœa in each case for a fortnight, at the rate of a few ounces per diem, they would see what an enormous quantity of excrement containing a certain amount of typhoid poison was disseminated over the soil of the country, a portion of which found its way into the water wells. Typhoid fever was as prevalent in the country as it was in the towns, as the recent statistics of Dr. Clarke showed. That gentleman, in a Paper read before the Medical Society of Edinburgh, laboured to prove that it was impossible to destroy the virus of typhoid fever, because the sanitary legislation could not reach the rural districts, and he found there were as many cases of death from typhoid fever in the rural districts as in the crowded and unwholesome lanes of the city. He thought that the poison of the disease was as likely to be produced in the rural districts wherever there were persons suffering from the disease. They could readily understand that in towns where excrement was thrown into the yards or passed into the soil-pipes, emanations from fæcal matter would carry with it solid particles. Suppose the virus of the typhoid was a solid, they could understand how strong currents of air passing into houses from pipes would carry with it the virus of the disease. He had inspected some large public institutions where typhoid fever was prevalent, and in a great number of cases he had no doubt the disease was produced by an opening into the soil-pipe. Dr. Ferguson, of Edinburgh, had directed attention to the fact, that even the newest leaden soil-pipes were liable to have fissures formed in them, by which the gas from decomposing animal matter escaped into the houses. He had seen fissures in new lead pipes in houses supplied with water from Loch Katrine, and other sources equally pure, and he found that the typhoid poison could have been introduced only by these fissures. Some time ago Mr. Richardson asked him to examine some water that he expected had produced typhoid fever in seven members of one family. He believed that in that case the first person affected communicated the disease to the other members of the family. The water contained from 16 to 18 grains of solid matter to the gallon, and he gave his opinion that there was a considerable amount of sewage contamination. It was found that the soil-pipe discharged itself into a *cul-de-sac*, and that there was no way for it to get away except into the well which supplied the house with water. A specimen of the water used in the County Longford Institution was sent up to him for analysis; it was found to be contaminated with sewage, and subsequent inquiry showed that there was a rat hole in the sewer, which was only three feet apart from the shaft of the well. A similar case occurred in the Convent of Clondalkin. The water was found to be bad, a rat hole was discovered by which it communicated with the sewage. He knew the case of a well in the County of Wicklow, at a place which he was in the constant habit of visiting during the summer. The water was abominable and disgusting, having the odour of sulphuretted hydrogen, but no case of typhoid fever had occurred there for fourteen years, though the family were in the habit of drinking this water. It was from a well in a stable yard. If excrementitious matter *per se*, could produce typhoid symptoms, there never was a case where it should have been more thoroughly developed than in this instance, where the water contained from 20 to 30 grains of solid matter; whereas he had found in cases where persons had taken up the virus of the disease from water, the organic matter it contained did not exceed three grains per gallon. As to the spreading of the poison, that was altogether dependent on its volatility. Some experiments recorded in the *Journal des Hopitaux*, showed that the poison of small-pox was volatile at 40° centigrade. The poison of the contagious pleuro-pneumonia of cattle was volatile at a temperature of 45 degrees, He thought it was the same with all these different forms of epizootic diseases. The different kinds of poison had different degrees of volatility. Syphilis and vaccinia could only be propagated by actual contact; but when they come to such diseases as typhus and typhoid, they were altogether in the dark.

Dr. Stokes was glad to be present at the reading of Dr. Pratt's Paper. He was the first to bring forward the important fact connected with the prevalence of fever in Ireland, that while the presumed causes of fever are permanent, the effects are not permanent but intermitting, or at least remitting. The dung heaps, the imperfect sewage, the filth of the country farmers' places formed a permanent institution. The occurrence of fever was epidemic and inconstant. That was one great fact not easy to get over in the theory of the septic origin of fevers. He remembered a good many years ago when there was a tremendous epidemic of fever in certain parts of Ireland, and especially the southern portions; and when Limerick, Cork, and other towns were the centres of the most terrible plague, the town of Killarney might be said to have escaped. The Grand Jury of Kerry, greatly struck with this, directed his brother, who was County Surveyor, to make a survey of Killarney, which he did, and the result was something startling. It was proved that there was, by some enormous proportions, a greater quantity of putrescent matter in Killarney than either in Cork or Limerick. The number of cubic feet of putrescent matter to each individual was something incredible. A good deal had been said of the distinction between typhus and typhoid fevers. He should be sorry that that Society adopted those hard and fast lines of distinction between different forms of essential disease. They were all very well on paper and in the books of nosologists; but the practical man who met with these diseases in great numbers, would tell them that there were many cases which he could not put clearly into this category or that category. Many of the authors who contended for these hard and fast lines of distinction, had not observed or practised in this country. Their experiences had been drawn from the London or Edinburgh Hospitals, and they had not practised much, or at all, in Ireland. If they did they would have an opportunity which did not occur in English Hospitals, of seeing an entire family in the wards of an hospital at the same time, both the parents and five or six of the children; and in that group of cases, where one cause most probably produced the disease, they would meet with every possible variety of fever, well marked petechial typhus, non-petechial fever, pythogenic fever (to use the newest phrase), or enteric fever, simple fever, rheumatic fever. Therefore it seemed a very difficult matter to say that these diseases are essentially distinct. He had lately read a paper on the "Correlation of Zymotic Diseases." He would go a step further and say, it might yet be a question whether the various cases of zymotic disease were not only correlative but convertible. With respect to the question of stink, the tendency of modern sanitarians was too much confined to the removal of nuisances. They thought they would do all that was required by preventive medicine. Preventive medicine was a development of knowledge of our own generation, and promised to be one of the most glorious products of the present time—far beyond curative medicine, for that depended on the slow advance of medical science, which all depended on the characters and the training of the professors of curative medicine. But preventive medicine implied the cure of the masses of mankind and of the population at large. It depended on wise legislation. He believed the sources of epidemic diseases were not yet known. Dr. Pratt gave utterance to the same idea when he said, "the wind bloweth where it listeth." The great Humboldt, in his Cosmos said, that among the various questions that involve human inquiry, there was none more obscure than the origin of epidemics. It was a fashionable doctrine that endemic and epidemic diseases could be removed or destroyed by what was called sanitary reform. The argument on which the doctrine was based was this: an epidemic disease appears; sanitary measures are adopted, and the disease disappears; but this argument was really a weak one, when they reflected that epidemic diseases were like diseases in individuals; they had this appearance, their growth and their spontaneous subsidence, and the question was whether this subsidence was the result of sanitary measures or merely the result of a general law. The greatest disgrace had come on the profession of medicine, by gentlemen putting forward remedies for this disease and that disease, that would disappear without any remedy at at all, and attributing the recovery of their patient to the last remedy applied. And so it was with epidemics. They could not then necessarily attribute their cessation to the adoption of this or that curative remedy or preventive measure, or sanitary reform. There was another matter which Professor Macnamara had not alluded to, but which he knew was in his mind, for he had frequently spoken to him about it—the great error of attributing great phenomena to a few limited number of causes or to one cause. They only knew of one cause capable of producing great phenomena, and that was the cause of all the phenomena of the world and of man—he meant God. They did not know of any great phenomena or series of phenomena that was not the offspring of an infinite number of causes; and to say that typhus results from emanations proceeding from the overcrowding of human beings, or that pythogenic fever proceeds from the putrescence of matter in which the seeds of typhoid fever had been mixed, would seem altogether wrong. Dr. Graves, when there was an outbreak of Cholera in London, wrote his celebrated article against the view of the *Times*, in which he showed the folly of attributing it to the sewage. He thought it was settled that bad odours were not in themselves necessarily deleterious. It was quite possible that one odour might be deleterious and another not. Labourers working in knacker's yards and in sewers did not appear to be more liable to disease than other persons in the same class of life. Dr. Pratt, coming from the North of Ireland, was well aware of the frightful odour from the maceration of flax that pervaded the country at certain seasons, yet it had never appeared that it had been the cause of an outbreak of typhoid or any other fever. With regard to sanitary reform, civilization required that all these deleterious influences should be removed—not merely bad smells, but everything, whether of a moral or physical nature that could retard the healthy development of the human frame. They should inquire whether sanitary reform acted simply by extinguishing the germs of disease, or whether it acted by the improvement of the general health of the population, thereby enabling the human body to resist contagion, or, if it yielded, to bear up well against the disease. He believed that this was the true way of looking at sanitary reform.

Dr. Henry Kennedy said it must be remembered that epidemic influences did not affect human beings alone, and whatever explanation might be given they must take the fact that epidemics had existed everywhere from the earliest periods of recorded time. They had evidences of them in the air, in the sea, and under the earth. Dr. Darby had alluded to the epidemics in cattle and vegetables, as well as in men; and they were mentioned in the Bible, in Homer, and other ancient writings. So that any attempt to explain epidemic diseases coming on us because we happened to live in a particular condition as to cleanliness or otherwise was not satisfactory. There were plenty of instances on record where severe epidemics occurred in the midst as it were of cleanliness. Coventry was a model town for cleanliness, and yet there was not a town in England where the small-pox had been so bad. As to the case mentioned by Dr. Cameron of bad water being used by a particular family without ill effects, he (Dr. Kennedy) would venture to suggest that probably the sulphur in the water might have been antagonistic to the effect of the poison. He could not go with Dr. Cameron in saying that sewage matter was not capable without something else of causing typhoid fever; for there was evidence to show that mere sewer gas without anything else would account for it.

Dr. Charles Frederick Moore observed it did not appear that the conditions of country dwellings, as described by Dr. Pratt, resembled town or city tenements, the former having mostly large and wide chimneys which insured ventilation, and all offensive matters were preserved for the farm. In cities and towns, too often, the tenements were contaminated by the soakage of the walls, basement, &c., with sewage. Besides, he could not, from five years' experience of a hospital in the county Armagh, agree with Dr. Pratt that typhoid fever was unknown there, having treated very many severe cases whilst there. He also had some cases of that fatal form of fever known some years since as the Armagh fever, under his care in the North. He regarded typhoid excrementitious matter as peculiarly dangerous. However, he felt indebted to Dr. Pratt for his communication, coming up as he had miles from the North to deliver it before the society.

Mr. Richardson observed that it might be of some interest in connexion with the question so kindly brought before the society by Dr. Pratt, to give a few of the leading particulars of the cases that occurred in the house at Kingstown just alluded to by Professor Cameron. He (Mr. Richardson) was requested, on the 22nd January, 1871, by his friend, Dr. Newland, of Kingstown, to see with him some cases in a house there, and to visit which Dr. Newland himself had been asked only the day previously. Dr. Newland found that three of the children—girls—had been nine or ten days in typhoid fever, and were, at his visit, in a hopeless condition. Two more—young men—had been ill only for a couple of days, and another (a young woman) had taken to bed the day he first saw her. On my arrival I found that one of those first attacked had just died, and that, as Dr. Newland anticipated, the other two had but a short time to live. These three cases had abdominal symptoms, and the peculiar rash of typhoid fever, and one of them had besides well marked *coma-vigil*. Of these two, one died on the 24th and the other on the 26th January. The three, when Dr. Newland first saw them were, in fact, in the typhoid condition. Of the three others attacked (the two young men and the young lady who was about twenty-three years old) the young men had the fever mildly, but the latter lapsed into the typhoid state, and had a narrow escape of her life, the chest and abdominal complications having been very severe. These three also, had characteristic typhoid spots. The seventh, and last attacked, a fine young man, continued well for several days subsequent to the seizure of the last-mentioned cases, and was sent to a relative's house in Dublin to remove him from the local influence that favoured the development of the fever in his brothers and sisters. However, he was not long in Dublin until he was attacked with vomiting, got alarmed, and returned home. The parents in their anxiety for his safety sent him back to Dublin and to the *Pension-Medicale* in Charlemont street, whence he was transferred to one of the pay wards of the Adelaide Hospital, and was placed under the excellent care of my colleague, Dr. Little. Here, unfortunately, during the progress of the enteric fever he was attacked with scarlatina and died. He likewise had the characteristic typhoid eruption, and during the decline of the scarlatine rash new typhoid spots made their appearance. Although he (Mr. Richardson) had no evidence to adduce as to whether this almost simultaneous outbreak in one family was spontaneous or dependent upon the presence of typhoid germs in their drinking water, of which the young members partook freely, nevertheless he thought there could be little doubt from the large amount of nitrates, nitrites, ammonia and common salt, Dr. Cameron's analysis proved it to contain, that there was an intimate connection between the outbreak and the contaminated water. To add to the misfortune of the father and mother of this family, another of their children died of phthisis on the same day on which the death of the first case happened from the enteric fever.

The Rev. Professor Haughton, F.T.C.D., said that about three years ago there was a slight but significant outoutbreak of typhoid fever among the students of Trinity College. Six students took ill; one of them died, and another very nearly died. The opinion among their brother students was very early expressed as to the cause of the disease. These six gentlemen were all teetotallers; they never drank beer at Commons, they drank water only. An investigation was made into the well water, which was at the back of the college kitchen, and was used for culinary purposes. It was a very well tasted water, but there had been some unusually high tides shortly before, and the Provost suggested, what was not an improbable explanation, that the high tides kept back the sewage, and that some of it flowed back and got into the well. On examination by Dr. Apjohn the water was found to be very bad, and they had no hesitation in attributing to it the outbreak of the fever. As to the general question of the origin of epidemics he (Dr. Haughton) disbelieved in the atmospheric theory. Some years ago they had a discussion on the outbreak of cholera, and it was demonstrated by careful investigation that the disease was brought in by some one individual who communicated it to the next, and so it went on and extended; and that there was no such thing as a spontaneous outbreak of that disease arising from any condition whatever of filth or of cleanliness. Miss Nightingale said she had seen herself small-pox arising in the corner of a dirty ward, but he thought it would require stronger evidence than that of Miss Nightingale, excellent authority as she was, to satisfy them on that point. Their scientific efforts ought to be directed to search out and explain at an early stage of epidemics the causes that gave rise to them. The cause would be generally found to be contagion, or passing from one to another, or drinking water or other corruptions. When cholera appeared in Moscow, in 1831, an accurate account of its progress was taken by Blumenthal, and for the first three or four hundred cases he could tell in each case who it was the individual got it from; but when the cholera became more diffused the clue was lost. If they ascertained at an early stage of an epidemic that the disease was communicated in a particular way the inference, when it became more diffused, was that it had been similarly propagated, although they might be unable to trace its history in its later stages. As to the influence of dirt in causing disease, he thought it was exaggerated. Good food, and an occasional glass of spirits, was a far better preventive of disease than cleanliness. What made epidemics fall so heavily on our poor people was not the bad air they were dwelling in, but the miserable food they eat and the exposure to which they were subjected.

Dr. Mapother reminded Professor Macnamara that the defect in the water-closets of which he complained could be effectually remedied by adding a ventilation pipe to the soil-pipe, so as to prevent any of the noxious gases that might be generated from coming into the house. He believed that every one of these zymotic diseases required a seed just as much as an oak did; and he was not aware of any work where the statement was made that emanations from excrementitial matter would produce typhoid fever, unless it contained the specific poison-germ. He heard Sir Dominic Corrigan say that when he and Dr. Lyon Playfair were making a tour through the County of Kerry, a farmer, who delighted in the amount of manure outside his house, told them that he believed in the preventive virtue of the smell, and said the fever was killed by the stink. He feared this had produced some influence on Sir Dominic. He had often heard him say that these diseases were not to be stamped out. They had all heard with pleasure the eloquent observations of Dr. Stokes with regard to the great advantages of sanitary reform. Anything that would tend to improve the habits of the people would be of great benefit to the country. Unfortunately many of our countrymen carried with them to America their shocking habits of collecting all the filth they can round their dwellings, and keeping their bodies in a state of dirtiness, and if a change could be effected not only in the state of our towns, but in the habits of the people, they would do more credit to their native country when they emigrated to the New World.

Dr. Richardson suggested that the Vice-President had lately met some cases bearing on the subject before the Society.

Dr. Kirkpatrick then said—"About the middle of last Summer I treated, in conjunction with my friend, Dr. Gordon, nine cases of typhoid fever in one family, residing on the Donnybrook road. On the occasion of the first, which was a mild but well-marked case, I cautioned the rest of the family against the use of the pump, which was in suspicious proximity to the soil-pipe. Nevertheless they continued to drink the pump-water, preferring it to the pipe-water from the canal. During the next fortnight eight other cases occurred in the family, all presenting the rose spots, and the other well-marked symptoms of enteric fever. About the same time eighteen cases of this disease occurred in a training school in North Great George street. Most of these cases were treated by Dr. William Moore at Sir Patrick Dun's Hospital, and at his suggestion the drinking water of the school was examined, and was found to be extensively contaminated, and a communication discovered between the drain and the well." My friend, Dr. Darby, will scarcely argue that these cases were produced by epidemic influences. In the course of my private practice, I met with several cases of this disease every year, but in my large public experience as one of the Medical Officers of the North Dublin Union, I have never met a single case, although there are in that institution a large number of inmates of all ages. My colleague, Dr. Rutherford Kirkpatrick, is present, and can add his testimony as to the total absence of this form of fever, which I am led to account for by the fact that there are no water-closets, that the lower wards and passages are flagged, and that there is no opening whatever within the building which communicates with the sewers of the city. I quite agree with the views so ably brought before the Society by Dr. Cameron, and I am fully persuaded that as long as the present system of water-closets, cesspools, and deep drains is maintained, so long will typhoid fever prevail, not as an epidemic only, but as an institution amongst us.

Dr. Stokes said lest it might be thought that he was decrying sanitary reform, he should state that it was not his meaning or intention. It was a good many years since sanitary measures, extensively adopted over India, were put into practice in the City of Calcutta. A magnificent system of drainage, and a magnificent water supply, probably the most magnificent of any modern city, were established there. The result was that while the cholera had continued in that portion of the town inhabited by the natives, in that portion of the town which was purely European the cholera had simply disappeared. So that Calcutta, formerly the most unhealthy town in India for Europeans, was now the healthiest. That was one important fact in favour of good drainage and pure water.

Dr. F. T. Porter could not agree with the statement that no fever could be caused by emanation from decomposing animal matter. Some years ago a severe epidemic of fever broke out in one of the islands of Arran, on which occasion he himself contracted the disease, and it was traced to the gas coming off from decomposing fish *débris*.

Dr. Pratt replied briefly. He expressed his gratitude for the manner in which the Society had received his paper. Dr. Stokes, he said, had anticipated him in another which he had promised to prepare on the different types of fever, for he believed they were all identical. He repeated his opinion, that stink was no cause for fever of any kind, and if it were there would be no one at all now alive in Ireland.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2
" IF PAID IN ADVANCE 1 0 0

⁎ Post-office Orders and Cheques to be drawn in favour o
A. A. TINDALL, 20, King William-street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

AGENTS FOR THE UNITED STATES—
New York—TURNER and MIGNARD, Nassau-street.
Baltimore—KELLY, PIET, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 6, 1872.

SYPHILIS CORPUSCLES.

THE intense interest excited by the alleged discovery of Dr. Lostorfer rapidly reached beyond Vienna, where it was first mentioned. Our own columns have testified to this, and only last week we reproduced a letter written with much enthusiasm for one of our American contemporaries. We have also given translations from other journals, but still the subject is forcing further attention.

As it is unnecessary in a brief summary to go over the old ground, and as we have already given much from the Vienna papers, we will here print a translation from the other German capital forwarded to us by Dr. Arthur E. Barker. It is from the *Berliner Klinische Wochenschrift* of 27th January, No. 5, and has been sent to us from Bonn by Dr. Arthur E. Barker :—

In the meeting of the 12th of January, 1872, of the "Gesselschaft der Aerzte," in Vienna, Dr. Löstorfer spoke about the diagnosis of syphilis through microscopic investigation of the blood. According to the views of the lecturer, the examinations which have been hitherto undertaken, have been unsatisfactory, because they have been been made with magnifying powers too weak for the purpose, and fresh blood alone has been used. Dr. Löstorfer has avoided these errors. He began in August of the previous year with material from the clinic of Prof. Zeissl. The blood was taken from syphilitic individuals, and after a space of three or four days he always found small glancing bodies, on which he could at times discover processes. It was then seen that these bodies increased by bud-formation. New individuals were formed, which again showed a secondary proliferation by budding. On the addition of various fluids these little bodies shrunk up, especially with sugar water, and Pasteur's fluid mixture. These were surrounded by vacuole, and enclosed.

These results were so constant that Dr. Löstorfer could diagnose with certainty the presence of syphilis, by the propagation of these bodies. He had subjected himself to eight or ten trials which were given him partly by Prof. Stricker, partly from Prof. Hebra, and every time he had recognised among the range of preparations, the syphilitic blood correctly. The number of syphilis corpuscles to be found in the field of the microscope was frequently fifty, sometimes less. The period of their development was the third or fifth day; in many cases they appeared in twenty-four hours.

Too low a temperature retards the development, yet it can go forward unhindered at about from 8 to 10 degrees C; together with the decrease of syphilitic symptoms through therapeutic treatment, these little bodies disappeared also.

Further investigations must teach us whether these corpuscles first take their rise with the syphilis, or whether they are already present in healthy blood, and are only favoured in their development by the affection.

After the lecture, which excited great interest, Prof. Skoda congratulated the lecturer on his discovery, as likely to form a new era in this study. Prof. Stricker, as well as Prof. Hébra, confirmed most completely the accounts given by him.

We have already stated that Drs. Wedl, B. Kraus, and other leading men in Vienna have hastened to dispute the discovery, and one of the journals has spoken of the solemn burial of the corpuscles.

We cannot but feel the greatest hesitation at accepting the discovery, and while we signalise the discussions at Vienna as important, and dwell upon the interest they have excited, we acknowledge it is no part of our duty in these columns to do more. At the same time we are desirous of giving such information as our readers will naturally expect. We therefore ask their especial attention to the following letter, written to us by an esteemed *confrere* resident in Vienna :—

VIENNA, *February*, 1872.

The winter Semester is drawing to a close, and a large number of the students who have been in attendance upon lectures during the winter, are leaving for their homes, or for the warmer and more congenial climate of Italy.

The private classes were unusually well attended during the present session; there are several to join for which it is customary to give in one's name from six weeks to two months previously.

The American students number from forty to fifty, the majority of whom are following up one or more specialities. Dr. Bumstead, of New York, well known to the Profession as the author of a work on "The Pathology and Treatment of Venereal Diseases," attends daily Hebra's lectures on "Diseases of the Skin," Sigmund on "Syphilis," and several others.

Jaeger has several private classes daily, numbering each from eight to thirteen students. Schrötter on "Diseases of the Throat," Politzer and Grüber on "The Ear" are all equally popular in their specialities, the usual fee is twenty florins for foreigners, and ten for residents or natives.

At the last regular meeting of the Medical Society of Vienna, the subject of the syphilitic blood corpuscle was brought forward for discussion; much was said during the course of the evening both *pro* and *con*.

Dr. Löstorfer, the discoverer of this supposed peculiarity in the blood of syphilitic patients, claims that he can with the microscope decide whether or not the blood of the individual submitted to him for examination is syphilitic, by the mere presence of this new feature; this he has succeeded in accomplishing in a large number of specimens of blood submitted to him for test.

The corpuscle, as described by Löstorfer, is on an average about one-sixth the size of a normal human blood disc, spherical in shape, of a greyish appearance when examined under a strong reflected light, but not visible until forty-eight hours after the blood has been taken from the body.

Hebra is inclined to favour the new theory, but, as yet, is cautious about committing himself to it.

The opponents of the theory declare that precisely the same appearing corpuscle is found in normal and in variolous blood, and that it is nothing more nor less than disintegrated or decomposed white corpuscles; the fact of its not being visible for forty-eight hours after the withdrawal of the blood from the body, gives, in our opinion, support to this view of the theory; again, it is suggested that the supposed corpuscles are fat globules which are deposited by the finger when it is pressed upon the glass upon which the blood for examination is placed under the field of the microscope.

The subject is being patiently and earnestly investigated by many clever men here, and it is to be hoped that a decided result will shortly be arrived at.

The President of the Society has appointed a mixed committee, consisting of Rokitansky (the elder), an eminent microscopist, a botanist and syphilographer to investigate further the subject, and report their views to the Society at an early day.

◆

THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

We learn that the College of Physicians of Ireland have rejected the scheme laid before them by the Conference of Delegates from the various licensing bodies. The Board of Trinity College have accepted it with the exception of that clause which entitles any person who has passed the Conjoint Examination to demand their degrees. It appears that the Board wish to retain the power of imposing some further test on candidates seeking the University M.B.

All the Irish Licensing Bodies have now given expression to their decision on the scheme proposed to them for Conjoint Examination with the following result:—

The University of Dublin has accepted it, subject to an important modification.

The Queen's University has rejected it absolutely.

The College of Surgeons have practically rejected it.

The College of Physicians has rejected it.

The Apothecaries' Company has accepted it unconditionally.

It must be quite obvious that no compromise is possible which will include all the Licensing Bodies in Ireland, and if a settlement can be arrived at at all, it must exclude some of the "medical authorities."

Nothing, however, has occurred to render improbable the formation of a Conjoint Board between the College of Physicians, and we are glad to think that this instalment of the hoped for coalition may yet be acheived. We should earnestly hope that mutual concessions might be made for the purpose of bringing the University of Dublin and the Apothecaries' Company into the scheme.

Should such a coalition be considered practicable, the Queen's University will stand aloof and trust to its own educational and licensing resources for sustenance. Its interests are so diverse from those of the other bodies that it was hardly to be expected that they could coalesce to form a compatible mixture.

In the first place, the Queen's University gives its M.D. to Students in Arts, and does not restrict them to graduates as the University of Dublin does. It would not be reasonable to expect that the Licensing Corporations would concede the same special advantages to the Queen's University which, for the purpose of fostering high-class education, they accord to Trinity College. Moreover, the Queen's University gives its M.D. for £5, a price so far removed from what has always been considered a legitimate and reasonable charge that it could not be expected that an intermediate fee could be agreed to. If the Queen's University were to raise its fee to meet the Licensing Corporations, it would at once lose the principal attraction which its degrees have for students. If the Corporations were to come down to any such sum, they would speedily die of inanition.

These considerations go to show that the Queen's University has been the disturbing element of the Conference, and they inspire the hope that a Conjoint Examination Board, which shall give an honest high-class professional qualification in all subjects, may yet be practicable in Ireland.

◆

THE QUACK FRATERNITY.

On Friday last at the Central Criminal Court, Mr. Poland, the Treasury solicitor, appeared as a public prosecutor against a man of the name of John Alexander Barnes, who was represented as the possessor of an American diploma of doctor of medicine. The prisoner, who by the advice of his solicitor pleaded guilty, was charged with publishing and causing to be sold certain obscene and filthy books. He had lately resided in Lonsdale square, Barnsbury, having for some time previously acted as factotum to the notorious quack, Dr. Smith, the great M.D. of Jena, with various aliases, member of the Metropolitan Medical College of New York, and of the Reformed Medical Society of the United States of America, whatever this may mean; for if such a society ever existed, which we much doubt, we would most humbly draw the attention of this most august body to one of its members on this side of the channel who needs a very considerable quantity of the mixture of "Reformed Medical Society" to make him an honest, respectable man. And now we have one of his precious progenies, presumably setting up business "on his own account," but actually in league with him, as the evidence states that Dr. Smith's advertisements always appeared along with the prisoner's in the newspapers. The object of the prisoner was evidently, by means of the advertisements to call public attention to a book entitled "The Secret Friend."

Some time since, when evidence was given in court that a corporal of the Guards had committed suicide after receiving some letters from Burton crescent, and reading a few chapters of a book from this same scoundrel Smith, the title of the publication was "The Warning Voice." Now we have "The Secret Friend," and if there is one member of this filthy gang we should enjoy to see soundly flogged more than another, it is this *soi-disant* Secret Friend. And now let us briefly analyse the evidence against Barnes.

Mr. Poland said that at Bow street the prisoner was represented by a solicitor, who, on seeing the filthy nature of the work, at once said it ought to be destroyed, and the prisoner gave his consent to the destruction of the book and all papers of a similar character. While at the court, however, the prisoner was observed to make some remark to a person near him, and that person at once left and went in a cab to the prisoner's house. A police officer followed in company with the prisoner, who, on the way, said he had only a few copies left. On arriving at the house two men were bringing out bundles of these books. It then appeared that it was the object of the prisoner to have the bulk of the copies removed, so that only a small quantity should be destroyed. Six or seven hundred copies were found and destroyed. The police also found some copies of another indecent book, but the prisoner objected to their removal; and, as the police were not armed with a search warrant, they were unable to seize them. Some correspondence then ensued between the Solicitor to the Treasury and the prisoner's solicitor, in the course of which the latter expressed the readiness of the prisoner to give up or destroy everything he possessed of an indecent character, and his ignorance of having infringed the law. Subsequently, at the instance of the Treasury, the prisoner gave up to the police nearly 2,000 copies and 112 stereotype plates of the various works, and he admitted he had published about 3,000 copies at a time.

The prisoner's solicitor, Mr. Ribton, asked the Court not to inflict any punishment upon him. He had an American degree, and had resided a considerable time in the United States. He had been under the impression that in circulating this book he was committing no criminal offence. Every publication of an indecent nature had been given up, and if there had been any attempt to prevent the police from getting everything of this kind it was without his knowledge. The prisoner was determined *not to* repeat the offence.

And now what is the result? The excuse is allowed that "the prisoner might possibly be ignorant of the English law on the subject," and he is permitted to leave the court upon his own recognizances. Ignorant of the law when he had for some time previously been employed in the same nefarious practice by Smith and Company!

Ignorant! that it was against the usages of civilived society to disseminate the vilest blasphemy and indecency that man could concoct? Ignorant! that it was wrong to make one of the most useful institutions of the country—the Post Office—the medium to thrust this immorality and corruption into respectable homes? We pause for a reply, as we cannot understand why "the Government did not wish to press for punishment." What security has society that this man will not shortly turn up under a new guise, as the whole gang of them have done at various times? And why, we would ask, is not every newspaper suppressed which admits the announcements of these miscreants? This would be, no doubt, a sweeping measure; but the wholesomeness of the lesson would be seen in many ways, and it is one that must be learned sooner or later.

◆

Notes on Current Topics.

Thanksgiving Day, 1872.

Yes, we have seen the great procession that has made the 27th February a Red Letter Day to thousands of loyal citizens. God has been ostentatiously thanked with all the pomps and vanities of this world that a great country could bring together. The satisfaction at the restoration of the Prince evinced by the shouting, frantic thousands, has found an echo in the hearts of millions of others, and should bring Sovereign and People into closer alliance than ever. Church and State have been present, and vied with each other in the effort to prove the greatness of the occasion. All sorts and conditions of men have congratulated the Queen as never monarch before was felicitated. But in the midst of it all one thing in our minds has been sadly wanting. Military pomp was of course represented, but what was that but the mere trappings of the state? When the heir to the crown lay at Death's door, what had soldiers to say or to do? No! Doctors were then the need of the Prince as they are of private individuals. The Queen, the Princess, the Nation, all turned to medicine for aid; and when the danger was over, and the crisis was past, the gratitude was felt to be due to our art. Where then should medicine have been on the Thanksgiving Day? Should not the art of healing have taken precedence of the art of war, *i.e.*, killing? We think that as Her Majesty rode in State by the College of Physicians the thought might well have been present that much was due to medicine. The day of thanksgiving was an occasion on which to confer full and adequate honours on a considerable number of medical men. True, a K.C.B. has been conferred on Jenner, who should have been made a Peer, or at least a Privy Councillor. Dr. Gull has got a baronetcy and a court appointment, and this is what he might have expected. Dr. Lowe, who watched patiently and did his best, seems left out in the cold—why? Others, too, we might mention, whose names are familiar as court doctors, but who were not sent for or would have been glad to do their best. Had all these been honoured we might have been encouraged, but no! medicine is as much neglected as ever in England, while in all other countries the Profession is honoured by marks of Royal favour, and indication of social position, from which, here, it seems, we are always to be excluded. While no one rejoices more heartily than we do at the recovery of the Prince and the success of the great demonstration, we hold, that such an occasion ought to have been seized to redress an injustice keenly felt by all members of the Profession. We will even go farther, and add that the few tickets to St. Pauls, given to members of the Profession, compared with the numbers for other callings is a disgrace to the Lord Chamberlain who should have perceived that on that occasion at least, medicine ought to have been prominent.

The Prince of Wales.

It is satisfactory to learn from a reliable source that the Prince's convalescence has not been retarded by the fatigue and exposure of Thanksgiving Day. It seems decided that the Prince and Princess will pass a few weeks in the South of Europe. It is a pity that repose could not be found in some snug resort of our own island. Those who believe the Prince's illness arose from any defect of drainage, will not fail to remember that there is not a town in Southern Europe where the sanitary arrangements are not detestable. It shows how little his advisers can believe in the theories of our contemporaries, when the Prince is advised to sojourn in districts where a properly trapped drain is rarer than a black swan, and where the majority of so-called water-closets constantly exhale smells, compared with which an open drain is sweet perfume.

New Method of Giving Chloroform.

A contributor of the *Australian Medical Gazette* communicates a new method of administering chloroform, which he maintains is rapid, convenient, and safe. He acquired his first knowledge of the value and efficacy of the method in the case of a medical man, to whom he had been called upon to administer chloroform for opening an abscess. The patient, however, refused to receive it from any one's hands but his own, and proceeded to put himself under its influence, the process being described as follows:—

After preparing for the operation, he settled himself on the sofa, leaning partly on his elbow; and, pouring a very small quantity of chloroform on a handkerchief—certainly not more than thirty drops—he began to inhale very gently for about two seconds, then suddenly proceeded to inhale with the utmost energy, forcing inspiration to the fullest extent of the chest's capacity. After a few such inspirations, he fell back on the sofa, perfectly insensible. The operator had to make a very deep and (what would have been) painful incision, so as to include the base of the tumour. The patient never moved during the moment the operation was being done; and in an equally short time he was sitting up and chatting in his usual manner. The inhalation, operation, and perfect recovery, did not occupy more than thirty seconds.

The author had since then, as he says, employed the same method on himself and others with complete satisfaction, and he believes it has unequivocal advantages over any method hitherto known. In support of this view he quotes the following passage from one of Dr. Richardson's lectures:—

"It does not appear that the act of producing cerebral unconsciousness is ever a cause of danger to life; and, except in cases when the vapour is too irritating, we have little evidence to show that during the administration of chloroform there is any primary risk from injury done to the centres of the nervous system that govern respiration."

A New Function for Coroners.

A Bill has just been introduced into the House of Commons "to make provision for inquiries into the origin and circumstances of fires." Power is given to coroners of districts where fires may have occurred to make inquiries respecting their origin and character; that is, if a representation has been made to them by an officer of police, by the magistrates, or any persons interested in the premises where the fire took place, "that there is ground to believe such fire to have been caused or aggravated by the wilful or unlawful act or default of any person, whether known or unknown." The manner of conducting the coroner's inquiry is described in clause four of the Bill; and clause five provides that the coroners shall make annual reports to the Secretary of State of the circumstances connected with such fires as may have been reported to him. The Act is to apply to Ireland; but with the following exceptions and modifications.

The additional remuneration to be paid to a coroner in respect of his duties under this Act shall be paid, allowed, and borne in the same manner as his remuneration in respect of his ordinary duties; and the maximum amounts which may be presented for the payment of a coroner, under the provisions of the Act for the time being in force respecting coroners in Ireland, shall, in the case of coroners acting for the purposes of this Act, be *twice* the amounts respectively which may now be presented as aforesaid.

The provisions of this Act as to scales of payments to witnesses, and as to the disbursements of a coroner, shall not apply to Ireland; but the expenses of witnesses, and the disbursements and mileage of the coroner upon an inquiry held under this Act in Ireland, shall be paid, allowed, and borne as in the case of an inquest held by the same coroner on the death of any person.

Condurango.

At the meeting of the Clinical Society on the 9th February, Mr. J. W. Hulke read a paper on Cases of Cancer treated with Condurango in the Middlesex Hospital. The author and his colleague, Mr. Campbell De Morgan, were enabled by the present of a parcel of condurango bark by an American surgeon to begin in November last a second trial of this reputed remedy for cancer. When this supply ran short, the trial was continued with bark bought of John Bell and Co., and with a fluid extract very liberally placed at the author's disposal by its makers, Messrs. Bliss, Keide, and Co., of New York. After briefly noticing its natural history, and the physiological and therapeutic properties assigned to the condurango, the author proceeded to relate two cases of ulcerated hard cancer of the female breast, and one of rodent cancer of the face, in all of which the exhibition of the reputed remedy failed to modify favourably, or to retard the progress of the disease. The result of this trial confirmed the author's first one, made in August and September last, which showed that, as a remedy for cancer, condurango is absolutely inert. At the same meeting Mr. De Morgan also read a paper containing a report of three cases treated at the Middlesex Hospital, showing the uselessness of condurango; and he mentioned others that had come to his notice tending to prove the same thing. He considered it very important that the fact should be widely made known that this and other so-called remedies for cancer had really no effect on the disease, as statements of wonderful cures were inducing the public to put faith in them, and to waste time and money in their trial. Of the cases on which he had tried the medicine, two were advanced cancers of the breast, and one was uterine. The patients were suffering generally from the effects of the disease, and were considered fit cases on which to try the experiment. The medicine was given regularly and carefully in the manner directed. In no one instance was there the slightest improvement in the conditions of the local disease, which advanced at the same rate as before; neither was there any diminution of pain or discharge, or any change for the better in the characters of the ulcerations. There was not, moreover, any general improvement. For a day or two they thought they had a better appetite, but this was the mere transient change one always sees in cancer patients. None of the changes which were said to take place in the conditions of the urine or the perspiration had been observed. Mr. De Morgan's impression was that the downward progress of these patients had not been arrested for one instant by the agency of the drug.

An Example.

The Japanese Government, duly appreciating the valuable and gratuitous services rendered to them by the late Dr. Newton, R.N., have placed 1,000 silver *yen* at the disposal of H.B.M.'s Chargé d'Affaires, to be forwarded to England for the benefit of the relations of the deceased.

Important Changes in the Army Medical Department.

THE *United Service Gazette* stated lately that it was contemplated to transfer all regimental Medical Officers to the Staff, and that in future no Medical Officers would be gazetted to regiments. It now announces that the Royal Warrant that will be necessary to effect this and other alterations in the department is in print, and will shortly be issued. The 1st of April next will doubtless be the day fixed for the general transfer, and on and after that date the several surgeons and assistant-surgeons, now of regiments, will only be attached to them. With many Medical Officers this change will be very unpopular. Some have gone to considerable expense with regard to their regimental position, and we hear, at present, nothing about compensation to be paid on that account. On the other hand the *Gazette* announces to the long-suffering Assistant-Surgeons that their condition is now being discussed by the authorities, and that although nothing has as yet been decided, still a plan founded upon the general principles of the Indian Medical Service is likely to be adopted, that is to say, that after a given number of years, say ten or twelve, an Assistant-Surgeon shall become a Surgeon, not by promotion to a vacancy, but by simple service only, just as a Surgeon becomes a Surgeon-Major after twenty years' service. Several schemes have been propounded more or less feasible, but this, we think, is likely to find most favour with Mr. Cardwell, because it is not only that of his chief adviser in Medical questions, but it is also the most practical. It is understood that on the transfer of the regimental Assistant-Surgeons to the staff the opportunity will be taken to weed the department of its least efficient members, and that probably a reduction, eighty-six from the lowest grade, will take place during the next six months.

In its last issue, the *United Service Gazette* returns to the subject, and anticipates that disappointment will be felt that what it promised is not endorsed by a corresponding alteration in the Estimates for the ensuing year. The fact of the absence of change in the Estimates need cause no dejection to those Assistant-Surgeons immediately concerned, as our information was of too reliable a nature for us to doubt for a moment its authenticity; moreover, the scheme had been too recently propounded for it to have arrived at sufficient maturity for development in the Estimates of 1872-3. We have every reason to hope that before the summer arrives the decision of the authorities will have been obtained.

Prodigious Gall Stones.

AT a recent meeting of the London Pathological Society, Dr. Thorowgood exhibited, for Dr. Locke Johnson, two gall stones, which he removed from a female patient, æt. 67, and who suffered no inconvenience from their presence during her lifetime. They completely occluded the gall bladder; assumed its shape; were composed principally of cholesterine, and weighed at the period of removal, 580 grains, the larger of the two weighing 420 grains.

DR. BRISTOWE will lecture at the Royal College of Physicians of London, on March 6th, 8th, and 13th, at five p.m., "On Disease and its Remedial Treatment."

The Medical Council.

WE defer our notice of the meeting of the General Medical Council, in order to treat of its proceedings as a whole.

On Sleep and Dreams.

PROFESSOR HUMPHRY, F.R.S., at a late meeting of the Royal Institution of Great Britain, lectured on sleep. First of all he gave a brief account of some of the changes that take place in the tissues when their function is active, and explained that during this time a slight deterioration of structure takes place, which, affecting the voluntary system—the muscles and the hemispheres of the brain—causes the sense of tiring, and necessitates a period of rest for the restoration of the tissue to its former condition In the case of the muscles this rest is provided for by quickly alternating periods, of action and repose. But in the case of the brain, the actions upon which consciousness depend cannot be frequently suspended. Their continuance is needed for the safety of the body during long periods, through the whole day for instance; longer periods are therefore required for repair.

The learned professor explained that the upper regions of the brain are those which minister to consciousness and volition—the intellectual operations—that the functions of these regions not only can long be suspended without interfering with the action of the lower parts of the brain which are more immediately necessary to life, but that they are very easily suspended, slight causes, such as a jar or a shock, or an alteration in the blood current, being sufficient to stop the action of these parts, and deprive the person of consciousness. The spontaneous stoppage of their action, consequent on the slight deterioration of their structure from the continuance of their functions during the day, is the proximate cause of sleep during the night; the periodic recurrence of sleep is in accordance with the periodicity observed in several of the nutritive functions, as in many other operations of nature.

Professor Humphry regarded dreams not as a necessary attendant on, or feature of, sleep, but rather as the result of an abnormal condition. In the natural state we should pass from wakefulness to complete unconsciousness, and *vice versâ*, quickly, almost instantaneously; and many persons habitually do so. But the transition period is sometimes prolonged, and stages are observable. The first thing that occurs is the lowering or cessation of that control over the mental processes which is the highest of our powers, the one requiring the greatest effort and the one most easily lost. In this condition the thoughts ramble unchecked, chase one another confusedly over the mental field, and give rise to all sorts of incongruities of the imagination. At the same time being unrestrained, they are excited, and evince efforts of memory and even of combination which in the regulated state of wakefulness they are quite incapable of. In this way the images of persons and places, of events and items of knowledge long forgotten in the ordinary state, are recalled with distinctness; and we fancy that new information has been acquired, when it is only forgotten facts that are recalled. He did not agree with the physiologists who conceive that dreaming depends upon an inequality in the condition of different parts of the brain, some being excited or wakeful, while others are quiescent or asleep. He rather took the view that all the parts of the cerebral hemispheres combine in each of the efforts of control, consciousness, memory, and other mental acts, that all suffer alike from these effects, alike need the restoring changes which take place in sleep, and together, *pari passu*, pass through the stages on the way to and from sleep in which dreaming, sleep-walking, &c., occur.

Secret Poisons.

It is now upwards of twelve months since we adverted to the circumstances attending sudden deaths with all the symptoms of asphyxia, and quoted an alleged case from the *Canadian News*, "of the receipt of an anonymous letter that contained some poisonous substance, which its reader having inhaled, fell down and died," and at the same time sought some confirmatory evidence from such of our readers in whose minds any suspicion of foul play might have arisen when investigating cases of sudden death, and also what were the nature of the symptoms.

In answer to these suggestions we received a communication, stating that these unearthly practices were not unknown in Italy (being to all appearance *heart disease*), and were even now suspected in this country, and believed to be quite as rife as in the worst times of the Medici. A reference was at the same time given to Oliver Goldsmith's Letter No. 106 in *The Citizen of the World.*

As more than one of our contemporaries afterwards threw some discredit on these suspicions, in reply, one of our contributors on the 17th January last, "Vindex" referred to the use of *tophayne* in India by the Thugs with such deadly certainty, that they could calculate accurately its effect according to the strength with which it had been compounded and administered, and also cited Sir Walter Scott's notices in the Appendix G., title Dr. Julio, at the end of "Kenilworth," quoting Parsons the Jesuit's "Leicester's Commonwealth," from which we gave only one short extract from amongst many, disclosing the skill of this Italian poisoner in the sixteenth century.

We have since been informed that the *Saturday Review* has recently written upon the subject, but without seeking to answer so specious an antagonist, whose Jesuitical tendencies are no secret; we, however, feel bound, in defence of that to which we have already afforded publicity, to give a few extracts from the *Daily Telegraph* of Wednesday, 28th February last, under the head of "Death at the Carnival," from their own correspondent at Rome, dated on the 16th February last. This letter thus commences:—

"*In the midst of life we are in death,*" and then proceeds to state that, "No more striking illustration of this text has been seen, than that afforded by the death of General Cugia, first aide-de-camp to Prince Umberto. The Miccoletti are lighted on Shrove Tuesday at nightfall, that is to say, after six o'clock; at seven o'clock all the lights are extinguished, and the Carnival is practically concluded. Well, General Cugia was in a balcony of the Hotel de Rome, in the company of the Prince, and was for some time as busy as any one in extinguishing the tapers of his neighbours when he suddenly felt indisposed, and requested the permission of his Royal master to go home. On his way to the Quirinal he must have rapidly become worse, for, when arrived there, he had not even strength enough to go up to his apartments, but was obliged to be led into the concierge's room, where he breathed his last at a quarter before seven o'clock. To take part in all the boisterous fun of the Miccoletti, to be taken ill, to go home, and to die, before even those little tapers have ceased to live, is a fate too startling even for this land of inexplicable events. . . . . . He was the constant companion of Prince Umberto in all the drives which the heir to the Italian Throne delights to take in his small Victoria on the Pincio, or in the Borghese Gardens; so that the General was one of the best known men in Rome."

* * * * * *

After giving a full description of the effect of this sad event in the capital of Italy and of the funeral *cortége*, their correspondent states that amongst the pall-bearers were the Minister of War and Prince Umberto, who walked with the procession "amidst a tremendous shower of rain, which sent all the bystanders flying, whilst the chanting Monks raised their enormous blue umbrellas to protect their already hooded heads, and the mounted guardsmen hastened to seek the shelter of a neighbouring courtyard. But the Heir to the Throne marched steadily, slowly on, unmindful of the rain, mindful only of the companion whom he was taking to his last home," and then adds—"I must not conclude without noticing a statement made by this morning's *Capitale*, that in the course of Tuesday afternoon a bouquet was lifted down to the Royal balcony from an upper floor, and that a paper addressed to the Prince was attached to it. It fell into the hands of General Cugia, who read the paper without presenting it to the Prince, and seemed much startled by it. At the window from which the bouquet was lowered stood a priest, who, it was remarked, looked confused when the bouquet was taken up by wrong hands. Ergo, says the *Capitale, the General was killed by poison intended for the Prince.* Now I was laughing over this story this morning when I was reproved by an English gentleman, who has lived in Rome some quarter of a century, and who said, '*Oh, such things are not uncommon here.*' A monsigniore told me recently that there had been many cases of apoplexy lately, *and that there would be more.* Now, I offer no opinion on this matter. It seems to be not unreasonable that the General should have died, as he is said to have died of aneurism of the heart. But what a state of society is disclosed by the mere fact of such a suspicion gaining credit! The Liberal journals discern in the sudden death of a friend the hand of the poisoner; and the Clerical papers do not blush to attribute the taking away of a good Monarchist to the '*finger of God.*'" *Veritas visa et mora falsa festinatione et in certis. Valescunt.*

A frightful accident is reported from Antwerp. A house fell on Friday from some inexplicable cause, burying all the inmates, about twenty of whom have been removed from the *débris* lifeless.

A shark was recently captured at St. Albans, near Sydney, and upon opening the body a human head, and the upper portion of the trunk was discovered therein.

Fifteen persons were poisoned last week through partaking of a rice pudding in which a quantity of white arsenic had accidentally been mixed with ground rice.

The New Public Health Bill is announced for presentation to the House of Commons by the Government on the 14th instant. It is stated to be a most important and comprehensive measure.

At the Pathological Society of London on February 20th, Mr. John Hilton, F.R.S., who was in the chair, intimated to the Society that the Council had recommended that portions of certain evenings should be set aside for the discussion of abstract questions. Any member of the Society might make a prearrangement with the secretaries for the exhibition of specimens or drawings illustrative of some particular point, and due notice having been given beforehand by means of the usual channels, there could be little doubt that very valuable discussions would result from the observance of this plan. The time had certainly arrived when the Society might make use of the enormous amount of valuable material accumulated in the volumes of its Transactions, and attempt to deduce therefrom important generalisations.

Mr. Alfred Haviland's next lecture on "The Geographical Distribution of Scrofula in England and Wales," will be delivered in the theatre of St. Thomas's Hospital to-morrow (Thursday) at 8 P.M.

Dr. Holt Dunn is a candidate for the Coronership to the City of London. We have on former occasions expressed ourselves strongly in favour of members of the Profession to fill these posts, and hope a Medical candidate will be successful on the present occasion.

◆

SCOTLAND.

Sir Robert Christison, Bart.—The jubilee of Sir Robert Christison, as a professor in the University of Edinburgh, was celebrated on Friday the 24th February. The members of the University Rifle Volunteer Corps, whose Captain, Professor Christison has been since 1859, presented him with a sword of honour, the ceremony taking place in the college quadrangle. The enthusiasm exhibited by the students and the public, who assembled in large numbers to witness the ceremony, was very great. Immediately afterwards Sir Robert received an address from the Edinburgh University Club of London, which was presented at the Library Hall. Professor Balfour introduced the deputation which consisted of Dr. Duckworth, Dr. Davy, and Dr. Halley. In the evening he was entertained to dinner in the Douglas Hotel, the Lord Justice General, Chancellor of the University, occupied the chair; and the croupiers were Sir W. Stirling Maxwell, Bart., Sir Alexander Grant, Bart., the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Presidents of the Faculty of Physicians and Surgeons, Glasgow. Upwards of 250 sat down to dinner. It has never, we believe, been the fortune of any other man to receive such almost overwhelming expressions of hearty sympathy, respect, and affection as have so deservedly fallen to the lot of Prof. Christison.

The Edinburgh University Court have intimated to Miss Jex Blake that the medical education they afford to the lady students does not give any legal qualification to practice.

Lord Lytton has declined the Lord Rectorship of St. Andrew's University.

◆

Literature.

AITKEN'S MEDICINE (a).

A **manual** of the "Science and Practice of Medicine," which in fourteen years has reached a sixth edition, has passed beyond the aims of the ordinary reviews of weekly Medical journals. Especially are we reminded of this as we remember that other editions have uniformly been commended in these columns, although in nearly every instance by different critics. The present Reviewer, who has not previously expressed his opinion of this work, finds that those who have preceded him in the task have almost exhausted the phraseology of praise for Professor Aitken's learned work, which has also been highly lauded by numerous other journals both in this country and America as a thoroughly reliable and complete treatise on the practice of medicine. We propose, therefore, merely to record some of the points of this edition, and to add our testimony to the real value of the work both to students and practitioners. These two volumes are a library of themselves. They give a general view of the theory and practice of medicine in accordance with physiological and pathological principles and the present state of scientific knowledge.

The nomenclature now adopted is that of the College of Physicians, and the work is now arranged in the order of that classification. This plan we must approve of.

This nomenclature may now be considered official, and it is highly desirable that the system of naming diseases should be more uniform. Perhaps in the next generation of medical men this desirable reform may be accomplished, as Dr. Aitken has thrown his valuable influence into the right scale in this matter.

Among the improvements most prominent are the temperature diagrams, which have been cut on a new model. Dr. Aitken was the first to introduce these into a textbook of medicine, and it is very pleasant to see him thus determined to keep pace with clinical progress.

The portion of the work devoted to "Disorders of the Intellect" has been revised by Dr. Blatherwick, of Netley Lunatic Hospital, and the author expresses his thanks to that gentleman for valuable notes and practical suggestions, as he does also to other authorities who have kindly lent him their aid to perfect the work. Foremost and most important of these is Professor Balthazar Foster, of Birmingham, to whom the author expresses gratitude for his help in the section on "Diseases of the Heart," and in relation to the sphygmograph. It is well known that Professor B. Foster is an authority the student may safely follow, and his sphymographic tracings are a most valuable addition to these volumes.

Dr. Mackenzie has revised the chapter on "The Laryngoscope," and Mr. Lennox Browne has executed for it new woodcuts. Dr. Anderson, of Glasgow, has done the same for "Parasitic Skin Diseases."

There are many other points that might well have detained us; but sufficient has been said to show that the author has earnestly worked to keep his manual worthy of the success it has obtained. We have only to add that the publishers have brought out the volumes in a manner which proves that they too are determined to keep pace with the times.

◆

YEAR-BOOK OF PHARMACY (a).

This goodly volume, which appears to be the second of the series—but the first of which did not come under our notice—comprises abstracts of papers that have appeared on "Pharmacy," "Materia Medica," and "Chemistry," between July 1, 1870, and June 30, 1871, edited by Mr. Charles Wood, F.C.S., to which is added the "Transactions" of the Pharmaceutical Conference of 1871, of which at the time we gave some brief account, edited by Professor Attfield.

We have been much interested in both divisions of the work, and can bear testimony to the result as one with which both editors have a right to feel satisfied. The volume is, indeed, a worthy one; and we are pleased to observe that the Pharmaceutical Conference numbers nearly 2,000 members, who are, of course, the *élite* of the pharmaceutists in the county.

In the introduction we find a condensed summary of the most remarkable additions to pharmaceutical progress of the year. The volume possesses that important part of a book of reference—a good index. The "Year-Book" should be found in all medical and pharmaceutical libraries.

(a) "The Science and Practice of Medicine." By William Aitken, M.D., Professor of Pathology, Army Medical School. Sixth Edition. 2 vols., illustrations. London, 1872. Charles Griffin & Co.

(a) "Year-Book of Pharmacy,"—1871. London: J. Churchill & Sons.

THE VACANT IRISH SURGICAL BARONETCY.

The aroma of recent medical honours conferred in London and Edinboro', still pervades the atmosphere of the Profession in Ireland, and no little disappointment is felt that medicine and surgery in that country should remain without royal recognition. The services which Sir William Jenner and Sir William Gull have rendered to the nation might justly, one would think, be considered worthy of some recognition, not in the individual, but to the Profession which they represent; but Ireland has louder claims to such a distinction on the ground of being alone left without a surgical baronet. Mr. Adams's claim to receive such an honour is unchallenged and indisputable, and failing his acceptance of it, Mr. Porter's rank in the Profession entitles him without doubt to the second claim on the consideration of Her Majesty.

With recipients so worthy at hand, there can be no just reason for keeping back the compliment to the Profession in Ireland, and we trust that the existing feeling of undeveloped jealousy will not be allowed to ripen into angry hostility.

Correspondence.

ON THE INFLUENCE OF ERGOT IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I beg to say I was somewhat grieved to learn by the last number of the Medical Press that Dr. Sheil has become very irate by my letter of the 24th ult. I can assure him I did not mean to ruffle in the least degree the natural suavity of his feelings, and that my only motive was to discuss *calmly* a subject of some interest to the Profession—I mean its junior members. And I repeat that in doing so, I thought it would be conducted in a *gentlemanly* manner, and that there would be no descent from the sublime to the ridiculous.

You will, I trust, notwithstanding the doctor's (perhaps I use an "unwarrantable liberty" here) imperious mandate—"Dismiss your printer at once, sir (surely it must be an error of his), &c." Not at all, my dear doctor (perhaps another unwarrantable liberty), the words you quote are mine; I adhere to them, I advisedly used them, and I never try to make a good case out of a bad one by any coating of varnish—give me a little space in your journal, though I do not make use of such trite and sycophantic phrase as "a hitherto unimpeachable journal," I do not arrogate to myself the whole space you so liberally assign to correspondents as Dr. Sheil would seem to do, but merely as a subscriber to enjoy an equal privilege with him or any other. He must indeed have been very jaundiced—I trust it has passed off by the "hearty laugh," or I would fraternally suggest to him to consult *the* doctor in due time—when he has recourse to such an expression as "like the inevitable clown in the circus."

But to return to the subject matter of discussion. He does not say a word about the quotation in mine of the 24th ult., from an eminent work on "Therapeutics," and also from an eminent teacher of Midwifery, Dr. Beatty. Now for more authorities on the use of ergot. Neligan says, "It is now very generally admitted that the administration of ergot of rye during labour endangers the life of the fœtus, and that this depends on the poisonous action of the drug, as evidenced by its effects on the action of the heart both of the mother and child, &c."—"dose of ethereal tr. ʒss. ad. ʒj." So much for what Dr. S. is pleased to term my Homœopathic treatment.

Tyler Smith says of ergot, "On account of the spastic contraction of the uterus caused by this medicine, which interferes with the utero-placental circulation, and perhaps also from some specific influence upon the circulation of the fœtus, the state of the child should always be watched, while the mother is under the influence of ergot, and delivery be completed by the forceps, if the action of the fœtal heart is quickened to any great extent." Now, I hope Dr. S. will learn the nullity of his dogmatic and reckless assertion where he observes, "But to return let me inform Dr. McK. of a fact of which he is either seemingly or wilfully ignorant (I am neither), namely, that the utmost ill effects produced by an ordinary dose or repeated doses of ergot (oh!) is sometimes, not always, a little nausea, or sickness of stomach, which soon passes off; its power for evil on the fœtus—when the uterus is not excited to action by it—is absolutely nil." Strange! wonderous strange! or he must be by odds a far more eminent authority than the hitherto admittedly eminent men, Neligan and Tyler Smith. Now I desire to give Dr. S. a *wrinkle* on the treatment of semi-asphyxiated children, taken from the very excellent work of Cazeaux, on "Midwifery." In his chapter on Labour, wherein he speaks of the treatment of the child in a feeble or diseased state he (Cazeau) says, "When the child is born with a general injection of the capillaries of the face or trunk, when in short it presents the characters of the state formerly termed Apoplexy, it is evident that the first indication is to relieve the engorgement of the head and lungs, which is done by *promptly cutting* the umbilical cord (which I had done, but Dr. S., as an eminent authority, would not), and allowing a few spoonfuls of blood to escape, &c."

Further on he (Cazeau) says, "According to Marshall Hall, the best plan is to sprinkle the face and body of the child vigorously with *cold* water, immediately after which it should be immersed in a *warm* bath, &c."

So much again for his notions of "Hydropathy."

In another part he asks, "Where in all the world, I would ask, should the *uterus be* if not *between the head of the child and pubis!*" (The underlining is mine.) Well, it might be in any part of the world, but certainly not between the head of the child and pubis, except in some of those exceedingly queer "freaks of nature" with which he seems to be familiar.

In the conclusion of his letter he becomes very egotistical, when, as he says, he has performed all those fine operations, except the "Cæsarian, often single-handed," &c. But I think he must be napping while penning it; nor is it to be wondered at, for as great men before his time are said to have been in the somnific mood; for instance, Homer.

I am, Sir, yours, much obliged,
John M'Keogh, L.R.C.P.

Thurles, 23rd Feb., 1872.

[We consider that this correspondence has gone far enough, and must decline further letters on the subject. Dr. Sheil must have credit, of course, for all he would say in reply, if we could give him space.—Ed. M. P. & C.]

◆

Medical News.

Pass List for H.M. Army Medical Service.—The Director-General presents his compliments to the Editor of the Medical Press, and begs to enclose for insertion a list of candidates who competed successfully for appointments in Her Majesty's British Medical Service, at the examination held at the London University, on the 12th inst. Army Medical Department, 26th February, 1872.

	Marks.		Marks.
Magill, J.	2239	Bushe, C. J. L. ...	1727
O'Donnell, R. W. ...	1956	Quill, R. H. ...	1725
Donovan, W. ...	1885	Slaughter, W. B. ...	1686
Swayne, C. H. ...	1795	Brown, D. B. ...	1675
Tincler, B. M. ...	1785	Keys, C. W. M. ...	1676
Browne, A. L. ...	1775	Stokes, H. H. ...	1530

Indian Medical Service.—List of successful candidates at the recent examination fer forty appointments as Assistant Surgeons:—

	Total number of Marks (3400 maximum).		Total number of Marks (3400 maximum).
Crombie, A. ...	2920	Mulvany, E. ...	1885
Murphy, W. R. ...	2630	Bookey, J. T. B. ...	1870
Joubert, C. H. ...	2525	Young, J.	1870
Russell, E. G. ...	2365	Daphtary, G. R. ...	1810
Fasken, W. A. D. ...	2360	Holmes, R. A. K. ...	1795
Branfoot, A. M. ...	2330	Lawrie, E.	1775
Hall, G. C.	2200	Beavan, G. F. ...	1730
Scully, J.	2265	Little, C.	1730
Watson, G.	2095	Johnson, W. E. ...	1690
Gopal Chunder Roy	2085	McGregor, A. ...	1685
Reid, A. S. ...	2070	Bankabehari Gupta	1665
McNally, C. J. ...	2055	Dobie, S. L. ...	1640
Zorab, J. M. ...	2005	Lloyd, C. ...	1615
Duke, J.	2000	Williams, A. H. ...	1605
Lang, J. A. T. ...	1960	Dobson, A. F. ...	1600
Russick Lall Dutt...	1950	Ferris, J. E. C. ...	1600
Butler, W. J. ...	1945	Lawrenson, J. C. ...	1580
Palmer, E.... ...	1945	Lombard, D. E. T.	1565
McConaghey, J. ...	1920	Mayne, T.	1530
Wilson, J.	1905	Aylen, T. V. ...	1520

NOTICES TO CORRESPONDENTS.

Victim.—This Correspondent asks us if we know anything of the "Professional Standing" of Dr. Watson, F.R.A.S., 1 South crescent, Bedford square, W.C. In reply, we extract the following from Mr. Courtenay's work, "Revelations of Quacks and Quackery":—

"Hill *v.* Watson, *alias* Rackey.—One residence in their case equally does double duty, like the residence of the former worthies (Henry, James, and Hammond). Thus, the Berkeley House, South crescent, Russell square, is also known as No. 1 South crescent, Bedford square. The qualification of governor of the Lock Hospital is possessed by every subscriber of a certain sum to that useful institution." To this we would add, that Watson, Hill, Smith, James, Hammond, or whatever other name they go under, are amongst the most notorious scoundrels who infest the metropolis.

Dr. C. B. T.—It will appear in another form.

Postal Cards.—It has been decided by Her Majesty's Government, that in future *private cards* with written communications on one side, and the address with a half-penny stamp affixed on the other, will be allowed to pass through the post; and that the restrictions hitherto imposed against the more general adoption of this useful channel of communication shall be removed. We heartily wish the Government would extend their revision to the prohibition to stitch newspapers; there cannot possibly exist any reason why so absurd a clause should stand, and there is every reason why it should be removed.

Erratum.—The heading of Dr. Jacob's lecture on "Eye Disease," which appeared in our issue of Feb. 14, contained two clerical errors. The author's qualification in medicine stated as M.D.Ed., should have been "M.D.Dub. Univ.," and the prefix *ex* should have been attached to "Ophthalmic Surgeon to the City of Dublin Hospital."

Eye Diseases and Injuries.—The continuation of the series of lectures on this subject, by Dr. Archibald Hamilton Jacob, is unavoidably held over until our next.

Erratum.—The Contagious Diseases Acts.—In the letter signed J. Birchenall, M.R.C.S., in our last number, at page 196, line 13, for "untimely" read "intimately."

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Urine and its Derangements. By George Harley, M.D., F.R.S. London: J. and A. Churchill.

Consumption and the Breath Rebreathed. By H. MacCormac, M.D. London: Longmans, Green, & Co.

Zymotic Diseases. By A. Wolff, F.R.C.S. London: J. and A. Churchill.

St. Thomas's Hospital Reports. New Series. Vol. II.

Fourth Report on the Operation of the Contagious Diseases Acts.

The Treatment of Typhoid Fever by Baptisia Tinctoria. By Wm. Bayes, M.D. London: Baillière, Tindall, & Cox.

The Treatment of Chronic Skin Diseases. By E. D. Mapother, M.D. London: Baillière, Tindall, & Cox.

The Sewage Question, from notes by Dr. Letheby. London: Baillière, Tindall, & Cox.

St. George's Hospital Reports. Vol. XVII.

On Mental Capacity in Relation to Insanity, Crime, and Modern Society. By Christopher Smith, M.D. London: Baillière, Tindall, and Cox.

Applied Homœopathy. By W. Bayes, M.D., L.R.C.P. London: Turner and Co.

Sciatica, Lumbago, and Brachialgia. By Henry Lawson, M.D. London: Robert Hardwicke.

On the Cause of Death in Fever. By R. T. Hunt, M.R.C.S. Manchester: J. E. Cornish.

Transactions of the Obstetrical Society for the Year 1871.

An Examination of the Evidence given before the Royal Commission on "The Contagious Diseases Acts." By Dean Close.

Lyon Médical; Philadelphia Medical Reporter; La Presse Médicale Belge; Nature; Boston Medical Journal; Le Mouvement Médical; The Nation's Wave of Suspense in 1871; The New York Medical Journal; The Glasgow Medical Journal; Boston Gynæcological Journal; The Canada Lancet; The Practitioner; Australian Medical Gazette; Allgemeine Wiener Medizinische Zeitung; El Pabellon Médico; The Shield; The Pharmaceutical Journal; British Journal of Mental Science.

◆

VACANCIES.

Castlebar Union. Medical Officer for the North Division. Salary £110, with extra fees. (See advt.)

Caxton Union, Cambridgeshire. Medical Officer. Salary £65 5s.

Liverpool Infirmary for Children. Surgeon. Honorary.

Salford Hospital District Surgeon. Salary £80, with board.

South Staffordshire Hospital. Physician. Honorary.

Stockton-on-Tees Dispensary. Medical Officer. Salary £120.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, March 6.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Bristowe, "On Disease and its Remedial Treatment."

Hunterian Society, 7½ p.m.—Council Meeting, 8 p.m. Dr. Clapton, "On the Therapeutic Effect of Santonine."

Obstetrical Society of London, 8 p.m. Dr. Granville Bantock, "On the Use of the Sponge Tent in Menorrhagia."—Mr. Bryant, "On a Case of Fibro-Cystic Disease of the Uterus successfully Extirpated."—Dr. Martin, of Berlin, "On some forms of Distorted Pelves."

Royal Microscopical Society, 8 p.m. Dr. Klein, "On the earliest stages of Development of the Salmo fario," and "On the Nerves of the Cornea."

Thursday, March 7.—Royal Institution, 3 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Harveian Society of London, 8 p.m. Mr. J. L. Milton, "On the Pathology and Treatment of Eczema."

Friday, March 8.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Bristowe, "On Disease and its Remedial Treatment."

Quekett Microscopical Club, 8 p.m.

Clinical Society of London, 8½ p.m. Dr. H. Weber, "On a Case of Hyperpyrexia in Rheumatic Fever treated by Cool Baths and Affusions."—Dr. R. Southey, "On Two Cases of Persistent Omphalo-Mesenteric Duct leading to Fatal Intestinal Obstruction." Mr. Teevan: "The Treatment adopted for the Relief of Four Cases of Impassable Stricture."

Royal Institution, 9 p.m. Mr. R. Leibreich, "On the Effect of certain Faults of Vision on Painting, with especial reference to Turner and Mulready."

Saturday, March 9.—Royal Institution, 3 p.m. Mr. Moncure Conway, "On Demonology."

Monday, March 11.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, March 12.—Royal Medico-Chirurgical, 8 30 p.m. Ordinary.

Royal Institution, 3 p.m. Dr. Rutherford, "On the Nervous and Circulatory Systems."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 6.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

University College Hospital.—Operations, 2 p.m.

St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.

London Hospital.—Operations, 2 p.m.

Cancer Hospital.—Operations, 3 p.m.

Thursday, March 7.

St. George's Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

University College Hospital.—Operations, 2 p.m.

Royal Orthopædic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

West London Hospital.—Operations, 2 p.m.

Friday, March 8.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal South London Ophthalmic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, March 9.

Hospital for Women, Soho square.—Operations, 9½ p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 2 p.m.

Monday, March 11.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Mark's Hospital.—Operations, 2 p.m.

Metropolitan Free Hospital.—Operations, 2 p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, March 12.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.

Guy's Hospital.—Operations, 1½ p.m.

Westminster Hospital.—Operations, 2 p.m.

National Orthopædic Hospital.—Operations, 2 p.m.

Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Barry, J. C., L.K.Q.C.P.I., Medical Officer, &c., for the Ballyduff Dispensary District of the Lismore Union, Co. Waterford.

Bryan, F. C., M.R.C.S., Assistant House-Surgeon to the Sheffield Infirmary.

Edwards, J. E., M.R.C.S.E., Assistant Medical Officer to the North Wales Counties Lunatic Asylum, Denbigh.

Edwards, Mr. H., House-Surgeon to the Carnarvon Infirmary, Bangor.

Fitzgerald, F. C., L.K.Q.C.P.I., Medical Officer for District No. 4 of the Holsworthy Union, Devon.

Hawthorne, J., M.D., L.R.C.S.Ed., Medical Officer to the Workhouse and Fever Infirmary, Banbridge Union, Co. Down.

Johnston, R., M.R.C.P., L.R.C.S.I., L.M., Resident Surgeon to the Nottingham Dispensary.

King, T. R., M.D., Assistant Medical Officer to the Newcastle-upon-Tyne Borough Lunatic Asylum.

Laird, S., M.D., M.R.C.P., Medical Officer to the Isle of Man Hospital.

M'Caw, J. D., L.R.C.P.Ed., Resident Physician to the Notts. Dispensary.

Petit, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse of the Dunshaughlin Union, Co. Meath.

◆

Marriages.

Vatcher—Lankester.—On the 28th ult., at the Parish Church, Hampstead, the Rev. J. Sidney A. Vatcher, B.A., Old Alresford, Hants, to Marion, second daughter of Edwin Lankester, Esq., M.D., F.R.S., coroner for Middlesex.

Millar—Ibbetson.—On the 2nd March, at St. Matthew's, Bayswater, Robert Millar, M.D., Surgeon-Major (retired) Bombay Army, to Annie, widow of the late Capt. F. J. Ibbetson, 2nd Dragoons.

◆

Deaths.

Anderson.—On the 25th ult., Chas. Abercrombie Anderson, M.D., C.B., Inspector-General of Hospitals and Fleets.

Firth.—On the 24th ult., at Union road, Rotherhithe, Joseph Thos. Forbes Firth, L.F.P. & S.Glas., aged 46.

Haire.—On the 27th ult., at Kildare terrace, Bayswater, Thomas Haire, M.D.

Hunt.—On the 28th ult., at Dorset square, London, Caroline Stafford, daughter of Thomas Hunt, F.R.C.S., aged 21.

CLERICAL, MEDICAL AND GENERAL
LIFE ASSURANCE SOCIETY.

DIRECTORS.

CHAIRMAN.—Right Hon. JOHN ROBERT MOWBRAY, M.P., D.C.L., Mortimer, Reading.
DEPUTY-CHAIRMEN. { WILLIAM BOWMAN, Esq., F.R.S., 5 Clifford street, Bond street.
Sir CHARLES LOCOCK, Bart., D.C.L., F.R.S., 26 Hertford street, May Fair.
HENRY WENTWORTH ACLAND, M.D., F.R.S., Oxford.
LIONEL SMITH BEALE, M.B., F.R.S., 61 Grosvenor street.
PATRICK BLACK, M.D., 11 Queen Anne street.
CHARLES MARCH DEANE, Esq., Banker, Winchester.
ARTHUR FARRE, M.D., F.R.S., 12 Hertford street, May Fair.
Sir WILLIAM JENNER, Bart., K.C.B., M.D., F.R.S., 63 Brook street.
Rev. JOHN EDWARD KEMPE, M.A., St. James's Rectory, Piccadilly.
GERARD WOLFE LYDEKKER, Esq., M.A., The Lodge, Harpenden, Herts.
The Viscount MIDLETON, Peper Harow, Godalming.
Rev. JOSEPH MOORE, M.A., Buckland, Faringdon.
Sir JAMES PAGET, Bart., D.C.L., F.R.S., 1 Harewood Place, Hanover square.
Rev. FREDERIC JAMES PARSONS, B.D., Selborne, Alton, Hants.
GEORGE HENRY PINCKARD, Esq., Combe Court, Godalming.
Sir FREDERICK MARTIN WILLIAMS, Bart., M.P., Goonvrea, Perranarworthal.

ACTUARY AND SECRETARY.

GEORGE CUTCLIFFE, Esq.

ASSISTANT ACTUARY.

BENJAMIN NEWBATT, Esq.

NINTH BONUS MEETING, January 4th, 1872.

The following are Extracts from the Report of the Directors:—

1.—PROGRESS OF THE SOCIETY IN THE BONUS PERIOD.

"1. AS TO INCOME:

The new Assurances were 2,150 in number, for an aggregate sum of £1,356,303, at premiums amounting to £44,664 per annum,—results which, viewed in relation to the depressed condition of Life Assurance during much of the period, cannot be regarded as other than satisfactory.

The Yearly Revenue was increased by over £21,000 per annum, and reached £236,563 on the 30th June, 1871.

The Interest yielded by the whole of the Funds, whether invested or uninvested, was £4 5s. 0d. per cent. on the average of the entire period, being fully 3s. per cent. more than that realised in the previous period. This increase was obtained not only without loss but without the smallest impairment of security.

"2. AS TO OUTGOINGS:

The Claims which accrued by the death of 795 persons, assured by 977 Policies, amounted to £646,481. . . . . The mortality . . . . was very favourable to the Society, the payments having been below those estimated by fully £85,000, and the deaths which occasioned them fewer by 92 than the number expected.

The Expenses incurred in conducting the business, always moderate and well within the provision made for them in the premiums, were fractionally less than in the previous period, and fell below 7½ per cent. on the Revenue.

It is thus seen that side by side with uniform success in the transactions of the Quinquennium, there was continuous growth in the resources and magnitude of the Society, which consequently stood, at the closing of the books, on a broader basis than at any former time."

2.—FINANCIAL POSITION OF THE SOCIETY ON JUNE 30th, 1871.

"The subsisting Assurances on the 30th June were 8,679 in number, assuring with their Bonus additions, the sum of £5,445,028.

	£	s.	d.
The Assurance Fund at the date of Valuation was	1,826,458	10	9
And the total calculated Liability	1,477,179	17	3
Leaving a surplus of	**£349,278**	**13**	**6**

Deducting therefrom the permanent Reserve Fund of £50,000, pursuant to sec. 32 of the Society's Special Act of Parliament, there remains to represent the profit of the 5 years the large sum of £299,278 13s. 6d., an amount equal to 26 per cent. of the total Revenue from all sources during the 5 years, and exceeding by £59,831 6s. 5d. the surplus of any previous Quinquennium.

This Surplus is matter for hearty and unmixed congratulation, and justifies the preference shown by the Board for a well-selected business tending to profit. It must, however, be remembered that although owing in the main to ordinary recurring causes, and to sources of profit having every prospect of permanence, it is, nevertheless, certain that its unprecedented enlargement is due to a condition of mortality favourable beyond previous experience, to be probably compensated under the law of averages by an increase of deaths hereafter beyond those allowed for in the calculations.

Deeming it prudent to provide for such a contingency, the Directors have, under the advice of their Actuary, set aside the sum of £25,000 for this purpose. Of the remaining £274,278 13s. 6d. they now recommend the division of £270,000, a sum greater by £33,000 than any previously divided, and sufficient to give to the Shareholders £9 a share, and to the assured the largest bonus ever allotted to them."

3.—RESULTS OF THE DIVISION.

"Of the sum now to be divided, five-sixths, or £225,000, will fall to the Assured, and will produce a reversionary addition to the Policies of £323,871.

This Reversionary Bonus will average 49 per cent., or vary according to age from 34 to 89 per cent. on the Premiums received in the Quinquennium on all the Policies amongst which it will be distributed.

The Cash Bonus, which is the present value of the Reversionary Bonus and therefore the true measure of the allotment, will average 29 per cent. on the like payments, as against 26 per cent. at the last Division, and 28 per cent. in 1862, which was the highest previous percentage. No comment can illustrate better than this comparison the merits of the present Division."

The next Division of Profits *will take place in January*, 1877, *and Persons who effect* New Policies before the end of June next *will be entitled at that Division to one year's additional share of Profits over late Entrants.*

The Report above mentioned, a detailed account of the proceedings of the Bonus meeting, the returns made to the Board of Trade, and every information can be obtained of

GEORGE CUTCLIFFE, ACTUARY AND SECRETARY,
18 *St. James's Square, London, S.W.*

N.B.—A Fee of One Guinea is paid to the Medical Attendants of all Persons proposing to Insure.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 13, 1872

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture III.	221
Eye Diseases and Injuries. A Course of Lectures delivered in the City of Dublin Hospital, by Archibald Hamilton Jacob, M.D. Dub. Univ., F.R.C.S.I., Ex-Ophthalmic Surgeon to the Hospital. No II.—Diseases and Injuries in the Neighbourhood of the Orbit	22
Abstract of a Paper on Spurious, Feigned, and Concealed Pregnancy. By Dr. Thomas Moore Madden, M.R.I.A., Examiner in Midwifery in the Queen's University in Ireland, and Assistant-Physician to the Rotunda Lying in Hospital, Dublin, &c.	225
Case of Intestinal Obstruction.—Death in Fourteen Hours. By Christopher Elliott, M.B., L.R.C.S.I., &c.	227

TRANSACTIONS OF SOCIETIES.

Dublin Obstetrical Society—

	PAGE
Spurious, Feigned, and Concealed Pregnancy	227
The Use of a Hemp Saw for the Excision of Polypi	227
Medical and Chirurgical Society—Annual Meeting	229
Special Report on Foods, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the Medical Press and Circular.) (*Continued.*)—Report on the Farinaceous Foods now being advertised and largely used for Dietetic purposes	230

LEADING ARTICLES.

	PAGE
The Medical Council	232
Mr. Muntz's Adulteration Bill	233

SCOTLAND.

Edinburgh—

	PAGE
University Dramatic Club	234

Glasgow—

	PAGE
Professor Gairdner's Address to the Members of the University Society	234

NOTES ON CURRENT TOPICS.

	PAGE
Sanitary Inspection	235
The Sewage Question	235
Did Syphilis come from America?	235
Health of Dublin	236
Oxysulphate of Iron	236
Nitro-muriatic Acid in Small-pox and other Zymotic Diseases	237
H.R.H. the Prince of Wales	237
Conversazione of the Medical Society of London	237
Special Report of the Discussion on the Contagious Diseases Acts at the Medical Society of London	239

LITERATURE.

	PAGE
Syphilis: Its Nature and Treatment, with a Chapter on Gonorrhœa. By Charles R. Drysdale, M.D., M.R.C.P.Lond., F.R.C.S.Eng., Physician to the Metropolitan Free Hospital, &c. Late Hon. Sec. to the Harveian Society's Commission for the Prevention of Venereal Diseases	239
The Practice of Medical Electricity. By D. G. Powell, M.D.	240

CORRESPONDENCE.

	PAGE
A Non-Juring Physician on The Medical Declaration respecting Alcohol	241
J. R. McMahon Murphy, M.B.T.C.D., on The Influence of Ergot in Midwifery Practice	241
R. Sandon Gutteridge, M.D., on "Milk"	241
Notices to Correspondents, &c.	242

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

Erasmus Wilson, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE III.

I am afraid, Sir, that you, and the rest of my audience, have fair ground for accusing me of repeating with reference to this or that disease—that it is *one of a deeply interesting nature and highly important to be known*, but if I have said this before in regard to bygone subjects I must echo it again in connexion with Herpes, and the more so because, although not so common as eczema, it comes before you more frequently in daily practice. And I take this opportunity of making a remark bearing upon the question of numerical statistics. The dermatologist in the midst of a community, from the reputation attaching to the nature of his practice, is in the position of having every example of chronic cutaneous disease, such as eczema, brought under his notice in the course of time. But with such an eruption as herpes, which is regular and brief in its course, and often very trivial in its manifestation, the numbers which reach him will be comparatively few. Hence it is not in his note book, however carefully kept, that we must look for the exact truth in reference to the frequency of disease; and, therefore, I say, that herpes, although undoubtedly less common than eczema, will probably come under your notice more frequently than the latter disease.

In a few words it may be said that herpes is a cluster of vesicles, ranging in size between a pin's head and a pea, developed on an erythematous base; for the most part unilateral in distribution and limited in extent to the district supplied by a single nerve or by two or three contiguous nerves. This definition is illustrated in the drawing No. 120, and in the model 121 representing herpes zoster or herpes intercostalis. In the former of these the eruption is seen in its characteristic progressive stages, namely:—as nascent vesicles clustered on an erythematous base, as fully developed vesicles, discrete and confluent, transparent and opaque, colourless, yellowish in different degrees, or purplish, and finally as incipient scabs.

In the model 121, the eruption covers a greater extent of surface than in the former case, occupying about the fourth, fifth and sixth intercostal spaces and extending from the region of the posterior border of the scapula to the ensiform cartilage. The blotches are continuous throughout the whole extent of the eruption, but a few isolated blotches of small size and a few scattered vesicles may be seen along the upper and lower boundary of the patch. The nipple is completely surrounded, and the illustration may be regarded as a severe example of the disease. The patient was a man, 60 years of age; he remained in hospital for ten days and left much improved. He was under the care of Lailler, and was treated by the application of an alcoholic solution of perchloride of iron, one part in five.

Herpes zoster may be very fairly taken as the typical form of herpes; its subjective designation being derived from its frequent occurrence around the waist of the patient, hence its name zoster, a belt, and zona a girdle, and its latin synonym cingula, with the popular corruption of cingula, namely, shingles. If we were in search of an illustration of the identity of disease in modern times with that of an ancient period we should find it in zoster. Zoster has evidently always retained the same signification and awakened the same prejudices. The duality of the nervous system explains the well known fact that zoster is limited to one half of the body; and the extreme improbability of the development of the circle complete, no doubt suggested the aphorism attributed to Pliny, "Zoster appelatur, et enecat, si cinxerit." This aphorism of Pliny has become a popular belief amongst ourselves, and the dread of the disease is greatly relieved when it is found to confine itself to its accustomed limit, namely, one-half the circle of the waist.

Next to its obedience of the neurotic law of occupying only one half of the waist without completing the girdle, the point most worthy of our attention is its development in little blotches, which in fact, correspond with small branches and twigs of the cutaneous nerves, and if we call to mind the distribution of the intercostal nerve with its cutaneous branches, we have the key to the explanation of the exact seat of manifestation of the hyperæmic blotches on which the vesicles are developed and undergo their succeeding changes. Thus, a painful sensation of heat may be experienced somewhere near the linea alba; the anatomist will tell us that it is there that the intercostal nerve gives off its anterior cutaneous twigs, and it is in the small district of skin supplied by those nerves that our patient becomes aware of a burning and tingling which first of all direct his attention to the spot and announce the beginning of the eruption of shingles. In a very short time, however, he feels a similar sensation in the neighbourhood of the spine; now, the posterior cutaneous nerves are communicating their sense of grievance to the skin; and, at about the same time or immediately after, the integument supplied by the middle cutaneous nerves becomes similarly affected. The original blotches are consequently isolated and the space between them is shortly after filled up by other patches and scattered vesicles, all evincing the same phenomena objectively and subjectively. In the lithographic drawing the isolated position of the blotches is maintained; but in the model a considerable number of blotches have become confluent, and the inflammation of the skin is consequently diffused, more so in fact than we usually find to be the case. Again, if we take into consideration the breadth of the eruption in both these cases we arrive at the conclusion that more than one intercostal nerve must be involved in disorder; in the drawing there may probably be two, and in the case represented by the model, perhaps three or even four.

The local history of herpes is pretty much the same in every instance of its occurrence, and may be stated as being either slighter or more severe. If you have ever, and who has not, had one of those little burning and throbbing inflammations of the lip which are the common sequel of a feverish cold, you have experienced, on a very small scale and in a very mild degree, the operations of herpes. First, there is heat, burning, and throbbing, then there is swelling, next, two or three small vesicles appear on the surface, and in spite of every effort you may make to check its progress, the annoyance is prolonged for a week or ten days.

So, of the much larger blotches on the skin of the trunk of the body appertaining to herpes zoster, a number of red puncta may be seen in the skin, these in a very short time become glittering vesicles, filled with a transparent and colourless lymph, they grow and enlarge to the size of small peas, then the lymph becomes lactescent and opaque, subsequently yellow from the development of pus, and sometimes purple from the presence of blood; next they begin their retrograde stage—they collapse, they shrivel, they shrink, and finally they dry up into small, hard, amber-coloured scabs, deeply embedded in the skin, and retaining their hold for some time before they fall off, leaving a pitted mark of variable depth and size, generally so complete that it remains as a permanent white cicatrix for the rest of life.

This pathological process is not very dissimilar to that which we have already studied in relation to pemphigus, and the variations pointed out in respect of the latter eruption are equally applicable to herpes. A difference, however, is palpable—herpes is the consequence of a nervous shock, and not the consequence of a constitutional disorder or cachexia, moreover, it obeys an orderly course which may be estimated by days, ten to twenty in number, and pursues a regular succession of lesions, namely, hyperæmic congestion, exudation of lymph, vesiculation, pustulation, encrustation, and cicatrization, and then finally ceases without a prospect of relapse, and without derangement of the constitutional health.

Some of the specimens before us, and especially the plaster casts, numbered 123 to 127, illustrate admirably the distribution of the eruption in isolated blotches, the number and figure of the vesicles developed on each blotch, the distension of the vesicles, their occasional coherence and confluence, and the dense and embedded scabs which mark the completion of the retrograde process.

The wax cast No. 122 exhibits a scattered eruption of herpes affecting the arm, *herpes brachialis.*

The plaster casts, Nos. 123 to 126, mark the course of an example of *herpes cruralis.* The eruption occupies the thigh, and the casts show the daily progress of the blotches and vesicles. The history of the case also is characteristic:—A boy, 15 years of age, was chilled by sitting on the grass on Good Friday, April 10, 1846; the next day he had severe pain over the whole of the front part of the thigh, which was attributed to rheumatism. On the evening of Saturday a blush of redness in patches was apparent on the skin; on Sunday, minute vesicles in clusters were perceived here and there upon the red patches. The vesicles soon became distended with a transparent and colourless fluid and reached their full size, looking towards evening like so many pearls. On Monday, some of the vesicles were already becoming shrivelled and had a purplish hue, while others, fully distended, possessed a rich grape-yellow tint. On Tuesday, all the vesicles were on the decline, with the exception of a few tardy clusters, which were now attaining maturity. On Wednesday, the fourth day of the eruption, the greater part of the vesicles had dried up into reddish-yellow wrinkled scabs. On succeeding days the scabs became gradually darker and harder, and were closely embedded in the skin; by Saturday a few only of these scabs remained; and on Sunday, the day of completion of the week, traces only of the eruption remained.

No. 127 is a very striking plaster cast of herpes cruralis, situated at the upper part of thigh in the inguinal region. The blotch of eruption is solitary; it is oblong in figure, and displays the erythematous base as well as the cluster of vesicles, the hyperæmic base being slightly elevated.

These specimens inform us as to the fact, that no part of the integument is free from the invasion of herpes; that it may occur upon the face, upon the neck, on the shoulder and arm, around the waist, and upon the flank and lower extremity, and its relations to the nerves of those regions is so obvious, that it has received names conformable with the chief trunks which supply the different parts of the skin. Sometimes it makes its appearance and disappearance without other pain than the mere local suffering in the skin; sometimes it is ushered in with neuralgia, and is mistaken for that painful affection, until the eruption is developed, and, at other times, it ends with neuralgia, and the neuralgia is prolonged for many months and even years. The neurotic relations of herpes are among the most interesting and important of its characteristics, in the examples of neuralgic herpes, it is evident that the trunk of the nerve is involved, in other examples, as in herpes labialis, there is good reason to believe that only the peripheral fasciculi and cutaneous plexuses are concerned, and in other instances again, we have proof of the morbid state of the spinal nerve being transmitted to the nerves of the organic system, or *vice versa,* and notably in the case of the upper intercostal nerves to the cardiac nerves.

Experience would lead to the belief that, in comparison with other regions of the body, herpes zoster, or more exactly, herpes intercostalis, occurs with greater frequency than herpes attacking the regions supplied by the rest of the nerves, and although herpes zoster may be developed on either side of the body, yet it would seem to be more common on the left than on the right. Now, supposing this fact to be established, it would be worthy of consideration, how much of this predisposition might be due to communication between the affected nerves and the organic plexus of nerves which is distributed to the stomach and digestive organs, and the morbid influence resulting from such inter-communication. The exciting cause of herpes is generally cold, and cold would operate more injuriously upon nerves subjected to the frequent irritation of organs in a state of derangement, than it would upon nerves in a perfectly healthy condition. I make these remarks with a view to further investigation, but the fact is established, that predisposition, however occasioned, enters for a considerable part into the causation of the disease.

Amongst others of the *notabilia* of herpes, is the very great infrequency of its repetition. In general terms it may be said to occur very seldom more than once in a life time. That is to say, the form of herpes which is due to an affection of the trunks and larger branches of nerves; but, on the other hand, where the smaller branches of nerves are chiefly concerned and the nervous plexuses of the skin, a periodical occurrence of the eruption is one of the commonest pathological phenomena, as in the instance of herpes præputialis, or a recurrence in every instance of a common cold, as in herpes labialis. So, again, with regard to other general phenomena of herpes, although the eruption may never have been known to encircle completely the trunk of the body at one particular zone; cases are on record, wherein it has been seen on both sides of the body at the same time, but in different regions. Moreover, although it is usually observed in a single region only and affecting a single nerve, or two or three contiguous nerves; I have met with a case published in the *Journal of Cutaneous Medicine*, (vol. iv. page 158), in which it presented five separate tracks around the hemicycle of the trunk, between the collar bone and the groin. The case was that of a gentleman farmer, æt. 53, who had been the subject of attacks of eczema for twenty years. In the month of March, after some exposure to cold, he was seized with pain on the right side of the trunk with a burning, smarting, and tingling sensation in the skin. This was followed by the eruption of shingles, which encircled the side of the trunk in a series of tracks, ranging between one and three inches in breadth; of these tracks as seen on the dorsum of the trunk, one took the course of the supra-scapular muscle to the top of the shoulder, a second that of the infra-scapular muscle also to the top of the shoulder; the third passed below the scapula to the axilla; the fourth followed the line of the last ribs and lower border of the costal cartilages; and the fifth the curve of the crest of the ilium. In front of the trunk the two scapular tracks crossed the upper part of the pectoral muscle towards the sternum. The axillary track divided into two branches, one of which passed above, and the other below the nipple. The hypochondriac track continued forwards to the epigastrium, and the iliac track also divided into two branches, one of which crossed the flank below the level of the umbilicus, and the other followed the line of Poupart's ligament in the inguinal region; the five tracks of the dorsum of the trunk, being represented by seven on its anterior face.

If we turn to the phlyctenous affections before us in a therapeutical point of view, we shall discover our previous observations, with regard to the pathology of pemphigus and herpes to be fully confirmed, with pemphigus we find ourselves in face of a disease essentially constitutional in its origin and maintenance, and demanding as a first consideration constitutional treatment while in herpes, constitutional remedies are mere *adjuvantia*, and entirely secondary to local management.

Our constitutional review of the nature of pemphigus discovered that everything was unsound in the functions of assimilation, sanguification, and nutrition, and to the restoration of these great and important functions, our treatment must be addressed. We shall require good and nutritious food, wholesome air, proper attention to ablution, and tonic remedies. Bark, quinine, sulphuric acid, iron, and ammonia, will enter for a large share into our prescriptions. The digestive organs must be regulated by mild aperients, and only in cases where there is a special loss of nerve-tone and nutritive power in the skin, shall we need the crowning aid of arsenic.

In cases of herpes, where any functional derangement is present, and especially where functional disorder may be regarded in the light of a predisposing cause of the eruption, such disorder must be attacked, and if possible removed. I have remarked that herpes is sometimes associated, or to use an old fashioned phrase, sympathetic with visceral disturbance, as, for example, with bronchial and congestive disorder of the lungs, in which case, although bearing only indirectly on the herpes, there is ample scope for constitutional treatment. Again, in the neuralgia of herpes, with a view to allay the irritability of the nervous system, we may be under the necessity of having recourse to the bromide of potassium, to the hydrate of chloral, or to more decided sedatives, and in violent neuralgia to ten grain doses of sulphate of quinine.

The local treatment of both pemphigus and herpes, calls into exercise our routine measures for the management of vesicles and exuding surfaces. The dredging-box occupies a prominent place amongst our *armamenta*, then comes a desiccant powder, such as oxide of zinc, simple or diluted with starch, next a lotion of lime water with oxide of zinc, and in case of need, the oxide of zinc ointment rendered cooling and gently stimulating by the addition of an eighth part of spirits of wine. In the majority of cases, little more than these remedies will be required; they fulfil the intention of rest and protection so important in surgical affections, and when additional protection is demanded, we may obtain it by a simple dressing with dry lint, or an ointment of zinc or resin, maintained in position by strips of adhesive plaster, or by a bandage.

In cachectic cases of pemphigus, and in the ulcerative herpes of elderly persons, the local treatment may require the addition of local tonics, that is, of moderate stimulants, such as—a dusting with the powder of cinchona bark, the addition of carbolic acid to the ointments, or a lotion of chloride of zinc, the intention of these remedies being not only to give tone, but to counteract a tendency to decomposition and gangrene.

In the treatment of herpes zoster, a dusting with diluted oxide of zinc powder, or the lotion of lime water and oxide of zinc, covered with a layer of cotton wool, may be regarded as specific, and a similar zinc and lime water lotion applied to local blotches, or in situations where an external covering cannot be employed, is the best treatment that can be devised. On the lip, and in herpes præputialis, I have sometimes succeeded in arresting the cutaneous inflammation at its outset, by painting the spot with tincture of iodine, and, Lailler, as will be seen by the description of model No. 121, has had recourse to an alcoholic solution of perchloride of iron, consisting of one part to five.

In neuralgic herpes, our *armamentum chirurgicum* is sometimes set at defiance, fomentations of very hot water will occasionally confer a temporary relief, but the only remedy of real value is the subcutaneous injection of morphia, which I have several times practised with success. While in cases of frontal neuralgia, Mr. Bowman has obtained good results from the section of the frontal nerve.

(*To be continued.*)

◆

EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL,

BY ARCHIBALD HAMILTON JACOB, M.D. DUB. UNIV., F.R.C.S.I.

Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

DISEASES AND INJURIES IN THE NEIGHBOURHOOD OF THE ORBIT.

INJURIES in the neighbourhood of the orbit differ in their characteristics in no essential respect from those occurring to other regions of the head, and I shall therefore leave your instruction in their treatment to my surgical colleagues, except as regards those cases in which the result may be influenced by the neighbourhood of the eyeball and tear mechanism.

The frontal bone and supra-orbital ridge, and the interposition of the frontal sinus, afford so perfect a protective shield to the anterior lobes of the brain that, although this portion of the cranium, being usually presented to attack, is necessarily more exposed to direct violence than any other part of the head, yet bad fractures or direct injuries of the brain are uncommon in this situation, except in those cases to which I shall presently allude in which the walls of the orbit are pierced. It is in fact much more to be feared in blows or falls on the forehead, that cerebral rupture or concussion or extravasation of blood has taken place from indirect violence, than that fracture has taken place. As, however, the whole strength of the orbital arch is antero-posterior, and depends principally on the upper and lower orbital ridges, the locality is vulnerable to blows indirectly transmitted from the back of the head, and thus fractures frequently extend through the orbital walls. Should such injury exist its diagnosis will probably be obscure, inasmuch as the symptoms of compression may not co-exist. An opening in the frontal sinus may be indicated by emphysema of the lid from escape of the air into the cellular tissue when the nose is blown. This condition gives rise to enormous distension, which might be mistaken for chemotic effusion; but if it appear from the colour of the swollen parts, the absence of tenderness to touch, or of symptoms of ophthalmic inflammation, that the swelling is caused by infiltration of air, a cautious diagnosis must be given. If the patient be desired to refrain from blowing the nose for a few days, the air will speedily disappear without necessity of any puncturation. Mackenzie points out that after a fall or blow on the head, should an extravasation of blood appear in the upper eyelid without its having received any contusion, it may be suspected that a counter-fracture of the upper wall of the orbit has taken place; if in the lower lid, that the floor of the orbit is broken.

Caries of the Orbital Ridges. Caries and necrosis of the bones are frequently caused by blows or falls upon the edge of the orbit, especially in syphilitic and strumous patients, and are attended with similar symptoms and results as present themselves when these affections arise spontaneously. The most usual form of orbital caries is in badly nourished scrofulous or syphilitic children, in whom it sometimes follows a trifling injury to the orbital ridge, but more commonly arises spontaneously. Disease of the bone may, of course, involve the wall within the orbit either primarily or as the secondary result of irritation from a foreign body, a circumscribed abscess, or a tumour, and may even prove fatal. Such cases will be spoken of when we come to the subject of orbital abscess. The cases of which I now speak involve the orbital ridge, and commence with what is supposed to be a boil, but ultimately becomes a sinus and pursues the usual course of resolution.

Treatment.—Such cases seldom produce dangerous symptoms, and are usually amenable to treatment. Phosphates of iron and soda, cod-liver oil, generous diet, and improved sanitation generally effect a speedy change for the better. It is of the first importance as soon as you suspect the bone disease or, indeed, at an early period in any case of abscess about the orbital ridge, to make a free and deep incision for the purpose of preventing the spontaneous bursting of the abscess and the consequent deforming cicatrisation. It may be necessary in any case in which a sinus is formed or a small sequestrum discovered, to eradicate the carious bone with the gouge; but this should not be done until the cachectic condition of constitution is set right by the treatment indicated above. In his explicit and valuable remarks on this subject, Mr. Haynes Walton quotes Mr. Bransby Cooper, who strongly recommended phosphoric acid, diluted with an equal weight of water, as being useful in facilitating the removal of sequestra, converting the phosphate of lime into a bi-phosphate, which is more soluble and more readily acted on by the pus. This lotion, Mr. Walton considers, is too strong to be used freely; but it may be applied accurately with a brush or a bit of lint. Mr. Bransby Cooper showed how an appreciable quantity of phosphate of lime taken from the pus of an abscess is an indication of the carious condition. If necrotic pus be placed under the microscope, an amorphous deposit will be seen, which will disappear on the addition of dilute acetic acid; or if the pus be burnt in a platinum spoon, the phosphate will be left as a greyish powder soluble in hydrochloric acid, and then precipitable with excess of ammonia. In default of early incision and proper treatment, the contraction of the orbital cicatrix, however, is liable to cause an extreme degree of eversion of the lid, a deformity which is hardly in the power of the surgeon to avert, and which will involve a subsequent operation. I exhibit (Fig. 1) an illustration, by Mr. Haynes Walton, of such a deformity, accompanied with dacryocystitis; but I shall leave the operation for the relief of such condition until I come to deal with ectropium.

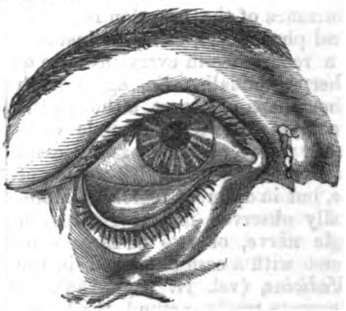


Fig. 1.

Orbital Ecchymosis. The superficial extravasation of blood under the skin, is an injury which scarcely requires or admits of any treatment. It results from a blow, and very frequently from the injudicious application of leeches to the eyelids, a locality for depletion which has no advantages, and the selection of which always superadds a black eye to the original deformity of the inflammation which it is sought to remove. If the opportunity can be seized immediately on the occurrence of the injury, the ecchymosis can be prevented extending by the application of cold water or ice. A bladder containing small lumps of ice is the best application; but, as it takes time to procure it, cold water dressings, with single scraps of old linen frequently changed, is the best substitute. The "raw beef-steak," which is the usual panacea, is a poultice, and, as such, an injurious application. The skin should on no account be punctured for the relief of swelling, lest the worse occurrence of suppuration or erysipelas should arise. A "black eye" defies the efforts of the surgeon, and goes from purple to black, from black to green, from green to yellow, and then returns to the natural appearance. The absorption of the effused blood generally occupies from ten days to a fortnight, according to the constitution of the patient, and can be hastened very little, if at all. Prize-fighters make use of poultices of scraped bryony root, which Mr. Tyrrell in his book says are to be made by mixing black bryony root, finely scraped, with crumb of bread, which is placed in a muslin bag over the contused lids for some hours. The root, however, is not to be obtained at druggists', and you will seldom have an opportunity of testing its efficacy, unless you can find it in the garden of a private patient. Lotions of arnica are also commonly used, but it is doubtful whether there be any virtue in them.

The following combination with muriate of ammonia is as useful as any other which can be prescribed:—

℞ Ammonia muriat., ʒiij.;
Tr., Arnic. mont., ʒvj.;
Aq. Laur. Ceras., ʒiij.;
Aq. Rosarum, ad ʒviij.

In cases in which injury is severe, and the skin inflammation very violent, leeches may be applied to the temple, but never to the ecchymosed spot, because they cannot re-

move coagulated blood, and only serve to increase the local lesion.

Injuries of the Eyelids. This form of injury is very common, and derives much importance from its probable effect in causing deformity of the lid and consequent displacement of the lachrymal mechanism. To illustrate the exact relations of the tear apparatus to the eye, I exhibit a drawing from Mr. Macnamara's hand-book of "Diseases of the Eye." From it you will be enabled to understand how slight a degree of malposition of the punctum or the lid is sufficient to give rise to distressing epiphora—a condition which I have often seen in old persons, in whom the punctum was everted barely the twelfth of an inch. It will, therefore, be remembered that, in the union of incisions in the lid, perfect apposition is necessary, and no rough, sticking-plaister surgery will be effective. If the wound only cuts through the skin, it is of no moment *unless it* remain neglected and unwashed, so that suppuration takes place. If, *however*, the lid and its cartilage be cut through, it must be properly united again, or it will acquire a permanent relaxation, which will give rise to a welling up of the tear within its margin, and a constant irritation to the conjunctiva. This is best done by the pin suture, as illustrated. (Fig. 3). The ordinary stitch is liable to cut out too soon, and does not maintain the apposition of the parts as accurately as is desired.

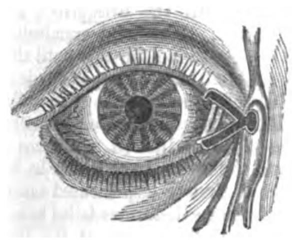


FIG. 2.

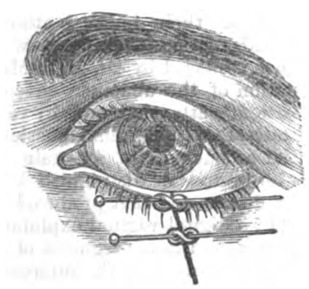


FIG. 3.

If the injury divide the canaliculus so as to sever the punctum from the lachrymal sac, an epiphora or permanent watering of the eye is difficult to avoid. It is, of course, necessary to unite the cut surfaces, but, without some further proceeding, it cannot be expected that the divided tear tube will unite in its natural situation. The usual book instruction is, that you should perform Bowman's operation of slitting up the canaliculus, having passed a narrow director, as figured in the margin, through the cut opening of the duct into the lachrymal sac, as will be described further on.

The introduction of such an instrument is, however, a difficult matter, in consequence of the excessively small size of the cut orifice of the tube and the difficulty of straightening it when it has no attachment on which you can put tension. I succeeded in a recent case in passing a fine silver wire or Anels probe through the punctum, and then through the tube into the lachrymal sac, and having brought the wound into apposition with this unerring guide, I put in my sutures. I then put a drop of sealing-wax on the wire close to the punctum to prevent it slipping within the canaliculus, and having cut off the remaining part of the wire, I fastened it in its position until the wound healed, and thus, with the aid of a little subsequent catheterisation of the tube, I maintained the patency of the tube uninjured. In any case, if you can succeed in so introducing the wire, there will be nothing lost, for you can subsequently split up the canaliculus with greater ease, if you find it impossible to maintain the duct as a free passage for the tears.

G. 4.

(*To be continued.*)

ABSTRACT OF A PAPER ON SPURIOUS, FEIGNED, AND CONCEALED PREGNANCY (*v*).

By Dr. Thomas More Madden, M.R.I.A.,

Examiner in Midwifery in the Queen's University in Ireland, and Assistant-Physician to the Rotunda Lying-in Hospital, Dublin, &c.

Spurious pregnancy, observes Dr. More Madden, is one of the most interesting subjects connected with obstetric medicine. The diagnosis between true pregnancy and pseudocyesis, including in this term cases of pretended as well as of spurious gestation, is oftentimes a matter of considerable difficulty and of the highest importance in a medico-legal, as well as in an obstetric, point of view. Hence, Dr. More Madden considered that the particulars of several cases of spurious, feigned, and concealed pregnancy, together with the observations suggested by them, might be of sufficient interest to warrant his calling the attention of the Dublin Obstetrical Society to them. The comparatively large number of cases of spurious pregnancy which have come under Dr. More Madden's observation within the last few years leads him to conclude that this morbid condition is of much more frequent occurrence than is generally supposed. Nor is it limited to any class of society as some writers seem to think, who speak of it as peculiarly affecting idle and over-fed, sterile, elderly, married women of the richer class. On the contrary, a large proportion of the cases now under consideration came before Dr. More Madden at the Dispensary for Diseases of Women attached to the Rotunda Lying-in Hospital, where, as might be expected, the patients are generally women of the poorest class. The period of life at which pseudocyesis most frequently occurs is a point on which the most eminent authorities differ. The late Sir James Simpson was of opinion that the disease occurs as often during the first year after marriage as at any later period. Dr. Churchill has recorded a case of this kind in a patient, aged seventeen. But Dr. More Madden's own observations leads him to agree with the late Dr. Montgomery, that spurious pregnancy is most frequently observed at the turn of life, when the catemenia, becoming irregular previous to their final cessation, are suppressed for a few periods. In pseudo-pregnancy most of the symptoms of pregnancy may be counterfeited with wonderful closeness; but the signs of pregnancy cannot be thus simulated. In such cases we may find morning sickness following suppression of the menses, enlargement of the breasts, appearance of an areola, a turgid state of the nipples and glandular follicles of the breast, occasionally the secretion of a lactescent fluid. Still more marked is the enlargement of the abdomen; indeed, much more so than would be the case at the corresponding period of true pregnancy. This abdominal enlargement he generally traced in such cases to dropsical effusion into the peritoneal cavity, or to the excessive deposit of fat in the omentum, or to dyspepsia causing the distension of the large intestines by fæces or flatus. In every case of pseudocyesis that came under Dr. More Madden's observation the patient asserted that she could distinctly feel the motions of the supposed child. The patient's nerves generally in these cases present the protean anomalous symptoms of pregnancy, such as longings, alteration in tastes, irritability of temper, neuralgic pains, &c., with great resemblance. As a rule, those who suffer from pseudocyesis have either born children previously and know all the symptoms of pregnancy by experience, or else have, as it were, "coached themselves up" on the subject, which occupies their thoughts most prominently, and apply their knowledge to themselves with such a morbid concentration on the one topic that they become mono-maniacs upon it, and deceive not only themselves but others.

No cases are more unsatisfactory to meet with in practice than these. The duty of a medical man is seldom

---

(*a*) Read before the Dublin Obstetrical Society.

more unpleasant than when he is obliged—in a case where a woman has for nine long months cherished the belief that she is with child, who has made all the usual preparations for her confinement, and who, perhaps, deceived by those anomalous periodic pains which sometimes occur in such cases, sends for medical assistance under the impression that labour is commencing—to inform her that her expectations are vain, and that she is not even pregnant. If, however, the physician should unfortunately fall in with the patient's opinion without sufficient examination into the case, and thus unconsciously make himself a party to her self-deception, he will, as soon as the real nature of the case becomes obvious, incur an almost incredible amount of odium from the patient, who not unnaturally, though often very unjustly, makes him the scapegoat for all the bitterness and vexation of which a woman's wounded pride is capable. Even when merely called in by another practitioner to see a case of this kind in consultation, the consultant is placed in a very awkward position. The patient is not pregnant, and the doctor must announce the fact; but still, as far as it is possible consistently with the patient's advantage, which, as in all other circumstances, is the first consideration of the physician, he should perform this duty so as to spare the reputation of his brother practitioner who may have pronounced her pregnant. In one case Dr. More Madden found this a matter of no small difficulty; but, even then, he succeeded in disabusing the patient's mind of the impression that she was pregnant, and still at the same time maintained her confidence in her medical attendant.

The causes of spurious pregnancy, besides those above mentioned, namely, "change of life," dyspepsia, dropsy, and obesity, are very numerous. Two of the most interesting of these are molar-pregnancy and uterine hydatidiform disease. Molar-pregnancy is a comparatively rare form of spurious pregnancy, although the poorer class of dispensary patients frequently date commencement of uterine diseases from the time at which they had what they term a false conception. Generally, however, on inquiring into such histories we find the case to have been one of an ordinary miscarriage; and in two cases in which the so-called mole was kept for examination, Dr. More Madden could discover nothing but a simple clot. A few cases of molar-pregnancy have, however, come under observation. There is no possibility of distinguishing between these cases and those of true pregnancy in the early period of supposed gestation. These substances are generally expelled from the uterus between the third and fourth months; but if retained beyond the fifth month, the absence of the positive signs of pregnancy will, of course, decide the question.

Pregnancy may also be simulated by uterine hydatidiform disease; and four cases of this kind have come under Dr. More Madden's observation. In all these cases the patients supposed themselves with child until they were undeceived by the expulsion of the hydatidiform mass from the uterus. In one case, the patient, a multipera, insisted that she distinctly felt the child's motions. The generally-adopted modern opinion is that these hydatidiform moles are the result of the pathological degeneration, or abnormal development of some of the embryonic structures already existing in the uterus. But uterine hydatids sometimes occur under circumstances where this theory could not possibly apply,—that is, in cases in which pregnancy has never existed. Dr. More Madden is of opinion that we must look for the explanation of such cases to those constitutional changes which lead to the formation of true hydatids in other parts of the body, or else to morbid action set up within the ovary of an unimpregnated female, and which results in the production of hydatidiform disease in a Graafian vesicle, and of its escape from the ovary into the uterine cavity, where it continues to increase in bulk until it excites uterine irritation and expulsive action. Pregnancy may furthermore be counterfeited by ovarian disease, ascites, fibroid tumours of the uterus, physometra, hysteria, and some other morbid conditions, on the nature and diagnosis of which the writer enlarges.

The diagnosis between true and spurious pregnancy must be founded, continues Dr. More Madden, on a careful analytical examination of the symptoms of each case, testing them by a comparison with the unequivocal and recognised signs of pregnancy. Physicial examination affords comparatively little assistance in this until after the fifth month, and as a rule neither patient or physician ever suppose the possibility of pseudocyesis at an earlier period. Dr. More Madden professes himself somewhat doubtful as to the value of auscultation as a means of diagnosis in such cases, and refers to cases which he has previously published as proof that if experienced auscultators have, as he asserts, in those instances failed to hear the fœtal heart or placental rouffle even at the ninth month in cases where a living child was born a few days after the examination, how much more uncertain must this test be at a much earlier period of pregnancy and in the hands of less experienced auscultators. In proof of this the writer refers to two cases of pseudocyesis in which the patients were pronounced pregnant on the faith of their medical attendants imagining that the sounds of the fœtal heart were audible. More dependance is placed by Dr. More Madden on a manual examination of the abdomen so conducted as to take off the patient's attention, and by relaxing the tense and rigid state of the abdominal muscles usual in such cases, enable the accoucheur to ascertain the exact condition of the uterus, and to distinguish between enlargement caused by disease and that produced by pregnancy. To assist in this, a digital vaginal exploration of the state of the os, cervix, and lower segment of the uterus is also necessary, and the nature of the information thus afforded is particularly pointed out. A large number of cases illustrating the foregoing observations are detailed. In the first of these Dr. More Madden was summoned in great haste to see a lady residing some distance from Dublin, who was supposed to be in labour. On his arrival he found the patient, a primipara, lying in bed in the usual obstetric position on her left side, pulling hard at a strap fastened to the foot of the bed, and groaning loudly with the pains, which appeared very strong and in rapid succession. Her husband and friends were in a state of great anxiety, as the nurse said she had been a long time in the second stage. On making an examination, which was effected with some difficulty owing to the resistance of the patient, the cervix was found very long and narrow, the os small and circular, and the uterus very small. The abdomen was extremely large and tympanitic. As she was in an extremely nervous, excited condition, she was merely told that she was not in labour; a warm aperient draught was ordered, and the propriety of consulting another accoucheur was suggested in a few days. She soon afterwards came into town to see Dr. More Madden, and on its being hinted to her that she was not pregnant, she became very indignant, pointed triumphantly to the lactescent fluid which she squeezed from her breasts, and insisted that she could feel the child's movements very distinctly. The next case related is also one where pregnancy was simulated by flatulent distension of the large intestines, and in which a well-marked areola was observed. This patient came under treatment at the dispensary, and was rapidly cured of all her symptoms by a combination of tonics and warm purgatives. The third case occurred in private practice, the patient being a lady residing in the country, whom Dr. More Madden saw in consultation under the following circumstances: She was a married woman, aged forty-one, of stout, plethoric habit, having no family, although over ten years married. Her menses until within the last year had always been regular, and her general health excellent. Eleven months previously she commenced for the first time to suffer from nausea and retching every morning. Shortly after her breasts began to enlarge and became painful, her appetite was capricious, her nervous system evinced considerable derangement. Diarrhœa now commenced, and persisted until the time of the consultation. Her menses still continued, but instead of lasting for three or four days as usual, now only remained for a few hours at a time, and were extremely pale and scanty. She consulted her medical attendant, who said that she was probably pregnant, but advised her to consult an accoucheur in Dublin. This, however, she refused to do. The date fixed on for her expected confinement was the end of April. Four months from the commencement of these symptoms she asserted that she began to feel the motions of the child, which gradually became stronger, and the abdomen continued to increase in size. Shortly after the time, the docter imagined that he was able to detect the fœtal heart and placental souffle. The time of her expected confinement at last arrived; the nurse took up her quarters in the house, some of her family came down from town to be present at the anxiously-looked-for event, for which all the usual preparations were now completed. No sign of labour, however, manifested itself, as week after week passed beyond the expected time. Her friends got tired out, her family returned home, and she herself became exceedingly nervous and desponding, as her mother had died of dropsy at about her present age. But still she insisted as strongly as ever that she could feel the child's motions distinctly. Such was the history of her case up to the time Dr. More Madden was asked to see her. On examination, the breasts were found slightly enlarged, but soft and flaccid. The nipples were somewhat turgid, there was a well-marked areola, and the glandular follicles around the base of each were prominent. The abdomen was about as large as that of a woman at the end of the ninth month of pregnancy; but the uterus was small, as was discovered with some difficulty when the resistance offered by the tense and arched abdominal muscles was overcome. The abdomen was resonant on percussion, the large intestines being enormously distended by flatulency, the movements of which, as is usual in such cases, she had taken for those of the child. There was also a considerable amount of fluid in the peritoneal cavity. The vagina was pale, the cervix and os uteri were low down, hypertrophied, and extensively ulcerated. Her chagrin when informed that her preparations were not necessary for the present at least was naturally very great. Her medical attendant now coincided in recommending change of air, sea-bathing, and a combination of tonics and diuretics. Under this course the abdominal swelling and other symptoms of pseudocyesis gradually disappeared. The ulceration was treated with equal success, and her condition soon became more satisfactory than it had been for a long time previously. The next case was that of a clerk's wife, aged twenty-four, who had had two children, and now applied for advice, believing herself to be five months pregnant, as she suffered from all the symptoms of pregnancy which she had formerly experienced, with the exception that her menses still continued. On examination, a large interuterine fibroid tumour was discovered. The fifth case was that of a woman, aged twenty-nine, who had been three years married, and had given birth to two stillborn children. She first applied for advice in July, believing herself then pregnant, and did not return till the following February, when she came for a ticket to admit her into the hospital. She had a menstrual discharge every month, but with this exception—she had all the symptoms she was familiar with during her former pregnancies. Her abdomen had enlarged; she imagined that she could feel the fœtal motions; the breasts were developed; there was a deep areola around the nipples, which were turgid; the glandular follicles at their bases were prominent; a lactescent fluid was secreted; she, morever, suffered now from frequent micturition, tenesmus, and irregular pains in the back and abdomen, leading her to think that labour was approaching. On examination, the abdomen was found very tense and so protruded as to be fully equal in size to the ordinary bulk at the end of the ninth month of pregnancy. The shape of the abdominal tumour, however, was very different, the umbilicus being retracted, and the tumour, which was globular and uniform, disappearing to some extent when her attention was taken off, so that Dr. More Madden was able to satisfy himself that there was no uterine enlargement whatever. The vagina was pale, and the os and cervix that of an unimpregnated uterus. The patient was exceedingly dissatisfied when informed that she was not pregnant, and expressed her opinion on the subject in very indignant terms. Still she returned in a few days, and was treated by aperients and tonics, under the use of which she rapidly regained her accustomed health.

(*To be continued*).

◆

CASE OF INTESTINAL OBSTRUCTION.—DEATH IN FOURTEEN HOURS.

By Christopher Elliott, M.B., L.R.C.S.I., &c.

On Feb. 10th, about half-past ten a.m., I was sent for to see Margaret S——, a nurse in the Fever Hospital, who had been taken ill suddenly about one a.m., whilst on night duty, with a violent pain in the abdomen and incessant vomiting.

On my arrival I found her in a state of complete collapse, the features shrunk and pinched, the pupils greatly contracted, the pulse very feeble, and the extremities cold. The vomiting, which had hitherto been incessant, had somewhat abated, but she complained of an intense pain of a colicky character in the abdomen, about the umbilical region. There was no tenderness on pressure. On the closest investigation no hernia could be detected. Early that night she had taken a dose of castor oil, and had passed something dark like blood, but I did not see this, ~~as~~ it had unfortunately been thrown away. She was ordered whiskey, hot jars to feet, poultice to abdomen, and morphia (gr. $\frac{1}{8}$ instanter, to be repeated in an hour, and every second hour after that if necessary). The first dose of morphia remained on her stomach, but soon after taking the second vomiting recommenced, and continued without intermission till she died about three p.m. All the information I could obtain respecting the previous history of the case was that during the week she had complained of loss of appetite, and, to use her own words, she felt as if something had gone astray in her inside.

On making the post-mortem about four feet of small intestines were found strangulated by a small band of lymph about as thick as a stout ligature, which passed from one part of the mesentery to another, completely occluding the intestinal canal. The strangulated portion of the intestine was of a dark claret colour, and when opened was found to contain dark coagulated blood.

◆

Transactions of Societies.

THE DUBLIN OBSTETRICAL SOCIETY.

The Society met on Saturday evening, 17th February, at the Royal College of Physicians.

Dr. Kidd, President, in the Chair.

Dr. T. More Madden read a paper on

SPURIOUS, FEIGNED, AND CONCEALED PREGNANCY,

which will be found at page 225.

After a few remarks by the President and Dr. Atthill, Dr. McClintock read the following paper :—

THE USE OF A HEMP SAW FOR THE EXCISION OF POLYPI.

He said he had had but a very limited experience of this method of excising vaginal and uterine tumours, but he thought it would prove very simple and useful, and in many cases more feasible than other modes of operation. His attention was first directed to the matter by the paper read by the President on the subject of decapitation in utero, by sawing the neck through with a hempen cord. It occurred to him that the same method might be applied for the extirpation of uterine polypi; and he determined to use it on the first opportunity that presented itself. Recently, Dr. Symes, of Kingstown, sent to him a married lady who had borne four children, and who was suffering from repeated hæmorrhages from the vagina. A large polypus was discovered in the vagina, and on the 10th of last month he met Dr. Symes for the purpose of extirpating it. The polypus was the size of a turkey's egg, the neck of it being about as thick as a man's thumb. Dr. McClintock then described the operation. The polypus having been drawn down to the vulva, a loop of fishing-line, introduced through Gooch's double canula, was cast round the neck of it, and in thirty-five seconds by the sawing process, it cut through the neck of the growth which was then removed by the vulsellum. The tumour weighed two and a-half ounces, and the section of the pedicle was one inch in diameter. It was a true polypus, presenting a well-marked capsule. The operation was facile, expeditious and unattended with pain or bleeding. No doubt the polypus was of a kind that admitted of removal by means of the scissors or écraseur, so that it presented no unusual difficulties. The ligature was applied and used through Gooch's double canula to protect the vagina from injury by friction of the ligature. He had seen the wire-rope break in attempting to remove fibrous tumours, thus causing great inconvenience. The hemp ligature might also give way but they could guard against that occurrence by employing a long piece of cord, and from time to time bringing a fresh portion to act upon the surface they were operating on. Dr McClintock then mentioned the results of several experiments which he had made to test the efficacy of the cord. In ten minutes I cut through the tendon in the hock of an ox which he did not think the écraseur could be capable of doing. He admitted that it was possible that this method of operation might be followed by hæmorrhage or pyæmia, but this was a matter which experience alone could determine.

The **PRESIDENT** said as Dr. McClintock had alluded to the use of a hemp saw for decapitation, he took that opportunity of exhibiting to the Society the result of the use of that saw. He had before him the body of a child that he delivered on last Tuesday week, in the manner which he suggested in his paper read last Session. He had not then fully tried the method of passing the cord that he ventured to suggest, but he tried it in this instance, and it answered his expectations very fully. This was a case of transverse presentation. When he saw her, the woman had been many hours in labour; the right arm was hanging out of the vulva, and the left lying in the vagina. The patient was under the care of Dr. Arthur Ringland, who sent for him. When he arrived Dr. Ringland passed his hand into the uterus and tried to turn the child, but the uterus was so firmly moulded round it, that without using more violence than was prudent, he could not seize the feet. Finding that the child was dead he determined to decapitate. He passed a cord round the neck by means of a catheter—a silken cord, the very same he had used on a previous occasion, and proceeded to divide the head from the neck. In a minute and a half section was made. One observer said he was rather over a minute, and another that he was a minute and a half in performing the operation. The total operation lasted twenty minutes.

DR. BEATTY said that any one who had gone through the toil and difficulty of the old operation of evisceration in a case of transverse presentation when the arm was down in the vagina, the child a large one, and no possibility of turning, would rejoice at the introduction of such an operation as the President had brought before the Society, and which had been employed and further utilised by Dr. McClintock. The simplicity of Dr. Kidd's operation seemed to him almost miraculous, contrasted with that he alluded to, and it was one of the greatest boons conferred in midwifery in modern times. Its application to cases of tumours was a matter of considerable importance. Dr. McClintock had alluded to the possible occurrence of hæmorrhage, which had struck him also. The rapidity of the cutting through might leave the possibility of hæmorrhage, which was avoided by the slower process of the écraseur, the crushing effects of which were calculated to prevent bleeding.

DR. RINGLAND believed the occurrence of hæmorrhage was by no means an impossible event in the progress of this operation. Dr. McClintock recalled to his memory a case which occurred under the President's notice, and his (Dr. Ringland's) within a few weeks past, where an enormous tumour presented itself, and where, by the ordinary process of the écraseur it became impossible to remove even portions of it. Every time the écraseur was tightened, it slipped off the tumour. The operation was postponed till the following day in consequence of the neck of the uterus not being sufficiently dilated by sea-tangle; and whether it was the handling the patient was subjected to or not he could not say, but she quickly sank. That case directed attention to the possibility of adopting some means whereby an enormous tumour, such as existed in that instance, might have either the wire of an écraseur or some other means applied to it, and they came to the conclusion that in the event of a similar case, an instrument somewhat analogous to the instrument of Pajot, might be employed for the passing of the means whereby the cutting process was to be effected—whether by wire or a hempen ligature—an instrument such as that used for plugging the nares. He regretted that he did not see the entire of the operation performed by Dr. Kidd. He did not see the way in which the ligature was applied, having been present during the cutting operation only, and he believed that it was done in little more than a minute.

DR. CRONYN could not accept the idea that decapitation, involving as it does the risk of leaving the fœtal head in the uterus, was a good or safe operation. He had frequently seen the operation of evisceration performed, and it was invariably a safe and easy operation, and all of the patients made easy and quick recoveries. They must consider the difficulty in which Dr. Kidd, or any other practitioner would be placed, if the os uteri contracted on the head too quickly to allow the forceps to be applied, and the practitioner had to retreat, leaving the head in the uterus. As to the use of the hemp saw in removing polypi, he had no doubt it was useful, but at the same time he had seen polypi taken away by Gooch's canulæ and a tight ligature, and all had gone on well.

DR. ATTHILL said that every one who had experienced the difficulty of encircling with a wire an intra-uterine tumour, would be grateful to those who lessened the difficulty of dealing with such cases. He had himself suggested a modification of Gooch's canulæ, but he did not think he would use it again. It did very well if a hemp ligature were sufficient, but that was seldom the case, and the difficulty of passing wire around the tumour with the canulæ was enormous. He saw Dr. Denham succeed with his (Dr. Atthill's) instrument in a case of extra-uterine polypus, but the attempt to pass a wire round an intra-uterine polypi with the canulæ was a matter of serious difficulty. Dr. McClintock's method was ingenious. He had the good fortune to be present at a trial of it, and although the operation was not altogether successful, it gave him a good idea of it. It was a case of intra-uterine polypus low down in the uterus. The ligature was passed round the tumour certainly, but after a very few seconds of sawing the ligature gave way. That was the real difficulty to contend with. There was great friction of the cord, and until some means of lessening this were devised, the liability to its breaking would be very great. It would be a matter of difficulty to cut through a thick pedicle without the cord giving way, unless the canulæ were modified in such a way as to cause the two ends to diverge somewhat, thus lessening the amount of friction. He was not himself afraid of hæmorrhage, and as to pyæmia, he did not think there was any additional risk of its following the use of the hemp saw. He disagreed with Dr. Cronyn as to the dangers likely to follow the attempt to remove polypi by the old and now discarded method introduced by Dr. Gooch. He had never lost a patient by practising it, but more than one had been at death's door; and they knew from the statistics of the practices more extended than his, that the mortality after the application of the ligature in the old method, and the tightening it day by day was great indeed. He entirely coincided with Dr. Beatty as to the advantage of decapitation, which he thought would make a complete revolution in the practice in case of arm presentations. His knowledge of eviscerations was very unfavourable. It was a most tedious, horribly disgusting operation. On one occasion he was two hours before he could get his hook so fixed as to get down the body. He should run the risk of having the head retained in utero, which was only possible, rather than encounter the difficulty and trouble of evisceration, which was certain. If the os contracted somewhat, they could, by the use of Barnes' dilator, open it, so as to perforate the head in utero, or seize it with the forceps.

After some remarks from Dr. Frank Thorpe Porter,—

Dr. Thomas More Madden referred to the subject of decapitation by means of the ligature as a substitute for embryotomy, as proposed in certain cases as a last resource by Dr. Kidd. Whilst he (Dr. Madden) agreed, under certain circumstances, with the suggested operation, he could not admit that all the practitioners into whose hands this new and facile method of decapitating a fœtus in utero might come, would be as patient, as skilful, or as conscientious as Dr. Kidd; therefore, he could not join in the delight with which some previous speakers had welcomed the new operation. He thought that embryotomy was an operation so awful, and so horrible, that nothing should be done to familiarise its use, or to substitute for it another operation more facile, less wearisome to the operator, and less revolting to the spectator. He therefore thought that it was impossible to use too great a degree of caution before arriving at the conclusion that the child would not be born alive, and that it was by no means desirable that embryotomic instruments should be improved, and rendered more easy to use. On the contrary, he thought too much attention could not be given to the improvement of the means for deliveries of living children from living mothers, with safety to both, by the forceps, or by other means.

Dr. Denham believed the operation to be by no means so free from dangers as some appeared to suppose, but he could well conceive a case in which it might be attended with ten-fold the difficulty that Dr. Kidd encountered. In many of these cross-births the child was unusually large. If they took a case of first labour, a large child, the parts not well dilated, the waters not drained for hours, he could conceive a great amount of difficulty in removing the head of a premature birth. Nay, more, in endeavouring to pull down the body of a decomposed child, he had seen the os close on the neck, and the head left behind, and he had experienced very great difficulty in the removal of such a head. He could not coincide in the remarks of Dr. Madden. If a cross-birth took place, and the practitioner came to the deliberate conclusion that he must deliver the woman, the quickest and the easiest method of doing so was what he was bound to adopt. The safety of their patients was the first matter to be considered by obstetric practitioners. Their own toil, disgusting though it might be, was of small importance compared with the life of their patients. He regretted that they had heard nothing more practical as to Dr. McClintock's paper. He had seen it tried without success on a large uterine polypus. There was a great distinction to be drawn between the cutting off of the head or thigh of a child, and the removal of a polypus in the uterus, and Dr. Kidd's plan, while adopted for the former, might not prove so efficient in the latter operation.

Dr. McClintock, in replying, said he must first express is admiration of the operation which the President had inroduced to their notice. It was not a well-founded objecion against the operation to say that it was easy and safe, rovided it was capable of effectually fulfilling the intention ith which it was undertaken. There was some grounds to pprehend there might be difficulty in extracting the head ter the removal of the body. Any one reading "Smellie's idwifery," must have his mind filled with apprehensions that point; it seemed to have been to Smellie a regular gbear. When the removal of the head was undertaken ithout delay. there would seldom be any difficulty in doing ; but he did not think the difficulty, whatever it might , was to be put in comparison with the danger and trouble evisceration. If there were any merit in the method of moving vaginal uterine tumours which he had brought fore them that evening, it had grown out of Dr. Kidd's per, the reading of which put the idea into his (Dr. cClintock's) mind. There were two points which he nted to establish, and he thought he had succeeded in ing so. One was that a ligature of this kind—a "hempw"—was capable of cutting through any structure they re likely to meet with in uterine tumours. The other point he endeavoured to prove was that with this contrivance of Gooch's canulæ, they could with more facility carry a ligature round the neck of a polypus when it was very high up, or very large, than if they used a wire ligature. In one case alluded to the canulæ broke, and hence the importance of using a very strong canulæ. The failure of the operation was owing to the imperfection of the instruments. In the other case (that alluded to by Dr. Denham), the ligature was successfully carried round the neck of an intra-uterine tumour, but the edges of the orifices of the canulæ were so sharp that they cut the ligature across in a moment; therefore, in the construction of the instrument for this operation, the eyes should be rounded off so that they should not fray the cord.

The President remarked that if the practitioner had a cephalotrobe beside him, he need not fear the risk of the head remaining in the uterus.

The Society then adjourned.

MEDICAL AND CHIRURGICAL SOCIETY.

Annual Meeting, March 1st.

T. B. Curling, F.R.S., President, in the Chair.

The report having been adopted, the President addressed the meeting. He congratulated the Society on their having accepted the management of the Marshall Hall Memorial Fund, which he confidently hoped would give great encouragement to the prosecution of researches on the physiology and pathology of the nervous system. He likewise trusted that the enlargement of the premises, and the great increase in the space for library accommodation, would meet the wishes and convenience of the Fellows. In commencing the usual annual obituary of deceased Fellows, the President regretted that the roll this year was larger than it had been for many preceding years. It included the names of Dr. Tanner, Dr. Hennen, Dr. Hyde Salter, Mr. Samuel Solly, Mr. Langston Parker, Mr. Robert Wade, Dr. George Blackman (United States), Dr. George Edward Day, Mr. Thomas Hammerton, Dr. James Abercrombie, Dr. John G. Goulstone, Dr. Wm. England, Mr. Simon Murchison, Mr. Herbert Chalmers Miles, Mr. John W. Hubbard, Dr. George Scratchley, Mr. Charles Revan Alexander, Dr. G. F. Dorsett Evans, Dr. Patrick Miller, Mr. Henry Derviche Jones, and Mr. Charles Beevan. The President also referred to the deaths of two distinguished Honorary Fellows of the Society, Sir John F. W. Herschell, and Sir Roderick Impey Murchison, and gave sketches of the lives and researches of these several deceased gentlemen.

The President announced the result of the ballot for officers and Council for 1872-73, as follows:—President: Mr. T. B. Curling, F.R.S. Vice-Presidents: Dr. A. P. Stewart, Dr. Barclay, Mr. Critchett, and Mr. J. A. Kingdon. Treasurers: Dr. Balfour, F.R.S., and Mr. Birkett. Secretaries: Dr. E. S. Thompson and Mr. Thomas Smith. Librarians: Dr. T. K. Chambers and Mr. Charles Brooke, F.R.S. Other members of Council: Dr. E. Ballard, Dr. Greenhalgh, Dr. George Harley, F.R.S., Dr. H. J. Sanderson, Dr. Walshe, Mr. W. O. Chalk, Mr. Gascoyen, Mr. Hulke, F.R.S., Mr. Edwin Saunders, and Mr. Savory, F.R.S.

The meeting then adjourned.

Militia Surgeons.—In the House of Commons on Friday night, Mr. Cardwell stated that the services of militia surgeons would not be required when the new system was introduced for attendance on the staff and inspection of recruits, but they would be required during the annual training.

Apothecaries' Hall of London.—At a Court of Examiners held on the 7th inst., the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Andrew Duncan, of Henrietta-street, Covent-Garden; Edward James Nix, of West Ham; and George Richard Shemilt, of Tean, Staffordshire. The following passed the primary professional examination, viz.:—Messrs. Henry Beale Collins, of King's College; Joseph Foreman and James W. H. Hawton, of Guy's Hospital; and Henry Cecil Moore and Richard Smith, of the Birmingham School of Medicine.

SPECIAL REPORT ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(*Continued.*)

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

IN considering these important and very generally used articles of commerce, some few points of difficulty present themselves.

A glance at the numerous advertisements which teem in the newspapers, and a moment's consideration of how many thousands of pounds are expended in these advertisements, show that there is a very large margin of profit to induce such a concentration of commercial enterprise in this direction. If, therefore, a consumer takes his starch in a prepared form, with a grandiloquent name, and at an advanced price, instead of consuming his starch in the form of rice, or the potato, he is at least entitled to a reliable guarantee that nothing unwholesome has been used in its manufacture, and that the alimentary nature of the material has been improved as regards its digestibility. It is with this view that, as far as possible, the prices of these preparations, as sold in the shops, are placed in this report in juxtaposition with the real quantity contained in each packet. No opinion is offered as regards their actual value, but this part must be considered strictly in connection with the analyses given. There are a few that bear relatively to their merits a most exorbitant price.

In the more recently introduced foods a marked improvement will be observed. They are generally some definite alimentary substances, carefully prepared, with a view to dietetic value; not a heterogeneous mixture put together and merely concocted so as to represent five-tenths profit to the proprietor, two and a half tenths to the advertising mediums, and the remainder—well, the said remainder may as well be left to the oblivion it deserves. Hid under the mask of this grandiloquent name, it is probably something that the consumer would not feed his horse upon. Thanks to the chemist and the microscopist, the caterer for public suffrage knows that he must run the gauntlet of science; and this great social question of the day—dietary—is slowly but surely becoming one of the important legislative questions. The criminality of food adulteration is universally accepted—legislatively it cannot be far distant.

The three important points to consider in connection with the history of farinaceous foods are the starch, gluten and the other nitrogenous substances, and, lastly, the mechanical preparation of the seeds. Starch, which is the chief ingredient in such substances, is classed as one of the heat-forming foods. The principal heat-formers are starch, fat, sugar, and gum. Nothing can be more fallacious than the mode in which this is generally stated in the popular books on dietary. Now, food is arbitrarily divided in such works into "fuel" (starch, sugar, &c.) and nutritious or flesh-forming food. Thus nothing can be more obsolete or contrary to physiological research than to imagine that such food is simply consumed for the maintenance of animal heat. All injesta undergoes a process of oxidation by which heat is generated, the nitrogenous equally with the non-nitrogenous, such as starch; and out of this general resolution of molecules the different bodies—essential either for a reconstruction of the edifice, or to supply energy—are elaborated. The so-called animal heat is a corrollary from multifarious chemical actions taking place in the human body. To speak of the "fuel" of a man's injesta, or to convey that eighty per cent. of his solid food is merely supplied to maintain the animal heat, evidently tends to give an erroneous impression.

The gluten, or nitrogenous portions of some cereals, constitutes 10 to 14 per cent., and we may consider, in connection with that substance, the vegetable albumen and other nitrogenous bodies, which occur in small proportions. Although of great value from a dietetic point of view, these farinaceous foods can only be considered as amylaceous foods, and are from that reason almost invariably given with milk.

As they are largely used for children and invalids the mechanical dressing of the cereals is of great importance when considered in connection with digestibility, &c.

We would here point out that which, upon physiological grounds, is a grave error, viz.—the employment of starch foods as the staple diet of infants. For children beyond a certain age, for adults, and as delicacies for the table and for invalids, these foods have very strong claims for general adoption; and for the before-mentioned purposes we would desire to see them even more extensively used than they are at present. But to stuff infants with foods they are absolutely unable to digest, injures both them and the reputation of the article mal-administered.

The value of amylaceous or starchy matter can be best appreciated by a reference to the daily diet of an adult in health. Meleschott gives as a normal daily diet—

Protein substances . .	130	grammes
Fat	84	„
Starch	404	„
Salt	30	„
Water	2,800	„

At the conclusion of this report the actual composition of the grains, &c., from which these foods are elaborated, will be given in a tabulated form; but *ad interim* we will proceed to the consideration of the samples.

COLMAN'S BRITISH CORN-FLOUR.

Prepared at Cannon street, London.

The advertisement states that "it is prepared from RICE (the staple food of more than Three Hundred Millions—300,000,000 of People), and is unequalled for Blanc-mange, Custards, Puddings, Cakes, Soups, &c., and is the most wholesome and easily-digestible Food for children and invalids."

Testimonials are given from Edwin Lankester, M.D., F.R.S., Arthur Hill Hassall, and many others.

"The Medical faculty, connoisseurs, and professed cooks declare Colman's British Corn-flour is superior to all other preparations."

A large number of receipts are printed upon the wrapper, in all of which milk enters largely into the composition.

This preparation, when examined by the microscope, was found to consist entirely of rice starch. It was very free from odour, and only gave ·4 of a per cent. of ash, fairly abounding in phosphates. It therefore had been carefully prepared, and may be viewed as a pure article.

In considering rice starch as a diet it may be viewed as one of the purest and most definite forms of starch. Even the grain itself, as will be seen from analyses by Polson of the cereals, is very free from fat and nitrogenous substances :—

Analysis of Patna Rice, by Polson, J. Pharm.

Water	9·8
Starch	78·8
Nitrogenous substance	7·2
Fat	·2
Cellulose	2.0
Gum and sugar	1·1
Ash	·9
	100

Composition of the Ash of Rice, by Zedeler.

Potash	20·2
Soda	2·5
Lime	7·2
Magnesia	4·25
Silica	1·4
Phosphoric anhydride	60·2

From the chemical purity of rice starch is perhaps due the binding, or want of laxative quality, of this grain. In speaking of the potato, compared with rice, Johnson gives the following interesting remark. The potato is grown over a greater range of latitude than any other cultivated plant. "The dried potato is less nutritive, weight for weight, in the sense of supporting the strength and enabling a man to undergo fatigue, than any other extensively used vegetable food of which the composition is known, with the exception only of rice and of the plantain. It approaches nearest, indeed, to rice, though it is somewhat superior to that grain. Thus the dry substance of these three forms of food consist of—

	Rice.	Potato (dry).	Plantain.
Gluten	7½	8	5½
Starch	92½	92	94¾
	100	100	100

"There is, therefore, a remarkable similarity among these three kinds of food, in so far as they all differ from our cereals and other grains and roots in containing a smaller proportion of the ingredients represented by the gluten of wheat.

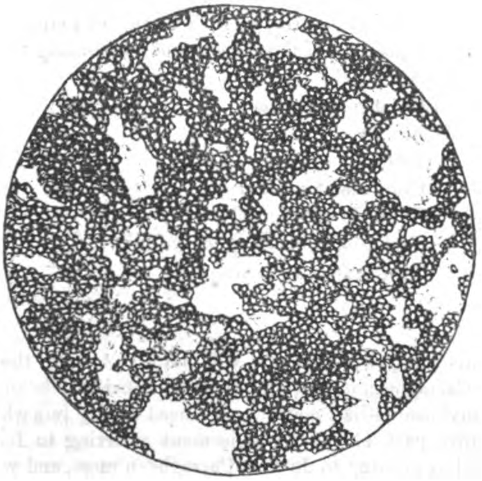
"And in the use of them all it is remarkable that a chemical or physiological likeness is indicated by the observation that the tribes of people who live exclusively, or even chiefly, on any of these three vegetable productions, are distinguished by the size and prominence of their stomachs. The Hindoo, who lives on rice, the negro, who lives on the plantain, and the Irishman, who lives exclusively on the potato, are all described as being more or less pot-bellied. This peculiarity is to be ascribed in part, I suppose, to the necessity of eating a large bulk of food in order to be able to extract from it a sufficient amount of necessary sustenance."

It must be borne in mind that Johnson here speaks of those who live upon this food to the exclusion of animal diet.

"And this deformity is somewhat less conspicuous in the potato-eater than in the plantain-loving negro, or even the rice-devouring Chinaman and Hindoo ; and is probably to be ascribed to the somewhat larger proportion of the gluten ingredient which is present in the potato."

The granules of rice starch, although extremely small, are so characteristic that they could not be mistaken for any other.

FIG. 1.



The preparation under examination makes a very firm *blanc-mange*, or jelly of considerable solidity.

"Colman's Corn-flour," therefore, may be considered a pure preparation. It is sold in pound packets, retailed at eightpence.

SEA-MOSS FARINE.—"A New Food."

"This packet will yield sixteen quarts of Blanc-mange."

The packet specified contained about four ounces, and is retailed at one shilling.

The following appears in the advertisements :—

"In the frigid regions of Iceland the Sea Moss has long been extensively used, as an article of food, which, in the eyes of the Icelanders, has no rival. This people said of it—'It is the gift of a bountiful Providence, which sends us bread out of the very stones.'

"It is most excellent as a porridge for the sick. As a nutritious soup, nothing can surpass it.

"In Saxony, Moss has been extensively used in the making of bread. According to an estimate published by the government of that country, 'six pounds eleven ounces boiled with fourteen times its quantity of water, and baked in this state with thirty-nine and one-half pounds of flour, produced one hundred and eleven and one-half pounds of excellent household bread. Without this addition, the flour would not have produced more than seventy-eight and three-quarters of bread ; therefore, this addition of six pounds eleven ounces of Moss occasions an increase of about thirty-two pounds of bread.'

"A writer in the 'American Encyclopædia' says—'As an alleviative in pulmonary complaints, the Iceland Moss is well known,' and of Carragheen or Irish Moss, 'It is a marine plant which grows upon the rocks of the Northern Coast of Europe, especially of Ireland, and is collected for the preparation of a light and nutritious food. It is particularly recommended in pulmonary and many other affections,' &c., &c. A syrup made with Sea Moss Farine, sweetened and flavoured to taste, will be found a specific in all ordinary cases of cough."

The Sea Moss Farine, when placed under the microscope was found to be comminuted Carragheen moss (*Sphærococcus crispus*). It seemed to be cleanly prepared, free from the natural impurities, which frequently consist of sand and effloresced sea salt, and sometimes clear small shells. It gave 1·28 of an ash, which chiefly consisted of chloride of sodium, with a trace of iodide.

The composition of Caragheen moss, according to Herberger, is—

Gelatinous matter	79·1
Mucus	9·5
Resin . , ...	·7
Chloride of sodium . . .	1·3
Chloride of magnesia . . .	·7
Skeleton (consisting of cellular substance and salts) . .	8·7
	100·

This analysis, however, will hardly convey the fact that Carragheen moss contains a very considerable amount of amylaceous-like matter. We need hardly remark that the first part of the advertisement referring to Iceland moss has nothing to do with Carragheen moss, and why it is introduced there we cannot comprehend. Iceland moss is a perfectly distinct product from Irish moss.

Like many others of American introduction, it was much too loudly heralded, and its *marvellous qualities* fail to find favour with the Profession and the public.

(*To be continued.*)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 13, 1872.

THE MEDICAL COUNCIL.

The General Medical Council has again met, and has accomplished rather less than its usual small average of work. We do not refer to its talking power which is as well developed as ever. If we could spare the space, or our readers would forgive us, it would be easy to occupy an entire number of the Medical Press with a report of the proceedings; but, inasmuch as we can communicate the result in a single article, we propose to spare our readers the infliction of columns of sterile discussion with trivial interludes. Five days were consumed by the Council, and the printed minutes extend over seventy-two pages. If we get, as seems intended, a second such meeting this year it will be dear enough at the estimated cost of £4,700, or if we deduct the expenses of the Branch Councils, £3,500. Last year the General Council only held one meeting, and spent £2,931 2s. 10½d. the expenses of the Branch Councils, adding £1,126 18s. 10d., which made a total expenditure of £4,058 1s. 8½d.

From this it is clear enough that the Council is not a cheap machine, though if it had done a tithe of what it was expected to do, or half what it could easily have done, we should have been thoroughly content.* As it is this year has been perhaps a more contemptible *fiasco* than ever, and it is high time to put the monetary question prominently forward.

We may put aside the fact that the Council received several letters, and ordered them to be put on the minutes and formal answers sent, as one requiring no great exercise of corporate capacity—as indeed a function that would have been quite as easily discharged by a clerk. A resolution to prosecute or not to prosecute a person accused, is not a very onerous affair. The appointment of committees and other formal business may pass, as may the votes of thanks, and so on. The one subject of debate—the single object of the meeting—was to receive communications from the medical authorities of the three kingdoms respecting Conjoint Boards.

The position of this question is pretty well known to our readers, who have been, from time to time, informed of the progress of the negotiations carried on in accordance with the desire expressed by the Council last year. Well, the Council met as we have said to consider the three schemes, and the result we have to report is, that the said schemes have no existence, and, moreover, after this may probably be further off than ever of realisation. What then was done? The Council expressed an approval of one incomplete scheme, and adjourned until July. The resolution states that the Council "hopes that a scheme for a conjoint examination which it will be able to sanction, may be submitted to the Council by the 1st of July, 1872." Was ever a more ridiculous position for a controlling body? Considering that its recommendations and hopes have hitherto been useless, that it has never ventured on any stronger terms, much less the "stronger measures," the very mention of which horrified some, we would suggest that the Council at least spare us the expense of another meeting until its "hopes" have become realised. In July it can do nothing but pass a resolution, and so far as the Council is concerned another year may be considered as wasted. Nothing but legislation can deliver the Profession from the incubus under which it groans, or put a stop to the cry for Medical reform. The Council has been tried and miserably failed.

The nearest approach to a Conjoint Board that has been made, is undoubtedly the scheme of the two London Royal Colleges which we have already laid before our readers, and the merits and defects of which were brought out in the discussion at the Council with sufficient clearness. In alluding to it as incomplete, we have implied its greatest defect; but we are anxious to acknowledge that this is not altogether the fault of the Colleges. The task was not easy. All who know the slowness with which old institutions move, or who have watched the doings of the various bodies, or their response to the cries of the Profession, may readily admit that its preparation is something at which we might almost express surprise.

But the Royal College of Physicians of London has lately made much progress, and may now fairly lay claim to a front rank among our corporations, for it has carried out valuable reforms, and we yet hope great things of it. Further, the Universities of Oxford, Cambridge, and Durham, will act with the two colleges—a most important fact. The London University approves, but is said to be fettered by some legal difficulty. We do not think much of this, but the Home Secretary, who is not strong enough to think on such matters for himself, has taken advice, and under it declines to sanction the restriction required. We have no doubt that the University will be able to find a way to compel all its graduates to face the Conjoint Board, should it ever be in full working order—a thing about which we have considerable doubt.

But the Apothecaries' Society is in a more awkward predicament. It is fettered by an Act of Parliament; but this, at the same time, gives it undoubted power to confer its license without the co-operation of any other body, and this diploma entitles the holder to admission to the Register. The greatest legal difficulty we see is in regard to apprenticeship. Surely, the mere examination in surgery is a point that could be got over. Do the colleges desire to act with the Society, or would they rather snuff it out? If so, it should be remembered that there are other diplomas that would give the holder a surgical qualification, and in conjunction with one of them the Hall might hold out a long time, for it is a cheap license. We should regret this, and we have not much sympathy with the notion that thirty guineas is too much for a license to practice our Profession. The lawyers pay much more in mere stamp duty.

It seems then clear that the English scheme—which is the most advanced—is incomplete. With one body left out, the Conjoint Board is unrealised, and the carrying out of the plan means merely such a combination of two bodies as was years ago carried out in Scotland and which seems to give satisfaction. Only the Universities have agreed to recognise this union of the two bodies, and take the examination as a part of their requirements—a sensible example which the Scotch Universities would do well to follow. But then the door is left open for other entries to the Register, and we are only one step nearer to the position desired. Still, one step is something, though that ought to have been attained years ago.

The London College of Physicians can, it is said, in a single license, confer the right to practise medicine, surgery, and midwifery. The decision that its diploma was also a surgical qualification put all in its power, and if it had had the courage it could have become the general portal to the Profession. Suppose the Apothecaries' Society had an equal power. It could then stand alone and beat all competitors out of the field. If any surgical corporation capable of admitting to the Register would act with it, it could hold out against the scheme under consideration. If it could but get a new act enabling it to examine and license in surgery also, its one diploma would be the most complete, and the cheapest. We do not say there is a danger of this, but it shows how involved the question is, and it leads us to the conclusion that legislation is required to accomplish what so many profess to desire.

For other reasons, too, as we have often shown, legislation is needed. But if this is to be resorted to, why not let it be thorough and complete? We want no tinkering. Let us encourage no more piecemeal legislation. Let the interests of corporations be no longer placed before the interests of the public and the Profession. Give us a sound act—one efficient Medical Reform—extending to every licensing body in the three kingdoms, and embracing also the General Medical Council itself.

Nothing short of the wisdom of parliament is competent to cope with the contending interests of the corporations, or to place Medical politics on a satisfactory basis.

MR. MUNTZ'S ADULTERATION BILL.

The measure which now lies on the table of the House is, perhaps, the only attempt to check trade frauds which the circumstances of the country and the influence of the shop-keeping class will at present permit but, should it become law, it certainly will not effect any real reform in the time-honoured and legitimised system of trade roguery which now exists nor will it remove to any extent the difficulties which at present prevent the perpetrators of these frauds from being brought to justice. The pith of the Bill is in the following clauses, of which we quote the important parts *verbatim*:—

Every person who shall wilfully admix, and every person who shall order any other person or persons to admix, with any article of food or drink, any injurious or poisonous ingredient or material to adulterate the same for sale, and every person who shall wilfully admix, and every person who shall order any other person or persons to admix, any ingredient or material with any drug to adulterate the same for sale, shall for the first offence be liable to forfeit £50, and costs, and for the second offence be imprisoned for six months, with hard labour.

Every person who shall sell any article of food or drink with which to the knowledge of such person any ingredient or material injurious to the health of persons eating or drinking such article has been mixed, and every person who shall sell as pure and unadulterated any article of food or drink, or any drug that is adulterated or not pure, shall pay a penalty not exceeding twenty pounds, together with costs; and for a second offence it shall be lawful for the justices to cause such offender's name, place of abode, and offence to be published, at the expense of such an offender, in such newspaper or in such other manner as to the said justice shall seem desirable.

Vestries in London Courts of Quarter Sessions and Town Councils in England and Ireland, may appoint one or more persons possessing competent medical, chemical, and microscopical knowledge as analysts of all articles of food, drink, and drugs, and shall pay to such analysts such salary or allowances as they may think fit.

The inspector of nuisances, or weights and measures, or of markets, as the local authority shall determine, may procure and submit samples of articles of food or drink and drugs suspected to be adulterated to be analysed by the analysts appointed under this Act, and may cause a complaint of an offence against this Act by the party selling or adulterating such articles of food or drink or drugs to be made before a justice of the peace.

The analysts shall report quarterly to the local authorities appointing them the number of articles of food, drink, or drugs analysed by them under this Act during the foregoing quarter, and shall specify the nature and kind of adulterations detected in such articles of food, drink, and drugs, and all such reports shall be read at the meetings of the local authorities appointing such analysts.

Any purchaser of any article of food, or drink, or drugs, shall be entitled, on payment of a sum not less than one shilling or more than five shillings, to have any such article analysed by the analysts.

The expense of executing this Act shall be borne in the counties out of the county rate, and in boroughs out of the borough fund.

These clauses unfortunately retain all those phrases which have rendered abortive previous attempts at adulteration legislation, and unless they be modified they will certainly not give any increased facility for the punishment of fraud. Firstly, it is declared that any person who wilfully adds a "poisonous or injurious ingredient" to food or drink, or *any* foreign ingredient to a drug for the purposes of sale, shall be punished. Secondly, that any person who, with knowledge of the fact, shall sell any food and drink or drug so adulterated, or who shall sell as pure any article known to him to be impure, shall be punished. Thirdly, it is provided that local authorities *may* appoint and pay a staff of officials to buy samples, analyze them and prosecute offenders.

Surely such provisions cannot be honestly meant to prevent adulteration. Let us anticipate their working as law, judging by our experience of town councils, uneducated shopkeepers, and sharp manufacturing firms. Is it likely that any number of town councils—mainly constituted of shopkeepers and, if not, elected as the representatives of shopkeepers—will put the ratepayers to the expense, and involve themselves in the responsibilities of eternal prosecutions against their own class and their own constituents? Surely Mr. Muntz knows well that, as regards the appointment of analysts and inspectors, *may* means *won't*, and that the permissive power on which he depends for the carrying out of his Bill, and which has been so earnestly condemned by the Royal Sanitary Commission, practically excludes nine out of ten districts from its operation.

Suppose, however, a town council like that of Dublin, which has appointed its analyst and staff. Mr. Inspector Sharp buys a tin of "fine" mustard from old Mrs. Mulowney's huxter's shop, which the analyst finds to be a just mixture of flour, turmeric, perhaps chrome yellow and mustard refuse. Mrs. Mulowney receives her invitation to attend the police court. She pleads truly that she did not mix the mustard—that she bought it from the traveller of Messrs. Chisel and Do four years ago, since when it had been lying in her window—that she neither knew nor wanted to know what it was made of. Of course the poor ignorant old woman cannot be punished, and as there is no evidence of the sale to her by Messrs. Chisel and Do they cannot be reached either. But suppose Mr. Inspector Sharp keeps watch and secures a package of "fine" mustard from the same firm with the invoice, and the evidence of the retailer who bought it to help in bringing the adulteration home to them. The prosecution is instituted, and the attorneys of the firm take defence. Here are a few of their pleas :—

That the firm never sold the mustard.

That, if they did, it was pure when they sold it, and must have been adulterated since then.

That it contains no adulteration, except what is unavoidable in the process of manufacture.

That, if it was adulterated when sold, they had no knowledge of the fact, and, therefore, they are not liable.

That they did not adulterate it *for sale*.

That the addition to it is not a poisonous or injurious ingredient, within the meaning of the Act.

That they did not sell it as pure, but only as "fine," and therefore are not liable,

It must be obvious that with such loopholes as the Bill affords, prosecuting to conviction would be almost a hopeless duty, and as the retailer could not be proved to have guilty knowledge of the fraud, and the manufacturer could not be made amenable, the Bill would be either a dead letter or a protection to trade roguery.

The question will never be solved until the retailer is made absolutely liable. No doubt he would, in many instances, be innocent of knowingly selling adulterated goods as pure, but, if so, he would have his remedy either in handing over the adulterating firm to justice, or recovering damages from them for the loss sustained by him by his being prosecuted. In one month manufacturers would learn that the risks of such tricks were greater than the profits. Should Mr. Muntz's Bill pass, the public will have to bear in mind that if they want a pure article they must see that it is labelled "pure." Such epithets as "fine," "superfine," "extra superfine," "best," "superior," &c., have no meaning, and, as a fact, are now used to cover all sorts of sophisticated trash.

To us, in view of these facts, Mr. Muntz's Bill looks rather more like a *ruse*, and a demonstration of zeal in the cause, than a honest effort to protect the public against the frauds, of which, in the smallest domestic matters, they are the daily victims.

Since the foregoing remarks were written, Mr. Muntz's Bill has been read a second time *pro forma*, on the understanding that its objects are to be effected by Mr. Stansfeld's Public Health Bill, and that it is not to be proceeded with unless the latter measure be withdrawn.

In moving the second reading Mr. Muntz took pains to justify the verdict on the Bill which we have given above.

> He "was pleased to be able to observe that the subject had excited much greater interest than it did formerly, and that people had begun to recognise the fact that it did not propose to interfere with the nefarious practices of trade, but to put a stop to the adulteration of food by the mixture of articles poisonous or injurious to health. If any one choose to mix beans with coffee or water with milk, no one under this Act could say anything; but if any baker adulterated his bread with brick-dust, poison of any sort, or with plaster of Paris, the clauses of this Bill would render him liable to severe punishment."

Considering that nine hundred and ninety-nine adulterants out of each thousand could not be proved to be poisonous in the quantities used, and that Mr. Muntz's clauses afford a complete protection to the guilty party in the thousandth case, it is not using too harsh a term to designate the Bill a *ruse*.

◆

SCOTLAND.

EDINBURGH.

The members of the University Dramatic Club gave a most successful entertainment in the Theatre Royal on the 4th, the proceeds being devoted to the Royal Infirmary. The entertainment is to be repeated on the 15th, for the benefit of the Sick Children's Hospital.

GLASGOW.

Professor Gairdner delivered an address to the members of the University Society on the evening of the 4th, taking as his subject the relation of teaching to examination.

> Examination, he considered, had a double function. It might be regarded, in the first place, as a system of policy for dismissing or rejecting or eliminating incompetent or ill-instructed men; and in the second place, it might be regarded as a distinct system for regulating the results of education so as to make these felt by the learner and the teacher alike throughout the process of education. By leaving out of sight one of these functions, examination must be considered as to some extent defective in relation to its whole purpose. His object, in the first place, was to show that of these two functions the second—viz., that which regards examination as a

final process, influencing the whole process of teaching, and not merely a police process for diminishing incompetent men; he said that of these two functions the second was by far the most important, and that every movement that tended to divorce those two objects of separate examination or part of educational machinery was to be discouraged, as tending in course of time to the serious detriment of education; and by education he meant not merely knowledge, but training, as the etymology of the word implied—not merely the acquaintance of facts, but character formed and ripened through the influence of study. It was this latter aspect of examination—it was this view of education—which was to be influenced by examination, that a member of a University was above all other men bound to protect and defend to the best of his ability, and if he found that the political movements of the time or the current of general opinion were running in a direction adverse to sound education in the higher sense in which he had advocated it, he was bound to interfere, effectually if he could, and if he could not do so, then, at least, he was bound to protest and to stand clear from any conflict in such a movement. He believed that the Medical Council of Education and Registration was at the present moment engaged in a most dangerous experiment—one which had only very superficial benefits to recommend it, and many latent evils, not the least of which would be found to be its arbitrary interference with the Universities of Scotland, and with the teaching bodies all over the kingdom. He maintained that, by the proposal of the Medical Council to have three boards—one in England, one in Scotland, and one in Ireland—it was impossible that there could be a uniform line which divided between good and the bad. Even if they were to admit for a moment that it was possible, theoretically, to do so, even if they were to admit that they could take the branches of medical knowledge, and deal them all out in this fashion—so much physiology, and such and such answer shall be "pass," whereas the inferior answer shall be "reject,"—even if they could bring that into the medical examination, they still had lying behind that the difficulty that these same examiners, applying the same process to a great number of men in succession, would lose their delicacy of appreciation in the process. An examination which was founded on the idea of merely establishing a uniform standard for the whole kingdom, must in the very nature of it be a fallacy, and must break down in practice. Now, although the Medical Council was not at this moment precisely proposing to have one Board of Examiners for the whole kingdom, they must not forget that the proposal of the Medical Council had another within it, and that it was under the threat of Government interference that the Medical Council had taken up the idea of a conjoint board for Scotland, England, and Ireland. Believing as he did that uniformity was impracticable in the first place, the second question was, supposing it practicable, was it desirable? There he ventured to take issue, and to take exception to the doctrine which was at present circulated in various quarters—that uniformity was desirable. He did not think it was, and held that a uniform qualification for the whole country must of necessity be a low qualification. The present system was that nineteen bodies granted a licence to practise, and of these some only prefer to grant what might be called a sort of minimum licence, while others, as the Universities, granted a higher degree of diploma. That was the system which had come down to them. He did not say that it was free from faults, but he said it was a system which was interwoven in the history of the country, which had sustained the medical profession hitherto, and which ought not to be rashly interfered with and superseded, unless they could show solid advantages to be attained, and unless they could prove that advantages would not be counteracted by still greater drawbacks.

◆

Notes on Current Topics.

Sanitary Inspection.

Considerable alarm has been expressed lest Mr. Stansfeld should be induced to resort to the plan of inspection by gentlemen destitute of Medical knowledge. Such a blot on his measure would deserve to cause its defeat. We all know that lawyers have a knack of thrusting themselves into all manner of offices, but in the present state of public opinion, to confide to them the inspection of sanitary measures would surely bring ridicule on any minister. No one but a Medical man can be competent for such a post. We never thrust our Profession into legal matters, and we hope the lawyers will refrain from further raids into ours. The *Standard*, which has lately given much attention to sanitary subjects, has been emphatic in endorsing the view that all Medical men maintain. That paper has also very carefully examined the points of divergence between the Government bill and that of Sir C. Adderley. The latter is a consolidation bill, and we should be glad if those clauses were adopted by the Government, for we sorely need consolidation.

The Sewage Question.

Perhaps this is the greatest sanitary question of the day. We have, therefore, much pleasure in stating that the invaluable Reports that were issued last year in the Medical Press and Circular are now once more accessible to all. The numbers containing those Reports rapidly went out of print, and Messrs. Baillière, Tindall, and Cox have now brought them out in book form. They make a very handy four-and-sixpenny volume; the writers have carefully revised them throughout, and made several important additions. As our readers are well aware, the whole of the chemical analyses were made by Dr. Letheby, and in other departments the book is one of indisputable authority. No one, therefore, in the least interested in the sewage question—and who is not—should fail to read it. A careful consideration of its contents should precede investment or other action in reference to sewage, and no one can profess to understand the sewage question who has not carefully considered the contents of this volume.

Did Syphilis come from America ?

Readers of the Medical Press and Circular may be interested in hearing what is said in America about the asserted origin of syphilis in the New World. The following occurs in the *Medical and Surgical Reporter*, Philadelphia, December 16th, from the pen of the editor:

"This famous historical question, which everybody thought had been settled long ago in the negative, has recently been reopened with a powerful array of arguments in the affirmative by Dr. Alfred Fournier, of Paris, Dr. Ferrari, the well-known surgeon of Paris, and Dr. Charles Drysdale, of London.

"The latter, in a general summary of the arguments which he confesses have worked his own conversion from an opposite view, says, in the Medical Press and Circular for October 25, 1871, after disposing of all the alleged cases of syphilis described in sacred and profane ancient history:

"'Whence, then, did the disease come to us? Although the Americans accuse the Europeans of having carried this disease to them, nevertheless, according to the opinion most universally adopted by the learned men in the Congress of Nantes, in 1835, it would seem that it is a disease of very ancient origin in America, and that, according to Bechi and Sanchez, it came to Europe only at the end of the 15th century, brought by the companions of Columbus. And there is, indeed, a most powerful argument to prove this in Columbus himself, who asserts that, when he returned the second time to the New World, he found among the Spaniards who had been left there, to study the manners of the savages, a monk, who, having learnt their language, was able to tell him what he had observed, and particularly the fact that, among the Indians there existed very commonly a disease they called *caracaracol*, and which showed itself as a scab over the body.'"

"The point in the above narration of events which we propose to examine at present is, whether the disease referred to by the monk left by Columbus, under the name *caracaracol*, was syphilis or not.

"This monk's name was Roman Pane, a Catalan, and a lay brother of the Hieronymite Order. He was an illiterate man, and knew but slightly one of the three languages in San Domingo, where he was left by Columbus. During his stay he collected the ancient traditions of the natives, and wrote them down in Spanish. One of these traditions relates that the earliest of the human race were created all males. They searched for women but found none. One day, however, they perceived certain creatures, with slippery skins, who ran with great swiftness, and who slipped from their grasp when caught.

"To retain them, the men chose four of their number, who were *caracaracol*, because these had their hands rough and could hold on to whatever they grasped. The *caracaracol* is a disease like the scurf (*comme la gale*) which makes the body very rough.

"This description cannot rightly be applied to syphilis, but rather to any of the furfuraceous diseases of the skin. The fact that the disease appears on the inner surface of the hand also serves to show that it is not likely to have been syphilis.

"The word *caracaracol* is derived from *caracol*, a small univalve shell with a rough surface, and refers to the roughened appearance of the surface on the disease. The same word is now used in a modern form by the Arawack Indians of Guiana, who speak the language spoken by the native of Hayti at the time of Columbus, but it is *not* by them confined to syphilis, but means any sickness.

"Brother Pane, we may add, devotes several chapters of his narrative to describing the native physicians, the herbs they used, and how they cured their patients. As he presented his reports to the Admiral at his third voyage, and after the syphilis had broken out in the Spanish army and navy, it is highly probable that it was supposed to have been caught from the native women, he would have said something about it.

"Without expressing any opinion on the other branches of the question under discussion, we confidently assert that no evidence has yet been brought forward that the American Indians were acquainted with syphilis before it was introduced among them by the European settlers."

Health of Dublin.

In the Dublin Registration District the births *registered* during the week ending 2nd March amounted to 181. The average number in the corresponding week of the years 1864 to 1871 inclusive, was 183. The deaths *registered* during the week were 183. The average number in the corresponding week of the previous eight years was 183. Thirty-seven deaths from small-pox were *registered* during the week, against 33 in the preceding week, and 45 in the week ended 17th February. Seven deaths from small-pox (City cases) occurred in the North Union Small-pox Hospital. Three deaths from this disease were *registered* in Belfast, and 27 in Cork. Fever caused 9 deaths in the Dublin Registration District, viz.: Typhus, 4; typhoid, or enteric, 2; and simple continued fever, 3. Four deaths resulted from scarlet fever, 2 from diarrhœa, and 1 each from measles and whooping cough. Sixteen children died from convulsions. Three deaths were ascribed to paralysis, 3 to epilepsy, and 1 to apoplexy. Eighteen deaths resulted from bronchitis, and 6 from pneumonia. Bright's disease caused 2 deaths, jaundice 1, and liver disease 1. Heart disease proved fatal in 11 instances. Twenty-one deaths were caused by phthisis, 4 by mesenteric disease, 2 by hydrocephalus, and 1 by scrofula. Two accidental deaths were registered.

Oxysulphate of Iron.

Dr. George D. Hodge remarks in the *Georgia Medical Companion* that our best iron compounds are those having the *red oxide* as their base; and especially is *this* true, when our aim is the restoration of impoverished blood. In *this* consists the efficacy of most mineral waters, as well as the advantages of the oxysulphates, over many others. The first formula is no *novelty*, but was used by Sylvester sixty years ago:

℞ Crystallised Sulphate Iron, dr. ijss.;
Nitric Acid, dr. iij.;
Pure Water, oz. iss.

Stir well the iron and acid, by constant rubbing in a glass mortar, for at least, 20 minutes—gradually add the water, and filter through white filtering paper. The result is a clear limpid fluid, which may be given in doses of from 5 to 10 or 15 drops, twice daily, in a little water or infusion of quassia—is easily prepared, and will be found, for general use, preferable to the muriated tincture of the shops—harmonises chemically with, and confers solubility on quinine, sulph. magnesia, &c., and may be relied on as one of the very best restoratives for debility and torpor of the liver, following successfully treated cases of hepatitis, or miasmatic fevers, in which the biliary organs have suffered. In malarial diseases Dr. Hodge states:

℞ Sulph. Quinine, grs. xxx.;
Liq. Oxysulph. Iron, dr. j.;
Fowler's Sol., dr. j.;
Water, oz. ij. ♏

S.—A tea-spoonful thrice daily, after meals, occasionally adding a small dose of sulph. magnesia to obviate costiveness. The iron and arsenic may be varied to meet the leading indication:

℞ Spts. Mindererus, oz. ij.;
Liq. Oxysulph. Iron, dr. j. ♏

This gives a beautiful florid mixture—palatable, and in doses of a tea-spoonful or so, thrice a day—not apt to disappoint as a general tonic. The ammonia promotes the action of the iron and imparts to it a decided *capillary and renal tendency*. We have found the liqnor oxysulph., in doses of from 3 to 6 minims with a drachm or two of the liquor ammonia acetat, every 3 or 4 hours, a valuable remedial agent in combatting the forming stages of tonsilitis, scarlatina, typhoid fever, and puerperal inflammations. In these affections, I am convinced of the efficacy of this combination as superior to the mur. tinct. used in the same way.

SYRUP IODIDE IRON.

℞ Iod. Pot., grs. xxx.;
Liq. Oxysulph. Iron, dr. ij.;
Simple Syrup, oz. j. and dr. ij. ♏

Dissolve the iodide in the syrup and add the iron. This syrup is of a beautiful red colour—will keep without deposition for years, and is a *most excellent tonic and alterative*, in doses of 20 to 60 drops twice a day. We will close by adding, if the brom. pot. or brom. ammonia be substituted for the iodide (correspondingly as to quantity) in the above formula, a rich golden coloured compound will result and prove itself on trial, a remedy of the first class in all anæmic, chlorotic and nervous conditions resulting from uterine affections or otherwise.

Nitro-muriatic Acid in Small-Pox and other Zymotic Diseases.

The Editor of *Medical Cosmos* writes in his journal :— The prominent indication in the preventitive and curative treatment of all contagious diseases is to destroy the infecting poison and disinfect the body. In general, the vegetable and mineral acids are very useful for this purpose, particularly the carbolic, sulphurous, hydrochloric, and nitro-muriatic. The last is especially potent, not only in the milder disorders of an infectious and zymotic character, but also in the more malignant, as typhus fever and small-pox. In fact, both as a preventitive and corrective of these, it seems to exert a specific influence In small-pox, nitro-muriatic acid appears to be quite efficient as a prophylactive and curative agent in aborting the disease altogether, when given in time, and cutting it short after its inception, by breaking up the primary fever, preventing the eruption, checking suppuration, drying up the pustules, disinfecting the body, and destroying the noxious emanations. It possesses antidotal, antiperiodic, antiphlogistic, antizymotic, antipyretic, antiscorbutic, antihæmorrhagic, antiseptic, antipyic, disinfectant, depurant, alterative, nutrient, and tonic properties, and is very efficacious in the preventive and curative treatment of infectious, zymotic, and contagious diseases. It may be given, in conjunction with other compatible remedies, with advantage, and be administered as freely as the system will tolerate, in doses proportioned to the necessities of the case, as often as required. In water or lemonade, sweetened to taste, it forms an acceptable and refreshing beverage, very agreeable to those suffering with scorbutic or febrile affections. To protect the teeth, it should be taken through a glass, porcelain, or other non-metallic tube, and the mouth be rinsed out subsequently with alkaline or plain water.

H.R.H. The Prince of Wales.

The Prince and Princess left London on Saturday, arriving in Paris in the evening. H.R.H. was not much fatigued by the journey. It is understood that he will stay in the French capital for two or three days ; travelling thence to Geneva, *en route* for the shores of the Mediterranean and the south of France.

Conversazione of the Medical Society of London.

On the 5th instant, a *conversazione* was held by the members of this Society and their friends, at the invitation of Dr. Andrew Clark, the distinguished president: There was a brilliant gathering of the most eminent of the Profession, and the splendid rooms in Hanover square were graced in addition by the presence of a large number of ladies, whose bright looks and tastefully-superb dresses gave additional lustre and animation to the scene.

The tables were covered with objects of interest, arranged for the amusement and gratification of the visitors. An ample supply of refreshments enabled the guests, without fatigue, to continue the inspection of the treasures collected for their delight until past midnight.

The proceedings were further enlivened by the inspiring music of the band of the Royal Artillery, and the company separated at last with happy faces, and with the universal admission that three more agreeable hours had seldom or never been experienced.

Dr. Quain will lecture at the Royal College of Physicians of London on March 15th, 20th, and 22nd, "On Diseases of the Muscular Walls of the Heart."

In the metropolis last week, 1,423 deaths were registered, being 212 below the average. The mean temperature of the week was 5·6 deg. above the average of the corresponding week in fifty years.

On Monday morning the daily papers announced that Mazzini was preparing a revolutionary invasion of Italy from one of the Swiss cantons. On Tuesday (yesterday) morning, a telegram announces the sudden death of this celebrated Italian.

Dr. H. S. Purdon, of Belfast, Physician to the Hospital for Skin Diseases, late editor of the *Journal of Cutaneous Medicine*, and now editor of the "Quarterly Report on Dermatology" that appears in our contemporary, *The Doctor*, has been elected a Corresponding Member of the New York Dermatological Society.

The Fothergillian Gold Medal of the Medical Society of London has been awarded by the Council to Dr. Edwards Crisp for his essay on "Croup." One of the two silver medals is given to Dr. Thorowgood for services rendered to the Society as secretary, and the other, which is always awarded to a gentleman not a Fellow of the Society, to Dr. Silver, for his paper on "Mitral Stenosis."

Dr. W. Handsel Griffiths is a candidate for the Chair of Botany in the Royal College of Science in Dublin. Dr. Griffiths is the author of "A System of Botanical Analysis applied to the Diagnosis of British Natural Orders," and obtained the degree of Doctor of Philosophy in Gottingen University for a memoir on "Hæmodynamics," and is now Assistant Librarian in the Royal College of Surgeons in Ireland.

At her Majesty's Levee held last week, the following members of the Profession had the honour of presentation : Sir William Gull, M.D., F.R.S., the Director-General of the Medical Department. Doctors : Wm. Gill, F. W. Innes, Peter Leonard, D. McEwan, R. D. Mason, C.B., Ivor Murray, T. Rudd, A. Crocker, A. Watson, J. Chatterton, W. Dickson, R.N., W. F. Domville, R.N., J. D. McIllree, G. K. Hardie, Murray, Pickford, Routh, Sull, Swettenham, Giuse, and Helsham. Messrs. W. H. Price, A. C. Ross, G. White, W. O'Halloran, McCormac, H. J. Hayne, &c.

There is at the present time a person who appears to be going the round of rural places and villages, under the name of Dr. Sexton, a travelling agent to the Anti-Vaccination League, holding forth by lectures and otherwise against the Vaccination Act, and inciting the public against its enforcement. We observe that at some of these lectures, members of the Profession have attended to rebut the accusations brought forward. We would, however, caution our brethren to first ascertain that this individual is a foreman worthy their steel. Dr. Sexton may be a very respectable man, but we fail to find his name where, as a qualified Medical man, it should be.

The Government Public Health Bill comes before Parliament to-morrow (Thursday) evening for the second reading. It is understood that the leading feature of the measure is the centralisation of the powers of the various local boards of the country in the London Local Government Board, with direct personal communication in place of the present correspondence. This personal communication will be obtained by means of travelling inspectors—who will, we presume, be selected from the ranks of the Profession—at salaries from £600 to £800 a year, and whose duties will be to visit the various localities at stated intervals, and report upon hygienic and sanitary matters generally.

SPECIAL REPORT
OF THE
DISCUSSION ON THE
CONTAGIOUS DISEASES ACTS
AT THE
MEDICAL SOCIETY OF LONDON.

We have previously given special reports on the Royal Commission on the Contagious Diseases' Acts, and have, on many occasions, been compelled to refer to this disagreeable subject. It is our wish to give free scope to discussion, and to avoid the vexation caused by one-sided leading articles. The last really important event has been the remarkable discussion at the Medical Society of London, where both sides were heard. We proceed to give a special report of the proceedings, from notes taken at the time.

A crowded meeting of the Medical Society was held on Feb. 19th, 1872, Dr. Andrew Clark in the chair, to hear a paper by Dr. C. Bell Taylor, of Nottingham, on "The Statistical Results of the Contagious Diseases' Acts."

Dr. Taylor said that the only trustworthy bases for ascertaining the effects of the Contagious Diseases' Acts, are the returns made from time to time to Parliament. Such returns are contained—1. In tables contained in the Appendix to the Report of the Lords' Committee on the Acts, in 1868. 2. In Tables contained in Report of Commons' Commission, in 1869. 3. In Tables of a Return to the Commons by Mr. Mitford, in 1870; and 4. Tables given in the Appendix to the Royal Commission, in 1871; besides which there are the Army and Navy Reports published annually. On page 815 of the Report of the Royal Commission, it seems that, in the whole army, the number of men "constantly sick from enthetic diseases" was 16·00 per 1,000, and in 1869 it was 14·87 per 1,000, or 1·13 per 1000. For the navy, on page 816, it seems that in the navy at Home Ports, there were 101·3 cases of venereal disease per 1,000 in 1866, and 101·9 per 1,000 in 1869. Mr. Mitford's tables were most misleading, but had been quoted by large numbers of newspapers. It had been stated that the operation of the Contagious Diseases' Acts had reduced venereal disease, among the army, from 120 cases per 1,000 to 54 per 1,000. This is simply untrue, as indicated by the foregoing figures. These statistics given by Balfour only refer to one group of venereal diseases, and refer only to some stations where the Acts are carried out. Of the whole 28 stations where troops are stationed, Dr. Balfour's tables only relate to two. There is quite as much gonorrhœa in the army as there was in 1866,—nay more. The statistics of 120 primary sores per 1,000 in 1865, and 54·5 per 1,000 in 1870, are most incorrect; since the figures for 1865 were taken from only two stations, and those for 1870 from fourteen stations. The figures for all stations in 1865 were actually under 100, and a great reduction was noticed before the Acts came into operation. At Windsor the number of cases of disease has never been so low since the Acts were introduced as before. Tables were pointed to on the wall, which had been drawn up by Dr. Hoopell from the Army Medical Reports, which showed that, in 1866, the number of men per 1,000 (out of nearly 60,000) affected by venereal true syphilis, was 23·39; whilst in 1869, it was 26·33. Primary syphilis, in 1866, was 78·53 per 1,000, in 1869 it was 78·72; gonorrhœa in 1866 was 98·43, in 1869 it was 103·11. Other enthetic diseases, in 1866, were 36·19; in 1868, they were 37·88. In the whole army, the total number of admissions in 1866 was 258·5 per 1,000; in 1868, 282·2 per 1,000.

Dr. Clark (the President) said it was very difficult to keep the emotions under subjection when treating on subjects; but he hoped all would do so. The conditions of the discussion were ten minutes for each speaker; no member to speak twice.

Mr. Lane congratulated Dr. Taylor on the subdued tone of this paper; which paper was entirely a statistical one. He was not going to attempt to answer the statistical arguments made by Dr. Taylor; Dr. Balfour had become convinced by the facts. Windsor, some time ago, had a battalion of Guards, and then had thirty cases of disease in four months. In another four months, in London, there was three times as much in the troops. It was then late in the day to say that these Acts do no good. Within the last few days Mr. Bruce had to repeal these Acts. Well, he could not even say anything against the Acts. Juvenile prostitution had entirely disappeared when the Acts were in force, and there was less disease among the women.

Dr. C. R. Drysdale had always been much opposed to the Acts, but had been rather disposed to admit that they might occasionally in small towns do good to the health of the "single" men who formed our army, who should, however, be allowed to marry like policemen, and as troops did in Switzerland and the United States. But, certainly, Dr. Taylor's statistics showed that disease was more prevalent in the whole army and navy *post* the Acts. Such Acts were absurdities when applied to a whole population, as in France. In Paris it was well known they were a perfect failure, and the real good was done by the 600 beds of the Lourcine and Midi, which were voluntary hospitals. These kinds of Acts tended to increase disease, because they increased prostitution. Lefort told him that there was twice as much prostitution in Paris as in London, in proportion to the size of the cities. Husbands infecting their wives should be liable to be divorced with damages. The State should erect hospital in all cities, for epidemics and infectious and contagious diseases, open to all, and voluntary. This would do good without harm.

Mr. Acton said he could not understand Dr. Taylor's figures, and that Dr. Balfour and he had gone over the figures that morning, which showed that, in 1866, there were 120 cases per 1,000 of primary sores, and only 54 per 1,000 in 1869, in some stations. Gonorrhœa was just as prevalent now, as before; and this was a blessing, as it would prevent persons from resorting to Plymouth for fornication. This ought to disarm the opponents who objected to the Acts on this account. Syphilis has decreased very much, he said, in the protected districts, nearly one-half. In the Belgian army, the proportion of primary syphilis was only 4·7 in 1860, and fell to 1·39 in 1866. In Brussels, there are only 1·39 per 1,000 cases. We shall never prevent cases of gonorrhœa, because some women were liable to take gonorrhœa whenever they had much sexual intercourse; but this was of less importance, of course, than syphilis.

Mr. Henry Lee said that there had been five reports in the past years, and yet we have never been convinced. There used to be a belief that syphilis could only be given by primary sores; and surgeons used to accuse women of being unfaithful. It is therefore our duty not to be hasty, and we err if we advise the legislature on this subject, without due consideration. If these Acts were adopted, in three-fourths of the cases a medical man saw, he would not know whether they were diseased or not. In women who had discharges, no man can say whether they will infect or not. Nothing is more common than for men to accuse a wrong woman. In *true syphilis* you can't tell whether a woman will infect or not. For a few days she will infect a number of men, and then no more. Then the woman will, of course, run away from towns where these Acts are in operation; and thus statistics are absurd.

Mr. W. Coulson.—No one doubts how much syphilis has done of evil. The danger we know; can anything else be proposed? If the opponents of the Acts had any remedy, he would like to hear of it. True, some women may give a gonorrhœal discharge without it being diagnosed; but the majority of members would grant that mucous patches are clear enough. If prostitutes are examined, men are less likely to get true syphilis. If this be good for the military stations, it is good for the whole country.

Dr. Webster remarked that in the protected districts, Mr. Acton had admitted that gonorrhœa had increased. Surely that was against the Acts. Paris had been frequently cited as an example of the Acts working well; but M. Carber says that in three years ending in 1862, the total number of patients in the Lourcine and Midi was, on an average, 14,057; and, in 1869, was 16,747. Thus, syphilis in Paris had rather increased. In Naples, Madrid, and other cities, disease is very prevalent, and prostitution is greatly increased by the Acts. Ruffians and procurers abound, and all sorts of vice.

Dr. Septimus Gibbon abhorred statistics, and did not believe in the views of Mr. H. Lee, who had led him astray often in matters relating to syphilis; since 1867, the guardians in London had power to detain women with venereal if they pleased, but they never did please.

Mr. Berkeley Hill said the paper of Dr. Taylor is much like that of Dr. Hoopell's statistics. Dr. Balfour has omitted constitutional syphilis from the tables. He has avoided such cases, as they might be contracted elsewhere. If sores are diminished, then there will be less syphilis; that is clear. The ratio of constantly sick was in the exposed stations much higher than in the protected. Acton and Balfour both say that the Acts have diminished venereal sores. In Plymouth, the average number of criminals treated in the Borough gaols, in 1862, was 70. Before the Acts were put in force in Devonport, 25 per cent. of the cases in gaol were affected. As to voluntary hospitals, the Winchester Voluntary Hospital was empty before the Acts came into operation.

Dr. Meyers observed that Windsor was the best exemplification of the advantage of the Acts. The curious thing is, that the Acts have not done even more in Windsor. The army and navy are extremely benefited by the Acts.

Mr. Curgenven had obtained very satisfactory results from Shorncliffe. There was only one case of venereal disease in hospital lately.

Dr. Murray, of Hong Kong, was surprised to hear the statistics questioned in this way; it seemed so self-evident. In 1858, Hong Kong was put under the Acts, and he had examined thousands with great benefit to the health of the troops.

Dr. Brudenell Carter thought it remarkable how difficult it was to get people to keep to the question in this subject. He was convinced that the Acts were useful, and that the statistics were in their favour.

After some remarks by Dr. C. Hare,

Dr. Routh remarked that Dr. Murray must have been very able, if he was able to say when a woman was able to infect men. When women have syphilis, their discharges will cause syphilis. He was never sure whether a woman had gonorrhœa or no. Gonorrhœa is a very severe disease, let Mr. Acton congratulate himself or not. He would rather have syphilis, himself, than gonorrhœa.

Dr. Tilbury Fox read some quotations from Dr. Routh's evidence before the Royal Commission; and expressed himself in favour of the Contagious Diseases' Acts in every way.

Mr. Weeden Cooke said that he did not think that there was any diminution in diseases in hospitals in London since the Acts were in force. Examination of men was a disgusting duty, and compulsory examinations were a serious lowering of the Medical Profession.

Mr. Deakin defended his statistics, which were attacked by Dr. Taylor.

The President said that Dr. Taylor had classed together gonorrhœa and syphilis.

Dr. B. Taylor said that Dr. Murray could not have done much for Hong Kong, since the station was said in 1869 (Blue Book) to be in a fearful condition with venereal. His statistics were all genuine, and could be verified. Syphilis was not so bad as some people wished to make out; and it was unfair to destroy the liberty of poor women who now were allowed to go free.

◆

Literature.

SYPHILIS: ITS NATURE AND TREATMENT, WITH A CHAPTER ON GONORRHŒA (*a*).

(*Continued.*)

In Chapter IV., "On Syphilis in Women," the author remarks how frequently mucous tubercles are seen in women. The construction of the female organs, he concludes, is the main cause why hard sores are comparatively so seldom remarked in women, although the absence of induration in woman has been much exaggerated. In cases of malignant syphilis, ulcerations of the genitals of a secondary character in women, may easily be mistaken for soft chancre; but iodide of potassium will clear up the diagnosis very rapidly, and separate these also from scrofula. A woman with secondary affections is almost sure to affect her children whilst the early symptoms are present. Iodide of potassium administered for many months is often followed by perfectly healthy children in women who have gone on having dead births for three or four years.

In Chapter V., the author seems rather to lean to the view of Bœck, that syphilitic parents are apt to have delicate children (scrofulous?) Syphilis is not so malignant a disease now, he thinks, as it was in the fifteenth and sixteenth centuries. Glanders and farcy are diseases bearing great resemblance to syphilis. These kind of diseases look as if there were some virus in the blood, as occurs in the silkworm disease. Scrofula is often very like syphilis, but the scars in scrofula are deeper than those of syphilis, coloured and bridled. The prognosis in infantile syphilis is very grave, however treated, as is well shown by statistics from Bœck, Allingham, Dunn, &c. The author thinks that grain doses of iodide of potassium gives the child a better chance than any other medicament. The disease is very widely spread in London hospital practice, in the author's experience, at the Metropolitan Free Hospital. Secondary symptoms are very frequently contagious and spread the disease, and the blood in the period of eruptions is clearly contagious. It is doubtful whether a mother is ever infected by a fœtus; and also whether a syphilitic father can cause syphilis in the fœtus, unless he first of all infects the mother. Hutchinson's cases are not conclusive on this point. Kissing, examination of women in labour, and sleeping with persons with syphilitic eruption, all are causes of contagion. Vaccine syphilis is a fact and cannot be disputed; but it is very rare in this country. The author quite endorses the views of Mr. Hutchinson as to the occurrence of hereditary syphilis. It is commonly enough met with at Moorfields Hospital. The vast and overwhelming majority of syphilitic children have syphilitic mothers, but in some cases

---

(*a*) "Syphilis: Its Nature and Treatment, with a Chapter on Gonorrhœa." By Charles R. Drysdale, M.D., M.R.C.P.Lond., F.R.C.S.Eng. Physician to the Metropolitan Free Hospital, London, &c. Late Hon. Sec. to the Harveian Society's Commission for Prevention of Venereal Diseases. London: Baillière, Tindall, and Cox. 8vo. Pp. 165.

it cannot be denied that such is not the case. The latter part of Chapter V. is devoted by the author to an account of Dr. Fournier's observations upon syphilitic fever, boulimia, and analgesia, and anæsthesia. All of this part is full of interest, and will be new to many readers.

Chapters VI. and VII. are occupied by a very long account of the views which have reigned as to the treatment of this very important disease. First of all Dr. Drysdale notices that mercury was formerly a kind of panacea for all diseases ; now it is chiefly praised in iritis and syphilis. In iritis much evidence in its favour is adduced from Critchett, &c., and also against it from Williams, Z. Laurence, &c. Mercury was used in syphilis as early as 1497, externally ; and was terribly abused. For a long time it was thought that unless mercury were used all cases of syphilis would go on to a fatal result. Hence mercury was obligatory until, in 1812, experience in Spain showed that syphilis was *usually* a mild disease when let alone. The observations of Rose, Guthrie, Hennern, &c., have shown that it is unnecessary to give such an active drug as mercury for any syphilitic ulcer ; and Thomson, of Edinburgh, showed that it might usuall y be dispensed with in iritis and eruptions among young male adults. Dr. Desruelles, in Paris, and Dr. Fricke, at Hamburgh, treated many cases with mercury and many without it, and preferred the simple treatment, save in very exceptional cases. Ricord remarked that soft sores and gonorrhœa required no mercury ; but said that hard sores required a three months' course of the drug, followed by six months' treatment with the iodide of potassium. This latter drug was introduced into practice by Wallace, of Dublin, in 1832. This was in the author's opinion the most important discovery ever made in drug therapeutics. Mr. Syme has doubtless attributed too many of the lesions seen in syphilis to treatment, and Dr. Hughes Bennett also ; but the author agrees with these gentlemen in accusing mercury with often doing a great deal of damage to syphilitic patients. This is well shown by Professor Bœck's work on the treatment of syphilis, where all kinds of treatment are compared and mercury found to be the worst. The discussion on the treatment of syphilis, in 1867, at the Parisian Société de Chirurgie, showed that many physicians in Paris treated all cases of syphilis with iodide of potassium alone, to the exclusion of mercury.

The author does not seem to think that syphilisation has the power to do much more in the treatment of syphilis than expectation, and not nearly so much as iodide of potassium in large doses. A synopsis of the views of various London authors as to the treatment of syphilis is given, and some remarks about the treatment of infantile syphilis are recorded. Dr. Fournier's views on treatment are quoted at some length, followed by those of Dr. Robert McDonnell, Dr. M. Mackenzie, Dr. Prosser James, and Mr. Allingham. Then come a few formulæ for gonorrhœa and balanitis.

In Chapter VIII. the author expresses his opinion that syphilis is a disease of comparative recent date, and that Columbus brought it into Europe about the beginning of the year 1493. At that time the disease was rapidly fatal in very many cases, and caused the greatest horror and dismay throughout Europe. It is not easy to see how the physicians of the time could be mistaken when they affirmed that it was a " new species of disease." As to soft chancre and gonorrhœa we find notice of both of these among the ancients, but there is nothing like syphilis clearly mentioned by Roman or Greek writers on physic ; as to modern doctrines about the chancre, he leans to the side of Bassereau and the *Dualists*. Gonorrhœa in the male is scarcely ever the cause of syphilis ; Ricord having in 4,600 cases of syphilitic eruption found that ulcers had in a vast majority preceded such. Gonorrhœal pus, too, is scarcely ever inoculable on the person himself. In 1857 Bassereau remarked that syphilis was always derived from persons with syphilitic eruptions, and gave numbers of marks to differentiate the sores which precede such eruptions from other sores. The author avows himself of this school, although it is difficult, he confesses to be certain of our prognosis in some cases of ulceration of the genitals, especially when we have to do with ulcers on the female organs of generation. The " hard sore " however is *usually* quite easily recognised by its long incubation, its want of pus, the hardness of the neighbouring glands, and its healing without any scar. Whether the " soft sore " in any case may be caused by the inoculation of virus on syphilitic patients or not, he thinks that the main theory of dualism is proved, and that " soft sores " are not the same as " hard sores." Syphilis is a disease of the blood, and has only existed some centuries in Europe. Soft chancres have always existed.

We have dwelt thus fully on Dr. Drysdale's work as it now presents us for the first time, in a complete and handy form, an exposition of the opinions of an accomplished physician, who is a recognised authority on all that relates to syphilis. Dr. Drysdale's extensive learning enables him to pass in review the writings of foreign as well as of English syphilographers ; and his candour is impressed on those chapters that treat of disputed points. We know of no other work of its size that is so brimful of information, and we must most heartily recommend it to all who desire a concise treatise on syphilis. It puts the reader thoroughly *au courant* with the latest researches on the subject. We may add that it is well got up, doing credit to the publishers as well as the author. It deserves success, and we should be glad to see it in the hands of every practitioner.

THE PRACTICE OF MEDICAL ELECTRICITY (*a*).

This little treatise gives a concise description of the different forms of galvanic and electro-magnetic machines now in use for remedial purposes. The different diseases in which the application of this agent is indicated are pointed out, and a number of cases successfully treated by electricity are detailed. It is a very useful little book for the practitioner who has not time to study the larger treatises on the same subject.

◆

CURRENT LITERATURE.

CASES OF DIARRHŒA AND CHOLERA (*b*).

Dr. Chapman has the undoubted merit of originating a system of treatment which we believe is of great practical value. We are satisfied of the truth of his assertion that the condition of the viscera of the thorax and abdomen can be modified to a considerable extent by the external application of heat and cold to the spine. We have ourselves observed the advantages of Dr. Chapman's method of treatment in sea-sickness. In the stages of bronchitis where the breathing is dry and tubular, Dr. Chapman's hot-water bag often causes marked relief, and the increased secretion of mucus from the bronchial tubes seems to be proved by the greater softness of the breathing, which may be ascertained to follow in a few minutes by auscultation.

We have never had any opportunities of treating cases of diarrhœa and cholera in the method recommended by Dr. Chapman, but should very much like that a fair trial should be given to them. It appears from the pamphlet under review as well as Dr. Chapman's larger work "Diarrhœa and Cholera" that the author has had considerable difficulties thrown in his way to get a fair trial of his system of treatment. In the pamphlet he gives a summary of the fundamental principles on which he believes his method of treatment rests ; but although we know no scientific objection, fatal to the possible correctness of these principles, we question whether it is wise to try to connect them inseparably with the treatment. Moreover, Dr. Chapman's statements, that cholera does not travel from place to

---

(*a*) "The Practice of Medical Electricity." By G. D. Powell, M.D. Second edition, enlarged. Dublin : Fannin & Co. 1872. 12mo. [illegible] pp.

(*b*) Cases of Diarrhœa and Cholera treated successfully through the agency of the Nervous System, chiefly by means of the Spinal Ice-bag. By John Chapman, M.D., M.R.C.P., M.R.C.S., &c. London : Baillière, Tindall and Cox, 1871.

place, and that it can originate *de novo* in any place in which certain definable conditions co-exist, we cannot subscribe to, at least, in the sense that Dr. Chapman would give to the words.

The clinical basis of Dr. Chapman's treatment is stated in the following paragraphs:

8. "That by means of heat applied along the spine, the general circulation may be lessened, the activity of the glandular system may be increased, and in some cases, of both the voluntary and involuntary muscles may be induced.

9. "That by means of cold applied along the spine, the general circulation may be increased, the activity of the glandular system may be lessened, and cramps of both voluntary and involuntary muscles may be arrested or prevented."

Dr. Chapman gives a considerable number of cases where his system of treatment was successful. We have already advocated a trial of his system in India, ice being easily had in the Presidency towns. It would appear, from a letter published in the pamphlet, that the treatment has been once tried at Calcutta, and with remarkable success. "The natives around me," Mr. Peterson writes, "attributed cure to Jadoo, magic, or the evil spirit, and in that idea I have let them remain."

The pamphlet is in a readable form, and shows both great scientific knowledge and practical sagacity. We have the less difficulty in advocating a trial of Dr. Chapman's system, when we consider that ordinary methods of treatment have yielded very poor results. It has indeed been proved by statistics that the number of deaths following upon seizures of confirmed cholera in India, has rather increased than diminished. The application of cold, in a disease like cholera, may appear somewhat startling. It may serve to overcome this fear when we know that cold applications to the body, and the use of ice-cold body to drink, has been used by the late Professor Niemeyer of Lübingen, who, however, did not seem to be aware of Dr. Chapman's experiments. "With regard to the use of the cold applications, and the administration of ice, I am guided by the patient's feelings, and continue them so long as they are asked for. It frequently happens, therefore, that the patients in the stage of recovery get wearied with these remedies, and leave them off, but in the course of an hour or so greater uneasiness returns than before, and with this, an earnest entreaty for a repetition of the remedies." Dr. Chapman's method of treatment by cold differs from that of the German Professor, in that he confines the application of ice to the spinal region, and uses warm application to the extremities. For the minutiæ of his treatment, on which he lays considerable stress, we refer the reader to the pamphlet itself.

◆

Correspondence.

THE MEDICAL DECLARATION RESPECTING ALCOHOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Of all the fallacies of the Faculty in recent times the Medical Declaration respecting Alcohol seems to me the most egregious and deplorable.

Whether it is penitential or admonitory it is difficult to say, but in either case it is equally unwarrantable. To wash one's dirty linen in public is not less to be deprecated than wantonly to spit upon one's unoffending neighbour. I cannot help thinking that that oracular and portentious document is not a professional bull after all, but only an inflated frog, and that the monster will shortly burst and collapse miserably. Perhaps it is illustrative of that primary instinct to follow your leader with which most gregarious animals and notably sheep, are endowed, that so many hapless victims should have heedlessly rushed through the teetotal trap into the intellectual shambles prepared for them. But the important question is why was this temperance net spread for physicians and surgeons? Are they the chief offenders respecting alcohol "by taking or by giving of excess," or are they in matters of this kind conspicuously unwary, and therefore an easy prey to astute and philanthrophic poachers.

Anyone who surveys society must perceive that doctors are the last men from whom such a declaration should have been required. Magistrates, who licence public-houses, clergymen and benevolent ladies who distribute "Spanish Red" to the sick and infirm, and commercial men, who seal every bargain with a debauch, are surely more dangerous enemies to total abstinence than those who mix Gilbey with their abominable potations, or pour wine over a fevered palate, thereby creating a detestation of alcohol more powerful than the loathing of teetotalism, which its idiotic advocates beget.

But Sir, I have a practical suggestion to offer, or I should not have ventured to address you on this subject. My idea is that the "Temperance Movement," whatever that may be, should direct its attention at once to the cooks and kitchen-maids of this great country. They are the chief instigators and abettors of these drinking customs, which, as the pamphlets tell us, bring misery and ruin on thousands. Their aim seems to be to create varied and multitudinous cravings for alcohol in many forms and disguises. Their greatest achievement are those which are provocative of a thirst that cold tea and lemonade can never quench. And not only so, but all their productions are obtrusively or insiduously tinctured with alcohol. A stream of alcohol trickles through every *menu*. A subtle alcoholic influence gives its charm to every course. The soup with which we commence our repast is redolent of sherry. The sauce which accompanies our fish smacks of Madeira. The *entrées* are conscious of claret and Burgundy. The roasts swim in port, of which the wild fowl are also suggestive. The jellies are mere vehicles of champagne, and gin the creams of curaçoa and the trifle of brandy. Even the preserved fruits at dessert are reminiscent of liqueurs.

Every course is an occasion for double drinking—open intemperance out of a variety of wine glasses, and hidden intemperance off a variety of plates. Verily, it is with cooks that teetotallers must grapple. They are the enemies of sobriety. Why then should they not have their declaration?

Let me suggest that such a declaration should be at once circulated amongst them, and that it should be worded somewhat as follows:—

"As it is believed that the inconsiderate administration of large quantities of alcoholic liquids by cooks, in their professional preparations, has given rise in many instances to dyspepsia and inebriety, the *undersigned*, while unable to abandon the use of alcohol in the treatment of certain dishes, are yet of opinion that no culinary practitioner should introduce alcohol into any composition without a grave sense of responsibility. They believe that alcohol, in whatever form, should be employed with as much care as onions or curry-powder, and that its use in any dish should be accompanied by a caution on the *carte* as to its dangerous properties.

"They are also of opinion that many people immensely exaggerate the value of alcohol as a flavouring ingredient; and since no class of beings hear more of its effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every cook is bound to exert his or her utmost influence to inculcate habits of great moderation in the use of alcoholic liquids by mixing capsicum and other anti-dipsomaniacal agents with their preparations whenever it may be practicable to do so."

Were a document of this kind prepared and signed by the heads of the great culinary corporations, the *chefs* at the Athenæum, Reform, and Wyndham, by a few of the Royal scullions, by cooks holding important public appointments in hotels and eating houses, by the most distinguished consulting cooks, metropolitan and provincial, who lend their professional aid to families in serious emergencies, and by a select number of general private practitioners, it would carry with it immense weight, and do more to restrain intemperance than any number of medical manifestoes.

Commending this subject to the immediate attention of all astute total abstinence agents,

I am, sir, your obedient servant,
A Non-Juring Physician.

Ultima Thule, Feb., 1872.

"MILK."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having often experienced considerable difficulty in procuring milk in anything like a sufficient degree of purity for my patients and their children, I obtained two samples from the Friern Manor Farm Dairy, Charles street, Grosvenor square; one sample denominated "nursery milk" sent by request, and the other obtained from the house of a patient. I was gratified to find that both samples were pure milk, without admixture of any kind, and of a character quite unexceptional in every way, specially the nursery milk, the latter fact I consider of some importance as locality, the method of housing the cattle, and the nature of the food, as largely influence the milk as it does the health of the cows.

. I am, Sir,
Your obedient Servant,
R. Sandon Gutteridge, M.D.

44 Brook street,
Grosvenor square, W.

ON THE INFLUENCE OF ERGOT IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Without wishing to take part in the papyromachia of Drs. McKeogh and Sheil, or to attempt any criticism on their relative professional merits, I should like to direct the attention of your readers to the concluding passage of the fourth paragraph of the latter gentleman's letter, which appears in your issue for February 21st, 1872.

The sentence alluded to terminates thus: "The utmost ill effects produced by an ordinary dose, or 'repeated doses,' of ergot is sometimes, not always, a little nausea, or sickness of stomach, which soon passes off; *its power for evil on the fœtus—when the uterus is not excited to action by it—is absolutely nil.*"

Now, I humbly submit that the proposition conveyed in the italicised portion of the foregoing sentence, is one with which few obstetricians will be found to agree, and that it contains assumptions inconsistent with physiological and therapeutical reasoning, and opposed to the experience and teachings of the first masters of the Obstetric art.

Dr. Sheil lays it down that when ergot does not produce uterine contractions, it cannot affect the fœtus. Upon what grounds does he base this statement? Are there not uterine idiosyncrasies which may render that organ insusceptible of the special action of ergot, and in such case will Dr. Sheil undertake to assert that the fœtus would be endowed with a like insensibility? Again, M. Bonjeau, who is, I believe, the best authority on the various properties of ergot has shown that the drug contains two principles, one, ergotine, which produces the special action on the uterus, the other, a colourless fixed oil, "*which alone is the poisonous principle.*" (See M'Namara's "Neligan," 6th edit., p. 284.) Well, every practitioner is aware of the difficulty which exists of preserving ergot; it is a drug most liable to deteriorate, and, as a complex organic principle, such as ergotine, is much more liable to decompose than a fixed oil. One can easily see how a dose of ergot which, if of perfect quality, would strongly stimulate uterine contraction, yet when administered, may be found to produce not this desirable result, but an effect equally undesirable, a distinctly toxic effect on the fœtus, as evidenced by the reduction in the frequency of the pulsations of the fœtal heart.

The foregoing remarks are based on the chemical analysis and physiological action of the drug, as derived from experiments; let us now consider for a moment, the conclusions arrived at by acknowledged masters of Obstetrics, with regard to the action of this drug on the fœtus in utero.

Dr. Hardy, who, as assistant master in the Rotundo Hospital, had ample opportunities of observing the effects of ergot in labour, arrived at the following results, which he published in the *Dublin Journal of Medical Science*, vol. xxvii., p. 224:—

1st. In some cases ergot acts on the uterus in seven minutes after administration, but from ten to fifteen minutes may be stated as the average. In those cases where the children have been born alive the action always commenced within twenty-five minutes, and when a longer period than this elapsed before the uterus took on action, the use of instruments was necessary to perfect delivery, *or the children were dead-born.*

2nd. After the administration of ergot, a marked diminution in the frequency of the mother's pulse was observed in from fifteen minutes to half-an-hour, this diminution being always accompanied by a similar change in the pulsations of the fœtal heart.

3rd. The action on the fœtal heart was observed to be (*a*) diminution in frequency; (*b*) irregularity; (*c*) intermission; while lastly, it became totally inaudible. Dr. Hardy remarks that when the fœtal pulsations have steadily reduced below 110, *and, at the same time with intermissions*, the child will rarely, if ever, be saved. I presume Dr. Hardy used ordinary doses, whether he repeated them I cannot say.

On this point Dr. Beattie remarks that the "administration of ergot to a woman in labour is attended with danger to the child, whenever a time sufficient for the absorption and transmission of its *noxious* properties elapses before the child is born."—It would seem from this extract that Dr. Beattie recognised the existence of a *noxious* influence in ergot apart from its stimulating effects on the muscular fibres of the uterus.—He further adds that "ergot should never be given in any case where there is a likelihood of the labour lasting more than *two hours* after its administration, and when labour is protracted beyond this period, that artificial aid should be resorted to in order to save the child."

I shall not further trespass on your space, Mr. Editor, by quoting from authorities on this subject. I believe the preceding paragraphs are a faithful representation of the teaching of the Dublin School of Midwifery on this particular point, and I feel I should not be justified in occupying your columns to any greater length.

I remain, Sir, very sincerely yours,
J. R. McMahon Murphy, M.B.T.C.D.,
Natural Science Moderator, &c., &c.

February 23rd, 1872.

[This letter was in type and would have appeared in our last, previous to closing the correspondence, but for lack of space. By inserting this communication, it must be distinctly understood that we do not re-open the controversy, nor can we give further space thereto.—Ed. M. P. & C.]

◆

NOTICES TO CORRESPONDENTS.

The Carmichael Prize Essays.—We are favoured by Dr. Edwards Crisp with copy of a letter addressed last week by him to the Medical Council in reference to an adjudication of the Carmichael Prizes of the Royal College of Surgeons in Ireland some years ago. As the question has been very fully dealt with already, we cannot re-open it, except as regards a future competition for the prize.

Ignoramus.—If you will take your share of the personal responsibility by attaching your name to your letter we are ready to give reasons for our selection.

Communications have been received from:—The Military Secretary for India. The Director-General of Her Majesty's Army Medical Department. Dr. Letheby. Dr. Morgan, Dublin. Dr. Drysdale, London. Mr. Hunt, London. Dr. Crichton Browne, Wakefield. Mr. J. C. Dickinson, Chorley. Dr. Bayes, London. Mr. F. B. Courtenay, London. Dr. Donkin, Sunderland. Dr. Michell, Aspatria. Mr. Garrod. Dr. Foster, Bracknell. Dr. Archer, Westminster. Mr. Blaise. Mr. Doulton. Dr. Walker, Chesterfield. Dr. C. Smith, London. Mr. Bellamy, London. Dr. Macnamara, Torquay. Dr. Brooke, Bridgewater. Mr. Cornish, Manchester. Mr. Stewart. Dr. Wright, Accra. Mr. Black. Mr. Allsopp. Mr. Baines. Mr. Grace. Mr. Davenport. Mr. Aston, Wadingham. Dr. Parker, Whitchurch. "A Physician." Dr. J. K. Smith. Dr. Burrows. Dr. Phillips. Mr. Underwood. Dr. Tickler, Bawtry. Assistant Surgeon Rankin, H.M.S. *Orwell*. Dr. Cameron, Dublin. Dr. Brown, Morland. Mr. Forbes, Anderson's University. Dr. Edmunds, London. Dr. Edwards Crisp, Chelsea. Dr. Ogle, London. Mr. R. Taraham, Malvern. Dr. Purdon, Belfast. Dr. Williams, Malvern. Dr. Holt Dunn, Bayswater. Dr. Griffiths, Dublin. Mr. A. Crisp, Martham. Dr. Gutteridge, London. Mr. Arthur E. Durham, London. Mr. Carr, Alnwick. Dr. Langley. Mr. Dickinson. Dr. Jacob. Dr. Wentworth. Mr. Walbrook. Dr. Ryan, Ballynacalles. Dr. Wilson, Omagh. Dr. McClelland, Banbridge. Dr. Anderson, Moira. Dr. Stephens, Dunkineely. Dr. McCaule, Londonderry. Dr. Churchill. Dr. Auterson, Cookstown. Dr. McDermott, Kinsale. Dr. Westropp, Limerick. Mr. MacCormac, London. Dr. Riordan, Bruff. Dr. Russell, Cashel. Dr. Preice, Newcastle. Dr. Parke, Newtownstewart. Dr. Cumming, Belfast. Dr. Waters, Coventry. Dr. Coghlan, Kilmacthomas. Dr. Swan, Ballyragget. Dr. Timmons, Navan. Dr. Heffernan, Murroe. Dr. Fry, Boyle. Dr. M. B. Joyce, Oughterard. Dr. Quirk, Tullamore. Dr. Malone, Queenstown. Dr. Riggs, Armagh. Dr. O'Ryan, Carrick-on-Suir. Dr. McMunn, Ballymote. Dr. Porter, Belfast. Dr. Wilson, Carrick-on-Shannon. Dr. Keogh, Nenagh. Dr. O'Reilley, Clones. Dr. Galwey, Mallow. Dr. O'Reilly, Kilkenny. Dr. McCarthy, Bandon. Dr. Mullen, New Ross. Dr. Mullally, Templemore. Dr. Meyrick, Cork. Dr. Metge, Gorey. Dr. Johnston, Midleton. "Ignoramus." Dr. Dickson, Ballinahinch. Dr. Knox, Belfast. B. Banks, Esq., Irish Poor-law Commissioner. Dr. Long, Arthurstown. Dr. Phelan, Clonmel. Dr. Scott, Bagnalstown. Dr. Clancy, Fermoy. Dr. Weldon, Gorey. Dr. Kidd, Ballynena.

◆

VACANCIES.

Oughterard Union, Clonbur District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

Thurles Union, Littleton District. Medical Officer. Salary £120 per annum, exclusive of fees. (See advt.)

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, March 13.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Bristowe, "On Disease and its Remedial Treatment."

Epidemiological Society, 8 p.m. Mr. J. N. Radcliffe, "On the recent Diffusion of Cholera in Europe."

Thursday, March 14.—Royal Institution, 3 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, March 15.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London. 5 p.m. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."

Royal Institution, 9 p.m. Mr. J. Evans, "On the Alphabet and its Origin."

Saturday, March 16.—Royal Institution, 3 p.m. Mr. Moncure D. Conway, "On Demonology."

Association of Medical Officers of Health, 7½ p.m.

Monday, March 18.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, March 19.—Pathological Society, 8 p.m. Ordinary Meeting.

Royal Institution, 3 p.m. Dr. W. Rutherford, "On the Circulatory and Nervous Systems."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 13.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, March 14.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, March 15.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, March 16.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, March 18.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, March 19.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Atkins, G. P., jun., L.A.H.Dub., L.M., Resident Medical Officer to the Fever Hospital and House of Recovery, Cork.

Blair, A., L.R.C.S. Ed., Parochial Medical Officer for Dalry, Ayrshire.

Calvert, J. W., L.R.C.S.Ed., Resident Surgeon and Superintendent to the General Hospital, Belfast.

Carter, R. H., M.R.C.S., Medical Officer of Health for Chelmsford.

Cobbold, T. S., M.D., Lecturer on Parasitic Diseases at the Middlesex Hospital Medical College.

Denne, T. V. dd, L.R.C.P.Ed., M.R.C.S.E., Assistant Medical Officer to the County Asylum, Rainhill, near Prescot.

Furlong, N., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Enniscorthy District of the Enniscorthy Union, Co. Wexford.

Goodfellow, S. J., M.D., F.R.C.P.L., elected Consulting Physician to the Middlesex Hospital, on resigning as Physician.

Hensman, A., L.R.C.P.Ed., L.F.P. & S.Glas., M.R.C.S.E., Lecturer on Botany at the Middlesex Hospital.

Hughes, W. R., L.K.Q.C.P.I., L.R.C.S.I., Junior House-Surgeon to the Southern Hospital, Liverpool.

Johnston, Dr. J., Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Drumquin Dispensary District of the Castlederg Union, Co. Tyrone.

Lindsay, A., L.R.C.S.Ed., Medical Officer for the Shap District of the West Ward Union, Westmoreland.

M'Master, A., L.R.C.P.Ed., L.R.C.S.I.; Medical Officer, &c., for the Drumquin District of the Omagh Union, Co. Tyrone.

White, R., M.B., L.R.C.S.I., Medical Officer to the Douglas Dispensary District of the Cork Union.

◆

Deaths.

Biddle.—On the 4th inst., H. Biddle, M.R.C.S.E., of Edmonton, aged 71.

Evans.—On the 2nd inst., at Acre House, Brixton; of hemiplegia, Benj. Evans, F.R.C.S.E., aged 70.

Granville.—On the 3rd inst., A. Bozzi Granville, M.R.C.P.L., F.R.S., aged 88.

M'Turk.—On the 2nd inst., W. M'Turk, M.D., M.R.C.P.L., of Bradford, Yorkshire, aged 76.

Rooke.—On the 28th ult., Chas. Rooke, M.D., of Falsgrave, Scarborough.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S.,

&c., (King's Coll.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 419. LONDON West, DEATH VACANCY. Income upwards of £1,000 a year, of which nearly £700 is received in cash; midwifery £1 1s. and upwards; no horse or conveyance required; the house is held on very advantageous lease; liberal terms would be conceded to a prompt purchaser. The whole connection is believed to be transferable.

Y 418. CATHEDRAL CITY. Average income £510 per annum; good class of patients; population upwards of 30,000; no dispensing; no clubs; no horse or conveyance required; midwifery £1 1s. and upwards. An effective introduction can be given and the highest references.

Y 417. SOUTH EASTERN COUNTIES within a few miles of the coast. The present income is £350 a year but was formerly much greater, and could again be increased to £700; appointments yield £135; there is a convenient residence, with large garden, &c.; no opposition within three miles. The whole connection is transferable; premium £350, of which a part may be paid by instalments.

Y 416. WESTERN COUNTY. In a rich agricultural district, amidst charming scenery, a well established practice realising £500 without appointments; the work is light and fees good; usual midwifery fees £2 2s. The house is vendor's freehold, and could be sold or let. There is capital garden, stabling, &c.; no assistant required; one horse does the work.

Y 415. LONDON suburbs. An old established PRACTICE among an excellent class of patients, realising upwards of £1,000 a year; books have been carefully kept; no cheap midwifery. The house is a convenient modern residence, and can be sold or let, being the vendor's freehold; a partnership introduction would be given if desired; highest references.

Y 412. COUNTRY PRACTICE on easy terms; receipts upwards of £400 a year; patients good class; family residence twelve rooms, large garden, paddock, &c.; rent £30. Complete introduction.

Y 393. Old established COUNTRY PRACTICE in a charming district of the Midland counties, in consequence of the death of vendor's father; receipts between £400 and £500; appointments £85; only one opponent; house contains 9 rooms, with stabling, and at a very low rent; furniture may be taken at a valuation. Premium payable by instalments properly secured.

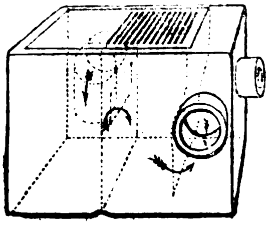
Y 422. In a PLEASANT TOWN in an agricultural district, an excellent family practice, realising on the average of the last three years, £1,047, last year's receipts, £1,234; patients of a very good class; midwifery £1 1s. and upwards; family residence containing fourteen rooms, with stabling, good garden, &c.; easily worked appointments bring in £120 a year; a thoroughly efficient introduction can be given; ill-health the cause of retirement. No gentleman need apply who has not at least £800 at his present command.

Dr. Langley's Quarterly List of selected Practices and Partnerships for January is now ready, post free on application.

SEWER GAS.

As an ABSOLUTE PREVENTIVE of the entry of Sewer Gas into Dwelling Houses by way of the most dangerous inlets—viz., the waste and overflow pipes from cisterns, baths, lavatories, and sinks—DOULTON and CO. strongly recommend the use of

MANSERGH'S IMPROVED GULLY.



By the insertion of this gully in the line of drain outside the house, the common and utterly useless bell-traps may be dispensed with, and direct communication with the sewers is effectually broken.

Price 10s. 6d. each, complete

This is undoubtedly a most important and effective trap for preventing the entrance of Sewer Gases into dwelling houses.—*Lancet.*

MANUFACTURED BY

DOULTON and CO.,

High street, Lambeth, S.E.

Depôts:—

Wood street, Birmingham; Soho street, Liverpool; and Hope street, Salford.

THURLES UNION.

MEDICAL OFFICER WANTED FOR THE LITTLETON DISPENSARY DISTRICT,

Comprising the Electoral Divisions of BALLYMURREEN, LITTLETON, LONGFORDPASS, MOYCARKEY, RAHEALTY, and TWOMILEBORRIS.

NOTICE IS HEREBY GIVEN, that in consequence of the lamented death of Dr. WALSH, the COMMITTEE of MANAGEMENT of the above Dispensary District will, at their meeting to be held at the Dispensary House, Littleton, on Friday, the 22nd ins., proceed to re-elect a duly qualified person to the office of Medical Officer for the above Dispensary District, at a Salary of One Hundred and Twenty Pounds per annum, exclusive of Registration and Vaccination Fees.

Personal attendance of Candidates indispensable.

Applications, with Testimonials, to be addressed to the Honorary Secretary, the Rev. R. F. Lawrence, the Glebe, Littleton, up to 4 o'clock P.M., on Thursday, the 21st MARCH, 1872.

JOHN COOKE, Clerk of the Union.

March 6th, 1872.

CASTLEBAR UNION.

CASTLEBAR DISPENSARY DISTRICT—NORTH DIVISION, No. 2,

Comprising the Electoral Divisions of ADDERGOOLE, BALLYNAGORAGHER, PONTOON, BURREN, and CROAGHMOYLE.

MEDICAL OFFICER WANTED FOR THE ABOVE DIVISION.

NOTICE IS HEREBY GIVEN, that the Committee of Management of the above Dispensary District will, at their Meeting, to be held at the Board room of the Castlebar Workhouse, on Saturday, the 16th MARCH, 1872, at the hour of One o'clock P.M., proceed to the Appointment of a properly qualified Medical Officer for the above Division—(he can reside in the Electoral Division of Ballynagoragher or Addergoole)—at a Salary of One Hundred and Ten Pounds a Year, exclusive of Registration and Vaccination Fees.

Candidates must possess the qualifications set forth in the Orders of the Poor-law Commissioners.

Applications, with Testimonials, to be addressed to the Secretary, JAMES FAULKNER, Esq., Castlebar, up to Four o'clock on Tuesday, the 12th MARCH, 1872. Candidates must be in attendance on the day of Election, 16th MARCH.

(By Order), ROBERT J. NIXON, Clerk of Union.

Board room, Workhouse, 28th February, 1872.

FOR DISPOSAL.—A GENERAL PRACTICE, average income £200 per annum, including Poor-law Union Appointments, which may be secured to an active, steady, and gentlemanly man, who would be able materially to increase the present income. For particulars and terms, apply fully to X. Y. Z., at the office of the MEDICAL PRESS AND CIRCULAR, 20 King William street, Strand, London, W.C.

CLONES UNION.

THE BOARD OF GUARDIANS OF THE ABOVE Union will, at their Meeting, to be held on Thursday, the 14th inst., consider tenders for supplying the Workhouse and Three Dispensaries, up to 25th MARCH, 1873, with MEDICINES and MEDICAL APPLIANCES of the best quality, to be delivered free of carriage or any additional charge whatever. The invoices of supplies to be numbered and furnished in duplicate, and to set forth only the prices of the goods ordered.

No entry of charge for any article used in packing or conveying the medicines, will be allowed in the invoices. The Contractor to take back such articles at his own risk and cost.

Forms of tenders will be forwarded on application to me.

(By Order), ALEXANDER BAILEY, Clerk of Union.

Board Room, 1st March, 1872.

OUGHTERARD UNION.
CLONBAR DISPENSARY DISTRICT.

THE COMMITTEE OF MANAGEMENT OF THE Clonbar Dispensary District will, on Tuesday, MARCH 26th, at the hour of Eleven o'clock in the forenoon, at the Dispensary, Clonbar, elect a Medical Officer for (No. 1) District, in room of Dr. McGuire, resigned. Salary, One Hundred Pounds per annum, exclusive of Vaccination and Registration Fees.

Testimonials and qualifications to be sent to

MARTIN BERNARD JOZER, Hon. Sec.

Russina, Clonbar, Co. Galway.

PRELIMINARY EXAMINATIONS of the COLLEGE OF SURGEONS, MR. J. ERLE BENHAM, (formerly of King's College, London, Author of the Student's Guide), whose pupils have always met with very great success, has commenced to take his CLASSES, and to give PRIVATE INSTRUCTION for the next JUNE Examination. For particulars and syllabus of Testimonials, address to 20 Devereux Court, Temple, or to the care of Messrs. Butterworth, 7 Fleet street, London, Her Majesty's Law Publishers.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—DR. QUAIN will lecture on March 15th, 20th, and 22nd, at 5 p.m., "On DISEASES OF THE MUSCULAR WALLS OF THE HEART." Members of the Profession will be admitted on presentation of their cards.

By order.

ASSOCIATION OF CERTIFYING MEDICAL OFFICERS of GREAT BRITAIN and IRELAND.—Gentlemen holding the Appointment of Certifying Surgeons under the Factory Act, who may not have received a copy of the last Report or who may be desirous of joining the Association, are requested to communicate with the Hon. Secretary, Mr. Stansfeld, Redland, Bristol, who will be glad to send a copy of the Report and to give every information respecting the objects of this Society.

Annual subscription Five Shillings, payable to the Treasurer, Dr. Waters, Bishop street, Coventry.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Monday April 1st. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Monday, April 8th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall-mall East, 1872. H. A. PITMAN, M.D. Registrar.

The Medical Press and Circular
OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 20, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. IV.—Cases of Severe and Protracted Constipation depending upon Peritonitis. 245
Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture III (*continued*) .. 246
Excision of the Hip-Joint, with some Prefatory Observations on the Operation. By J. K. Barton, F.R.C.S.I 248
Inflammatory Fever and Typhus Fevers. By Wm. Brett, L.R.C.P. Edin., M.R.C.S. Eng. 250

HOSPITAL REPORTS.

St. George's Hospital—
Paracentesis Thoracis 251
St. Mark's Hospital—
Two Operations for Lumbar Colotomy 251
Guy's Hospital—
Operation for the Removal of a Polypus from Pharynx 251
Richmond Surgical Hospital—
Wound of the Radial Artery.—Deligation.—Recovery 252

PAGE

TRANSACTIONS OF SOCIETIES.

Medical Society of London—
The New President 252
Propositions of Aneurism 253
Clinical Society of London—
Two Cases of Recto-Vesical Fistula successfully treated by Colotomy 253
Epidemiological Society—
Additional Notes on the Cholera Epidemics on the East Coast of Africa ... 254

LEADING ARTICLES.

Infant Life Protection Bill 254
The Surgical Baronetcy for Ireland 256
Swiss Professors and Students 257

SCOTLAND.

Edinburgh Royal Infirmary 258

NOTES ON CURRENT TOPICS.

Prussic Acid under the Commune 258
Certificates of Insanity 258
Rhinegau Champagne 258
The Ophthalmological Congress 258
The Mediterranean 258
Analysis of Milk in New York 259
Meeting of the International Ophthalmological Congress in London 259
Criminal Abortion 259
British Diplomas in Canada 259
Exemption of Chemists and Druggists from Jury Service 260

PAGE
Poor-Law Medical Reform in England .. 260
Popular Pseudo-Medical Literature in America 260
Indian Candidates for the Indian Army Medical Service 261
Is Typhoid Meat Poisonous? 261
Testimonial of Respect 261
The Royal Society 262

FOREIGN MEDICAL LITERATURE.

On Pleuritic Effusions and Indications of Thoracentesis 263

LITERATURE.

The London Medical Guide 264
The Irish Medical Directory 264

CORRESPONDENCE.

Berkeley Hill on the Discussion by the Medical Society of London on the Contagious Diseases Acts 264

Medical News 265
Notices to Correspondents 265
Vacancies 265
Appointments 266
Marriages 266
Deaths 268

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

No. IV.—Cases of Severe and Protracted Constipation depending upon Peritonitis.

J. P., æt. 47, was sent into St. George's Hospital on the 1st of November, 1871, with a report that he had passed nothing by the intestines for three weeks. The abdomen was enormously distended and tympanitic.

The skin covering it was marked with a large number of pustules, the result of the application of croton oil. The distension of the stomach commenced about eight weeks previous to his admission, but for eight months the bowels had been very much constipated, and he had vomited occasionally. He had lost flesh, and had been accustomed to drink.

The urine contained small quantities of albumen, lithates, blood, bile, and epithelial scales, sp. gr. 10·24.

The face was covered with spots of acne, the tongue was coated, and he complained of great dryness of the mouth and fauces.

The rectum was carefully examined, but no evidence of obstruction could there be found. There was, however, fulness and dulness on percussion in the left iliac region.

He was ordered a grain of opium every six hours.

Two days after his admission an enema was carefully administered. Three pints were injected, and on the next day a long flexible tube was passed for about twelve inches. Two pints of gruel were injected through this, and a large quantity of fœtid matter was now for the first time passed; all purgatives, of which he had taken a large quantity, having failed for three weeks to produce any effect.

Nov. 7.—Pulse, 120; appetite good. Had had a natural motion.

Nov. 13.—Had a very troublesome cough.

Nov. 14.—The bowels acted several times. Fluctuation could now be detected in the abdomen. The anterior part, as he lay upon his back, was still tympanitic, but the sides towards the back were dull on percussion.

Nov. 18.—Feet, ancles, and scrotum œdematous.

During the month of December he lost flesh, complained of much pain round the upper part of the stomach, and was troubled with cough.

He died on the 13th of January.

On a *post-mortem* examination the lungs were found congested, and contained some miliary tubercles. The peritoneum was thick and opaque from old inflammation. The stomach for the space of five or six square inches was firmly bound to the lower surface of the liver by old adhesions. The capsule of the liver was thickened; its substance cirrhosed and fatty. There was no obstruction in the intestinal canal.

In a second case, I met some years ago Mr. Tatum, of Salisbury, in consultation. A gentleman while out shooting was seized with a violent shivering fit. This was followed by most obstinate constipation and swelling of the abdomen. A London physician of eminence who had seen the case had, I was informed, given it as his opinion that there was organic disease of some portion of the large intestine, and an operation was contemplated. After some three weeks without any passage through the bowels the patient died. A large quantity of fluid was found in the peritoneal cavity, but there was no disease or obstruction to any part of the intestinal canal.

In both these cases an operation was seriously contemplated; indeed, the first was sent into the hospital with that view.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,
Professor of Dermatology to the Royal College of Surgeons of England.

Furunculous Affections.

IF I were to say that all the inflammatory affections of the skin take their origin in the follicles, I should undoubtedly be saying more than is perfectly warranted by the phenomena of cutaneous disease; but if I were to affirm that in every inflammation of the skin, congestion of the follicles plays a conspicuous part, I should be fully borne out by the illustrations that have come before us up to this time and prospectively, by nearly the whole of the remainder of the series. The follicle, in its early development, is a growth inward of the surface of the cutaneous layer of the embryo; but, from its inward position it occasions a change, and somewhat of a concentration of the normal cutaneous functions. While the visible surface of the skin is divided in its duties between sensation and secretion, the follicle is given up wholly to secretion, and at the same time assumes the prerogative of an internal and a glandular organ. From this circumstance it derives, on the one hand, a certain isolation which enables it to perform an independent part, and, on the other, from the possession of a more acute sensibility of organisation, is apt to become influenced by morbid conditions of the general system which are unfelt by the rest of the skin. It is in some such manner as this that we must endeavour to explain those highly wrought operations of inflammation which we meet with in the next of the groups which comes under our consideration, namely, the pustulous and furunculous affections of the skin. In these affections the principal morbid characters are—a degree of isolation referable to the follicular origin of the disease; a deeper implantation within the skin; a more advanced development in the nature of the inflammatory product, namely, pyogenesis, and beyond this a tendency to gangrene, and sometimes to ulceration.

The ancient dermatologists made a distinction of pustules into the cold and the hot, the former they named psydracium, the latter phlyzacium. The former, in fact, are simple vesicles produced on the surface of the skin, and deriving their purulent contents from the cells of the rete-mucosum; we have already had examples of psydracia or cold, that is to say, non-inflammatory pustules before us in impetigo, which is sometimes an eczema of considerable intensity, and sometimes the mere effect of the eczematous inflammation operating on a feeble constitution. Such pustules are simply vesicles distended with a purulent fluid, and when they dry up and fall off, they leave behind them no mark on the skin, no trace of their previous existence.

The hot pustule or phlyzacium on the other hand is always more deeply seated, originating in the walls of a follicle, sinking deeply into the corium, and deriving its pus from the connective and other tissues of the substance of the skin. Hence, it is slower in its progress, more permanent, and more lasting; and when its scab falls off in a longer or shorter time, it leaves behind it a pit and a cicatrix of lasting endurance.

The phlyzacium is the true pustule of the skin, and we term it *ecthyma*; and ecthymata are frequently found in association with furunculi, thus establishing a relationship between them, and leading up to the little boil which is so commonly met with on the eyelid, namely, *hordeolum*; and that larger and multiple boil which has received the name of *anthrax* from the Greeks, and *carbuncle* from the Latins. Moreover, it is in this group, although unfortunately, not as yet in our collection, that we meet with a remarkable form of septic pustule named pustula maligna and certain exotic boils of much interest, for example, the Aleppo pustule or boil, the Delhi boil, the Scinde boil, and so on.

Turning to the catalogue for an illustration of the only example of furunculous affections that we have before us, namely, the pustulous affection ecthyma, we find a water-colour study of ecthyma, illustrating colour and form of the pustules and their several stages—incipient, mature, encrusted, ulcerative, and cicatricial stains. This drawing was made from a case of some interest in a surgical point of view, which pretty well illustrates the nature of the affection and its cause. A man had broken his leg, and the leg had been confined in splints and bandages for several weeks. He experienced considerable irritation from the presence of the bandages, and when they were removed, the limb was found dotted over with ecthymatous pustules. They are apt, not unfrequently to occur in the neighbourhood of boils, particularly where the tissues of the skin have been lowered in vitality by the prolonged use of a poultice or water dressing; and they are met with occasionally without apparent cause, namely, as an idiopathic affection.

Like other diseases of the skin, ecthyma is variously modified by the state of constitution and age of the patient. When the eruption has broken out suddenly it has been named ecythma *acutum*; but when, as is more commonly the case, its outbreak and course are tediously prolonged for weeks and even months, it merits the designation of chronic—ecthyma *chronicum*. Ecthyma is essentially a disease of debility, of a low state of tone of the system; and, where the constitution has been depressed by debilitating causes, determining a state of cachexia, it has received other names which convey the idea of the nature of its existing state, for example, ecthyma *luridum*, *cachecticum*, and *gangrænosum*. A form of the eruption met with in ill-fed and ill-tended children has also been named, ecthyma *infantile*; and in Ireland a similar affection has received the designation of " burnt holes,"

Surgical diseases require less variation of treatment than medical diseases, and a similar principle of treatment is applicable to every kind. The modifications, where such may be required, are demanded less by the variety or special peculiarities of the disease than by that of the constitution and habits of life of the patient. It is a rule without exception that we must endeavour to regulate digestion and elimination, and at the same time or immediately after, do all in our power to restore the healthy tone and vigour of the organism. It seems a mere truism to say that a part will more readily recover its health when allied with a healthy whole than it will when the latter is unsound, but it is a truism that should be borne always in mind and steadily acted upon in relation with every local disease. Another not less important rule of treatment is to remove or remedy the cause of the disease. The local treatment again differs from the constitutional treatment less in the principle involved than in the terms which we employ to give expression to it. For example we must *palliate* and then we must *stimulate* and give tone. By palliation alone many an eruption may be cured; and a considerable proportion of the remainder will give way to a well regulated stimulation.

In the instance of ecthyma, after a tonic aperient, every kind of tonic may be called into requisition, whether dietetic, or digestive, or stimulant. Nitro-muriatic acid, with a bitter such as tincture of gentian, will do us good service in one case, and not less will citrate of iron and quinine in others, and among children the phosphates of iron and lime and cod-liver oil. While, locally, we shall derive our best help from the lime water and oxide of zinc lotion, and the benzoated ointment of oxide of zinc. Where ulceration is established the unguentum resinæ will be required, or solutions of carbolic acid, nitrate of silver, or chloride of zinc.

In the treatment of boils we have to consider their period of growth. At first our remedies should be ectrotic; secondly, failing to arrest the progress of the inflammation, and directing our measures to the relief of the pain accompanying the pyogenic stage, we encourage suppuration; and, lastly, we resort to stimulant means to aid in the separation of the slough and the healing of the ulcer. Our ectrotic remedies suitable to the first indication are: the galbanum and opium plaster spread on wash-leather; pencilling with liquor plumbi; and pencilling with tincture of iodine. The treatment of the suppurative stage is accomplished by a poultice; and that of the healing stage by the old basilicon ointment, the unguentum resinæ of our modern pharmacopœia. Nevertheless, other methods of treatment have their claimants for preference, for example, early incision, and, in the second stage, the application of potassa fusa.

The anthrax or carbuncle, or monster boil, is treated on a principle similar to that of the furunculus; and surgeons are divided in opinion between external support and pressure by means of a plaster; the early use of the knife; and the application of the poultice. Perhaps it may happen that some cases will run their course most favourably by support alone, while others are brought to a successful issue more speedily by the knife, and others of a painful character can only be relieved by the regular succession of hot and ample poultices. Likewise in the detail of operation by the knife, some may prefer a single incision, others a crucial incision, and others, again, subcutaneous incision.

Traumatic Affections.

We have now passed in review four important groups of cutaneous affections taking their origin in common inflammation: the first of those groups is represented by *eczema;* the second, by *erythema;* the third, by *pemphigus;* and the fourth, by *furunculus;* there remain, however, certain inflammatory affections which take their origin in *traumatic* causes, such as wounds, bites, stings, mechanical and chemical irritants, &c., and these I have grouped together under the head of traumatic affections.

It may, very reasonably, be inferred that this is a group into which may be drawn an extensive and interesting variety of illustrations; but at present we have in our collection only three examples of the class—namely, the ulcer met with in artisans engaged in arsenical manufactures; the coal tar or aniline pigments, which are known to give rise to inflammation of the skin; and affection of lymph vessels and glands, occasioned by propagated irritation consequent upon inflammation of the integument.

Arsenic, when taken internally in large does, or for a considerable period of time, is apt to give rise to erythema of the skin or dermatitis; and it not only affects the skin, but also certain of the mucous membranes, for example, the conjunctiva, and mucous membrane of the nostrils and pulmonary passages. Inflammation of the conjunctiva has become the ordinary test of the saturation of the system by arsenic; just as redness of the free edges of the gums indicates saturation by mercury, and blueness of the same part saturation by lead.

Inflammation of the mucous membrane of the nares is sometimes accompanied with ulceration and perforation of the septum, and inflammation of the bronchial membrane very commonly, with a dry and irritable cough.

On the general surface of the skin, besides dermatitis, arsenic is apt to give rise to discolouration from excessive pigmentation and not infrequently to desquamation. While on the palm of the hands and sole of the feet it produces not only desquamation, but also thickening of the epidermis to a considerable degree from hyper-nutrition, and occasions the formation of minute granular corns, each little corn corresponding with the aperture of a sudoriferous duct.

In certain manufactures in which arsenic is largely used, as in the production of pigments of a green colour, it would appear also that ulcers are not an uncommon phenomenon. The model No. 129 exhibits ulcers of the wrist, fingers and thumb, produced by the irritative action of arsenic on the skin. The ulcers have the same general characters, they are deep, coated on the surface by a buff-coloured gelatinous looking lymph, bordered by a dark red margin, and surrounded by a purplish-red, thickened, and desquamating areola. The ulcers on two of the fingers occupy the side of the first phalanx near its base, and are larger than the rest, possibly from the facility of lodgment of the poison in the inter-digital grooves, one of the two ulcers being formed by the confluence of three sores of smaller size. On another finger the ulcer is smaller and situated at the side of the middle phalanx, while on the thumb the ulcer is seated immediately beneath the free extremity of the nail, and is partly covered with a black crust.

The patient was a man, æt. 55, of good constitution and good family history. In July 1865, he took service in a factory of chemical products, and was employed in preparing an arsenical colour, the Schweinfurt green. After a month or six weeks he was attacked with catarrh and coryza, and was troubled with ulcers on the scrotum, sides of the fingers, and wrists. He was admitted into Bazin's wards, and was discharged cured at the end of forty days. In November he returned to his duties in the factory, and at the end of a month, had a recurrence of his previous symptoms, namely, catarrh and coryza, which gave a nasal intonation to his voice, ulcers on the inner side of his thighs, on his fingers and wrists, and ulcerating papulæ on his cheeks near the angle of the mouth. At the end of the month of March, he was re-admitted into hospital under the care of Lailler; at this time he was debilitated, his appetite was good, and his bowels were regular. There were ulcers on the inner side of the thighs and legs, on the scrotum, on the hands, wrists and forearms, between the toes, on the cheeks, and within the nostrils, the septum nasi being perforated, and the lining membrane red and swollen. There was a mucous discharge from the nose, but no affection of the mucous membrane of the mouth and fauces. At this period the disease had been three months in progress, but there were no indications present of constitutional symptoms occasioned by the arsenic, and at the end of a month he was discharged nearly cured, the treatment in the interval being of the most simple description, namely, warm baths, with aromatic wine, styrax ointment, and nitrate of silver; the essential treatment, in fact, being, abstraction of the cause.

Of a nature allied with arsenic, and according to some chemists, as a consequence of the presence of arsenic itself, the aniline dyes have the property of exciting inflammation of the skin, Their effects have been observed both in the hands and in the feet, from the use of gloves and stockings coloured with those pigments. The feet, however, have been most frequently the victims, and the dyes in some instances have been transferred to the skin, while in others, the pattern of the stocking has been found represented on the skin, by tracings and figures of inflammatory hyperæmia. The dermatitis occasioned by the coal-tar pigments is frequently set up in the course of a few hours; it presents the characters of an aggravated eczema, and is attended with considerable effusion beneath the epidermis, which it raises up into large blebs, sometimes occupying the whole surface of the sole of the foot.

A gentleman who had worn a pair of new socks of a crimson aniline colour for a few hours, suffered so much pain in his feet, that he was unable to walk for a short distance to his home; the pain was stinging and prickling, indicative of a special irritation of the nerves of the skin; the feet became swollen; they were red and hot, and covered with a papular and vesicular rash, the latter in a few places increasing to the extent of blebs of considerable dimensions.

Not unfrequently the inflammatory rash is transferred to the hands, even when those members have not been in contact with the poison, and a general irritation of the entire skin is sometimes set up by the process, which once was called sympathy, but is recognised now, as propagated irritation. The progress of the dermatitis is always slow, and the inflammatory irritation liable to recurrence at intervals of a few weeks for a considerable period of time, sometimes for several months, and in a few instances for years. This phenomenon is not without its parallel in some other affections of the skin, particularly in eczema, and is also met with in instances of dermatitis, occasioned by other irritant poisons.

A manufacturer writing to me on the subject of an "aniline orange dye," an acid pigment, which is so volatile as to stain paper brought in contact with the fabrics dyed by its means, and which would affect in a similar manner the human skin, observes:—Several workmen have suffered severely from wetting their hands with this solution, even when the contact has lasted merely for a few minutes; the effects being an eruption of the skin, not only of the hands, but, in one case, of the whole of the arms, ears, and feet. The affected skin was covered with pustules, which became confluent; and when the eruption had apparently subsided, it returned again and again; two or three months elapsing before the effects finally disappeared.

A similar kind of eruption is sometimes occasioned by solutions of bichromate of potash; as, also, by certain poisonous shrubs, such as the rhus toxicodendron, or poison-oak of America, and the deadly night-shade, probably the atropa belladonna of the same country.

In our collection, this subject is not represented as I could have wished, either by drawings or models, but simply by two socks, Nos. 130 and 131. The former is a silk sock of a bright scarlet colour, probably dyed with the "coralline" pigment. A pair of these socks, worn for a day, gave rise to an intense inflammation of the feet, *dermatitis anilina*, which lasted for a fortnight, and was repeated at intervals of a few weeks for many months. The general features of the inflammation were—heat, swelling, itching, tingling, and large blisters, while an eczematous irritation was propagated, more or less extensively, to the whole body of the patient, especially to the hands.

No. 131 is another sock of a mixed fabric, the colour being in a measure lost by washing; the socks were originally striped with purple, and the impression of the purple stripes was made visible on the legs of the patient in the form of dark red bands that resembled burns. As in the preceding instance, the *dermatitis anilina* was severe and recurrent and repeated for many months, and at its height gave rise to swelling of the inguinal glands.

The remaining example of traumatic affection is an instance of inflammation of the lymphatic vessels, or lymphadenitis of the arm. The model No. 132 exhibits a blotch of eruption on the metacarpus of the thumb and first metacarpal space, and a line of inflamed tubercles (*adenomata*) extending from this blotch upwards to the axilla. The blotch of cutaneous disease is partly covered by a thin squamous crust and partly denuded, and the tubercles are ten in number. The tubercle nearest the inflamed blotch is in a state of ulceration, as also are the second and the third. The fourth has the appearance of containing pus, and is reaching maturity; the next three tubercles have the dull purplish hue of decline, and are squamous at the summit, while the three remaining are in a progressive stage. In the intervals of the tubercles, particularly on the upper arm, may also be seen a pale ridge indicating a line of deep-seated inflammation and thickening following the course of the lymphatic vessels. A glance at the model is sufficient to show the progress and effects of an inflammation of the absorbents. This disease is termed by Bazin "hydrose adenite traumatique," indicating the presence of tumours of adenoid tissue, or *adenomata*, in the course of lymphatic vessels.

The history of the case has unfortunately been omitted, and we are left to the conclusion that the inflammation of the lymphatic vessels was the consequence of the eczematous inflammation of the integument of the hand.

EXCISION OF THE HIP-JOINT, WITH SOME PREFATORY OBSERVATIONS ON THE OPERATION.

By J. K. Barton, F.R.C.S.I.

History of the Operation.—Originally *proposed* by Charles White, of Manchester, in 1768, who when describing an excision of the head of the humerus performed by him, stated that he had upon the dead subject practised the same excision upon the femur at the hip, and said "cutting through the bursal ligament and bringing the knee inwards, the upper head of the os femoris hath been found out of its socket, and easily sawn off; I have no doubt that this operation might be performed upon a living subject with great prospect of success."

Disputed for many years, it was for the first time *performed* by Antony White, of the Westminster Hospital, London, in 1822. The patient, a boy, 9 years of age, was the subject of advanced disease of the hip; abscess; sinuses; dislocation of the upper end of the femur with dorsum ilii; and was in a very debilitated state. "The bone was divided with a small straight saw, about two inches below the top of the great trochanter, raised with a spatula, and then carefully detached from the ilium. The knee which had been long immovably embedded in the opposite thigh, was now with facility brought into a straight line, and the whole limb was secured with a long splint, and treated as a compound fracture." The result was most successful. "Within twelve months a most useful compensation for the loss of the original joint was obtained, perfect flexion and extension, and every other motion, except the power of turning the knee outwards, were restored, but the femur did not grow after the operation."

In 1828, Mr. Hewson, of Dublin, performed the operation unsuccessfully, the patient dying three months after the operation, with large purulent collections extending into the pelvis through an opening in the acetabulum. The operation was performed for the first time for fracture from gunshot wounds, by Oppenheim, of Hamburgh, in 1829. Sir B. Brodie performed excision for disease in 1836, and in 1845. The brilliant operations and writings of Sir William Fergusson, gave a great impetus to the operation in England. In the Crimean war it was performed six times by British surgeons for gunshot injuries; one case only successful.

In the late American war, excision of the hip was performed in sixty-three well-authenticated instances, which form the basis of an admirable report upon the subject by Assistant-surgeon Otis, of the United States Army.

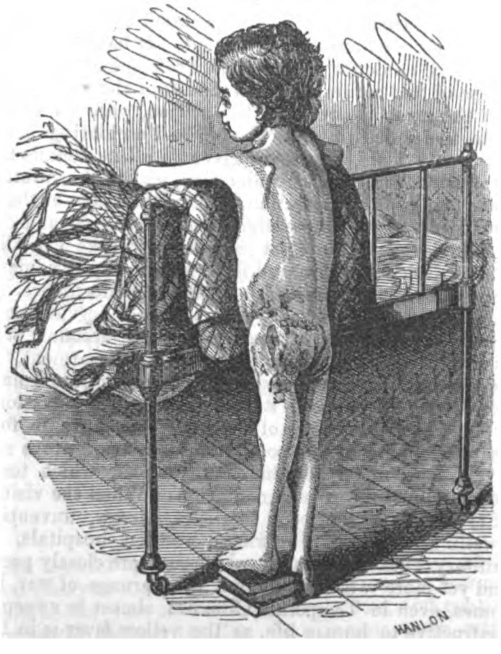
In American civil hospitals, it has become not only a recognised, but I may say a favourite operation, both in the Belle-vue Hospital, New York, where Dr. Sayer has operated, and at Boston.

In Dublin, since the unsuccessful operation of Hewson, in 1828, there does not seem to have been any repetition of excision of the hip, until the late Mr. Collis, at the Meath Hospital, about eight or ten years ago performed the operation upon a lad apparently about sixteen years of age. (I have not seen any report of this case, but having been present at the time, I state from memory what appeared to be the age of the patient.) This case proved fatal, and as far as I am aware, the operation has not been repeated until last summer, when I operated upon the child, whose case I am about to relate. I may be incorrect in my conclusion, that mine is the first successful case of excision of the hip in this city. I have not been able to find the record of any case operated upon successfully or unsuccessfully except those I have mentioned, but if any member can correct me upon this point, I will most willingly waive my claim inasmuch as it seems but little to our credit that the advantages gained elsewhere by excision of the hip had not been sooner realised here.

Hip Disease—Excision.

Jabez Elliot, 6 years of age, a remarkably pallid little boy, born in America, was admitted to the Adelaide Hospital, upon the 17th February, 1871, suffering from well-marked symptoms of disease of the left hip joint. Upon examining him in the out-patients' room before he was brought up to the ward, I found the left thigh considerably flexed on the pelvis, and so exceedingly painful was the slightest motion, that any further examination had to be postponed. When examined in bed next day, a considerable fulness was observed behind and above the trochanter, so that taking the acute pain and constitutional disturbance, which was considerable, into account, I had no hesitation in saying that suppuration had already taken place, in fact that the case had entered upon the second stage of disease of the hip joint.

The only history which could be obtained of this case, was that about fourteen months before the time of his admission, he had fallen down a high flight of stairs, and that from that time he was observed to be lame, that previous to the fall he was a healthy lad, that two brothers had died at an early age. The painful starting of the limb was at once relieved by the pulley and weight (3lbs.) was found to give permanent relief to this distressing symptom, and consequently he began at once to sleep soundly at night, which he had not done for some time. His countenance very soon lost the expression of pain and fear of pain which he had at the time of admission, and the child's appetite began to improve. As proof of the relief afforded by the weight, I may mention that when it was removed to make some necessary change in its mode of application, the little patient earnestly asked for it again, and frequently when asked would he like it taken off, he begged to have it left on. For about a month after admission all the signs of suppuration abated, so much so, that it appeared as if I had been premature in saying suppuration had already begun. Not long after this time, however, fluctuation was discovered a little above and behind the trochanter, and when opened a quantity of strumous pus was evacuated, and a sinus leading down towards the head of the bone was left. Subsequently other openings were made, all apparently communicating with the posterior part of the joint. The treatment both local and general was that which I find in the great majority of cases successful in bringing about a sound anchylosis, viz., the patient was placed on a perfectly level hair mattress, the limb was steadied and kept at rest, and in a perfectly straight position by "the weight," a poultice was kept round the hip while the abscess was forming, afterwards the openings were daily syringed with a solution of chloride of lime and lint soaked with the same kept on them. Cod liver oil, syr. iodidi ferri or phosphatis ferri were given internally, and an egg and milk diet perseveringly given. This boy's health which at first improved after the treatment commenced, subsequently gave way before the constant discharge from the diseased joint. Diarrhœa, which was very difficult to check threatened to carry him off, and it became evident that the ordinary modes of treatment would, in this case, prove insufficient, and that the case hreatened to end fatally. My colleagues agreeing with me in this view of the case, I determined with their appro-ation to excise the head, neck, and trochanter of the emur, and whatever of the diseased innominatum it was ossible to remove by the gouge. The operation was erformed upon the 28th of June, just four months after is admission to hospital, and about eighteen since the ll which preceded the commencement of the disease. he operation was performed as follows:—The little tient having been brought fully under the influence chloroform, he was turned slightly over on his right le, so as to present the diseased hip freely to view. A mi-lunar incision was then made, about six inches in ngth, commencing about two inches above the prominence formed by the trochanter, extending downwards d backwards, and then curving forwards and still downwards, until it ended about two inches below the same prominence, the diseased bone was thus immediately reached, the ligaments were quite destroyed, so that abduction of the limb at once turned out the head of the bone, or rather what remained of the head, out of the widened acetabulum. But little was required to free the bone, as the saw was applied below the trochanters. The bone when cut looked not only very vascular, but soft, so that another slice about an inch in thickness was removed, the acetabulum was now examined, and felt to be rough and very much widened out, all its cartilage having been absorbed. The gouge was used wherever the bone felt carious, and a good deal of softened bone was scraped away. Torsion stopped the bleeding of a few little arteries. No ligature was required, the whole wound was then washed with a strong solution (1 to 12) of carbolic acid, which checked oozing and then small pledgets of lint were soaked in a weaker solution (1 to 30) and packed into the cavity, the extremities only of the curved incision being closed by suture, the middle was left open, the whole was covered with layers of lint soaked in carbolic oil, gutta percha over all. The boy recovered well from the chloroform, and was soon safely removed to bed. When there the means employed to keep the limb steady in the straight position was simply one long splint, placed upon the *inside* of the limb, against which the foot rested, the splint being firmly secured to the foot rail of the bed, and in addition to this, to prevent starting a light weight was suspended to the foot in the way he had been so long familiar with, these two fulfilled the indications perfectly, viz., to prevent starting of the muscles to keep the limb extended, and to prevent rotation. The progress of the case was very satisfactory, the boy's condition within a fortnight was manifestly so much improved, that it was remarked by all about him. The wound healed at once at the extremities, the middle was kept freely open, the cavity, which reached down to the diseased acetabulum, being sponged out daily with a weak solution of chloride of lime, and then filled with charpie. The boy's state at present, more than six months having elapsed since the operation, is as follows:—In the centre of the line of incision, which is otherwise soundly healed, there is an ulcerated spot about the size of the nail of the index finger, through which the probe passes readily into the diseased acetabulum. A *few drops* (not more) of purulent matter is discharged



upon the dressing from this orifice. The excised hip measured from the anterior superior spine of the ileum to the coccyx, is two inches larger than the sound one, and when viewed from behind, the cause of this increase in size is seen to be twofold. 1st. The muscles of the sound limb are much wasted from long disease, while the hip which has been operated upon is rendered round and bulky by the fibrous effusion which has been copiously thrown out connecting the cut end of the femur to the os innominatum. The leg measures only 1¼ inches less in length than the other. The boy has no pain whatever in the limb. He can sit for hours either in his bed or in a chair without any uneasiness, and when supported upon crutches, can place the limb firmly down and put his weight upon it without any feeling of pain. When lying on his back he can flex and extend the leg at the knee with ease and agility, and can raise the whole limb off the bed, the pelvis moving with the femur. His appetite is good, and his strength is steadily increasing.

INFLAMMATORY FEVER AND TYPHUS FEVERS.

By Wm. Brett, L.R.C.P. Edin., M.R.C.S. Eng.

The long illness of the Prince of Wales, and his happy yet slow Progress to Convalescence after a protracted struggle have led the public mind to the consideration of fevers generally, and to that of typhus fever particularly. The extraordinary duration of the disease, the rank of the patient, and the infrequency of typhus in the higher circles have annexed to the case of the Prince a remarkable character, so remarkable indeed, and standing out so distinct and apart from ordinary cases, that it seems to demand a strict *annotation* illustrated by a public record of its precise nature, and treatment. It has often occurred to me, as, no doubt, it has to the Profession generally, that a case of this nature in which the life of the *heir-apparent*, and the great interests of the nation, were for so long a time suspended in the balance, and oscillating between hopes and fears, should be given in all its details to the Profession for their consideration, and to the public for their safety, and satisfaction. The publication of the case would add to our knowledge of vital *statistics*, and do incalculable good. In 1854 cholera raged, like a pestilence around Golden Square, and filled many a happy home with bereavement and lamentations after its subsidence. The chief physician, who had rendered signal services on that occasion, published a most interesting account of the disease in all its relations to causes and treatment. The Suggestion I have ventured to offer, has therefore a medical precedent to support it. Moreover, the invasions of typhus fever, like those of cholera, which have, in former years, decimated whole populations may again prove extensively fatal under certain circumstances, which tend to generate, and propagate contagion. When the visitation of typhus falls upon poor localities, narrow, unventilated dwellings, swampy districts, crowded hospitals, large military encampments, in which men are closely packed; and yet more when it follows the carnage of war, it becomes, even in Temperate Climates, almost as sweepingly destructive to human life, as the yellow fever is in India. These facts duly considered deserve ventilation in the press, and seem to suggest to the skilful physicians who successfully conducted the Prince's Case, the noble work of publishing it with all its symptoms, circumstances, and treatment. Such a work, the whole body of the profession would receive as a new light to science, 16,000 or 20,000 Medical men (many of them of co-ordinate rank, and equal ability with their brethren who attended the Prince of Wales) would study it, examine it, compare it with their own experience, and be enabled to determine, yet more accurately, the true nature and treatment of fevers inflammatory and typhoid; respecting which medical Teachers, and Celebrities, have so widely differed. In the last few years these differences have increased. A new medical school has arisen to extinguish the Old Medical School, just as young England laboured but fainted in its work to put out our Old England.

Nature is ever the same in all her instincts, ways and works. Therefore it is not too much to expect, that the wise sons of Æsculapius would discover her secrets (her healthy and diseased springs of life), and treat the sorrows and sufferings of so kind and demonstrative a mother according to a *rational*, *consistent*, and safe principle of cure. I am sure from much observation, and an experience of 40 years or more, that if the real nature of disease, and a sure settled principle of treatment were only discovered (and a free, generous intercommunication between the few and the many, as now suggested, is the best mode of discovering it), disease, sufferings, and death, would diminish considerably; and the bed of sickness would be stript of half its terrors. It is, therefore, a matter of immense importance to our national, social, and moral life to discover and observe True Principles in relation to fevers generally and to typhus particularly; because typhus fever (which is called, according to the places of its attack), gaol-fever, ship-fever, camp-fever, &c., destroys human life not in *a numerical proportion, but in a sort of geometrical proportion*, so that if a single family of *five persons seized by it produce a given ratio of pestilence*, ten or fifteen persons labouring under *typhus fever* will produce one hundred times or one hundred and fifty times as much.

The Cause of this Startling Disparity is still a secret. Therefore every possible effort should be made to settle the nature of fevers and their treatment. The almost helpless state of the Prince for some time imparts a deep interest to this subject; and truly it is to be regretted, that while nature spreads out facts and truths and their most striking manifestations on the human body, so as almost to speak them, physiologists and Medical Sages (less wise because more irascible than Hippocrates, Galen, or Celsus), loudly differ *toto cælo*. The late Drs. Armstrong and Elliotson treated inflammations and fevers which they pronounced inflammations, with the lancet and mercury boldly. Dr. Armstrong was so absolute on this point that he called bleeding the right arm and mercury the left arm of medicine. Dr. Armstrong employed the lancet bravely even in typhus fever. Alas, poor human nature! Clever men are prone to extremes; so other men, their successors, rush into the opposite course; and thus it is, that good principles, and good treatment, are brought into disrepute by abuse. The late Dr. Todd prescribed stimulants, wine and brandy, in fevers, and inflammations. Great evils, as all intelligent medical men know, have flown from both extremes. "*In medio tutissimus ibis*," is a good MAXIM: and the Profession, always alive to the public interest and to their reputation, have judiciously circumscribed Todd's mischievous hobby. It has happened to me, as it has to many medical practitioners, to be consulted in extreme cases of gastritis (inflammation of the stomach), with death at the door; simply because stimulants, wine and brandy, were administered under the erroneous opinion that the patient was sinking. There was indeed a rapid and a fatal sinking, not by the disease, but by the brandy. Many die in this way amidst horrible sufferings from the united irritations of disease and stimuli, simply because the state of the patient, is *guessed at* and *not truly discerned*. There are sure signs that infallibly guide the skilful observer. What are they? Why: In *gastritis*, or any other inflammation; when high fever, intense heat, great thirst, red eyes, a burning hot face, and a rapid strong pulse; corresponding with a similar strong rapid action of the heart, confront the observer, he cannot hesitate, unless he be an ass, or a reckless hunter after notoriety in an extraordinary way, to banish all thoughts of stimuli, and save life by a proper antiphlogistic treatment. The treatment should not irritate, for medicinal irritation added to the inflammation which constitutes fever would aggravate the fever, and transfer it to the brain. Typhus fever invades individuals and localities from two chief sources. It is the sequel or attendant of continued fever which is essentially inflammatory and anti-putrid, or it arises from marsh miasm or human effluvium. It has its own generic cause and source: therefore it becomes self-creating and self-acting, putrid in its essence, rapid and prostrating in its course. When typhus, or rather the typhoid character, appears towards the end of continued fever, it is simply the result of the strong febrile excitement that characterises continued fever. Typhus therefore, as a sequel of continued fever (which is the matrix, or type of all other fevers), is more inflammatory, less prostrating, and not so rapidly putrid and fatal, as typhus produced by *marsh miasm*, or human *effluvium*. In the former, typhus is more or less inflammatory, like its parent, *continued fever*, but in the latter case, that is to say, typhus from contagion is congestive, not inflammatory, prostrates at once all the vital powers, and buries in Lethe the sensorial or nervous energy, upon which all the other vital functions depend. In the *delirium* of continued fevers, even when typhoid symptoms first appear, there is power, energy, delirium ferox, the delirium of strength, of an inflamed brain, of an inflamed accelerated circulation. In fact, continued fever is as essentially inflammatory, as inflammation *per se*. This inflammatory character, whose manifestation is high-fever, continues to the end; unless the working energy which is plus, be reduced by skilful treatment to equilibrium. The great danger in both fevers is this, that the equilibrium is destroyed, and the inflammation of continued fever, or the congestion of typhus, attacks the vital organs *eccentrically*, *irregularly*, one after *another*, one more than another, and if not prevented by treatment, the disease attacks finally, and fatally all together. Such is the nature of inflammatory fever, and such is the action of typhus—of *real* typhus—the product of marsh miasm or human effluvium. A putrid prostrating typhus, with low muttering delirium, great debility, a sinking of the patient in the bed, are sure signs of death. Now in the case of the Prince, the fever, according to the bulletins, continued uncontrolled for nearly a month, and his strength remained unimpaired. If the case was typhus from the beginning, high fever and corporeal strength could not coexist with such a knock-down and prostrating visitor as typhus. But, as pyrexia (high fever, inflammation and strength), are the positive symptoms, the general and diagnostic signs of continued fever, the Prince must have had inflammatory fever; that is to say, continued fever in the beginning, and towards the end typhoid symptoms, the invariable attendants of inflammatory fever; whenever the primary excitement, which I have described, is not arrested or moderated by an unirritating, skilful treatment. I must not let this great subject carry me too far, and I conclude with the hope that the case of the Prince, may be published as due to the Profession and the public good. The science of medicine, rightly understood, is the science of life. It supplies abundantly sure principles of theory and saving methods of practice, and any valuable contribution to a cause so noble, and so glorious, would be a work of beneficence indeed.

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Paracentesis Thoracis.

MUCH has been written recently on the question of tapping in cases of pleurisy. The tendency now is, says Dr. H. Fuller, to operate prematurely, before the improbability of obtaining absorption of the effused fluid has been made out. The dread as to the admission of air into the pleural cavity he considers *fallacious*, and often leads to the failure of the operation. The chest is tapped under water, and various ingenious instruments made use of. He objects to all such both theoretically and practically. They complicate a very harmless operation, and the admission of air causes no injury to the patient. Such contrivances cause pain when suction is used, and it is quite impossible to *empty* the chest by means of suction, which ought to be aimed at. Air must enter to accomplish this, unless the chest wall were to sink in, or the viscera be displaced, except in the very early stages of pleurisy. In many cases occurring in practice, the lung has become compressed, being carnified and incapable of speedy expansion, or bound down by adhesions, so that expansion can only be effected by natural methods. In such cases it is often impossible to draw off more than a small quantity of the fluid. The walls of the chest being rigid, its contents will only run out if air be admitted, as is the case in a cask. The chest walls will fall in, the diaphragm will rise, the mediastinum will encroach on the affected side; and up to the point to which they are capable of yielding there is no necessity for the admission of air, inasmuch as by their displacement the space previously occupied by the fluid which is drawn off is at once filled up. But, provided the lung is permanently or even temporarily incapable of expanding, it is physically certain that without the admission of air the fluid contents of the pleural cavity can only be drawn off to the extent to which the walls of the cavity are capable of falling in to supply the place of the fluid withdrawn. If, in contravention of this physical law, an attempt is made by forcible suction-syringes to draw off still more of the fluid, injury to the patient must ensue; for there must be a forcible dragging and stretching of the walls of the chest. Within six months four cases were tapped at St. George's, and air was not excluded, and they all did well. Dr. Fuller advises us to tap when dyspnœa is urgent, and it becomes evident that remedies fail to get rid of the effusion, as low down as possible, with a free opening, so as to let the chest empty itself freely. If the fluid is serous, close the opening with carbolic plaster as soon as the operation is finished and the fluid evacuated; if purulent, the wound is to be kept from closing, and drainage employed if necessary, whilst the patient is fed generously.

ST. MARK'S HOSPITAL.

MONDAY, MARCH 11TH.

Two operations for lumbar colotomy were performed—the first a girl about 14 years of age, of a syphilitic cachexia and extensive ulceration of the rectum; the second, a man aged about 30, suffering from malignant disease of the rectum. Mr. Allingham performed two operations for fistula in ano, in which he laid the collateral sinuses freely open from end to end, after his usual method.

GUY'S HOSPITAL.

TUESDAY, MARCH 12TH.

AN interesting operation for the removal of a polypus from pharynx was performed. A free incision was made, commencing just above the right ala nasi, and continued downwards through the lip. An incisor tooth was extracted, and a large triangular piece of the superior maxilla was removed in order to reach the tumour, which was attached to the base of the skull. The portion of bone was replaced, and held in its place by sutures; the wound was neatly closed, and scarcely any disfigurement of the face perceptible.

An amputation at the knee-joint for gangrene of the foot and limb supervening upon a fracture of the pelvis was next in order. The operator did the long anterior and short posterior flap operation with removal of the patella.

The next case was an amputation of the thigh at the lower third for chronic disease of the joint. Flaps of periosteum to cover the ends of the bone were made by the operator in this case.

The next and last case was the division of a cicatrix on the anterior surface of the neck, resulting from an extensive burn. Subject, a small boy.

RICHMOND SURGICAL HOSPITAL.

(Cases under the care of Mr. William Stokes.)

(From Notes taken by Mr. A. Jolly.)

Wound of the Radial Artery.—Deligation.—Recovery.

William Kane, æt. 35, by occupation a carman, was admitted into the Richmond Hospital under Mr. Stokes's care on Saturday night, the 20th of January, 1872, suffering from a wound on the front of the lower third of the left forearm, which he had received about half-an-hour previously to his arrival at the hospital. The wound was the result of a blow of a broken plate inflicted by his wife, he being at that time in an inebriated condition. Immediately after the wound was inflicted smart bleeding was observed coming from it; attempts were then made to stop it by the application of cold compresses, but this failed to arrest the hæmorrhage. The patient then attempted to walk to the hospital, but while on his way he became weak, and fainted in the street. Some passers-by, seeing him in this condition, brought him, on his partly recovering, to the hospital. On examination, he was found to be very weak and inclined to faint. He was incapable of giving a clear description as to how the wound was inflicted. It was about an inch in length, situated over the left radial artery in its lower third. The hæmorrhage having then ceased, the edges of the wound were brought together by adhesive plaster and a compress and bandage were firmly applied. The patient was then urged strongly to remain in hospital in consequence of the great probabilities of a recurrence of the hæmorrhage, but he refused positively, and returned home.

On January 24th, at four o'clock a.m., the hæmorrhage came on. He was again brought to the hospital. The hæmorrhage was on this occasion effectually arrested by acupressure applied by Mr. Vesey.

January 26th.—Hæmorrhage again returned, and deligation of the artery at both proximal and distal ends of the wounded vessel was determined on by Mr. Stokes. The operation was accordingly performed, and as is nearly always the case under such circumstances, considerable difficulty was experienced in securing the distal end, owing doubtless to retraction, hæmorrhagic infiltration, suppuration, and sloughing of the wound.

January 28th.—No return of bleeding since the operation was performed; cold water dressings applied.

February 2nd. Both ligatures came away; wound has a more healthy appearance; dressings applied daily same as before. Patient complains of some pain in left axilla.

February 4th. — Free suppuration from the wound. There is evidence of a fresh abscess formation in the upper part of the forearm. This subsequently communicated with the wound.

February 13th.—Wound healing slowly.

February 26th. Another abscess formed in middle finger, which was opened by Mr. Stokes.

On March 2nd the patient was found to be suffering from erysipelas of the hand, forearm, and arm, accompanied by great pain and constitutional disturbance.

March 6th.—The erysipelas has subsided.

March 9th.—All unfavourable symptoms have subsided, and the patient is now convalescent.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

March 11th, 1872.

THE NEW PRESIDENT.

On taking the chair, Mr. **Thomas Bryant**, F.R.C.S., delivered a short address. He acknowledged the honour conferred upon him, and felt it more on looking at the list of great men who had preceded him, and recollecting that his revered father had been twice president of the same society. This society, now a century old, had been both father and mother of newer societies, whose success no one regretted. The society was comprehensive in its objects, and embraced all branches of the Profession. The evils of specialism were dwelt upon, although it was admitted at the same time that practised by men of culture in a broad and scientific spirit, specialism was productive of good. The importance of the study of pathology was then demonstrated by reference to enlargement of bone and to aneurism. The clinical value of pathological knowledge was illustrated by reference to struma and scrofula so-called. In conclusion the President dwelt upon the friendliness and charity which had always characterised the society.

Mr. J. F. **Clarke** asked, as the oldest Fellow present, to be allowed to remark upon the unprecedented occurrence of father and son having occupied the presidential chair. He almost thought he heard "more than echoes run along the wall." Mr. Bryant, sen., was a good and worthy example, which he felt confident his son would endeavour to follow.

Mr. **Maunder** exhibited a portion of the temple bone, taken from a child nine years of age, who had had measles some time ago, and otorrhœa ever since. Attacks of pain, giddiness, and vomiting occurred from time to time, but at last to these symptoms was added coma, and the child died. At the *post-mortem* an abscess in the cerebellum was found. Mr. Maunder inquired whether any Fellow could suggest treatment in such cases, and especially whether the incision of the tympanum was admissible.

Dr. **Sansom** mentioned a corresponding case, which appeared to have followed a blow. The eyeballs were protruded. Dr. Sansom thought at first it was cerebritis with abscess. At the autopsy the brain was found entirely free from disease, but there was pus along the orbital nerve and in orbit. There was also pus between the periosteum and the body sphenoid, there was no disease in the temporal bone.

Mr. **Weeden Cooke** remarked on the frequency with which otorrhœa followed measles, scrofula, &c., and referred to Mr. Gay's proposition to trephine the mastoid cells in cases of abscess of the brain.

Mr. **Gay**, dwelling on the fatality of cases of the kind, insisted on the propriety of trephining the mastoid cells when symptoms of cerebral abscess arise. He related an illustrative case, and pointed out that in one part of the meatus the lamina is very thin, and may readily be punctured to give vent to pus.

Mr. **Hinton** thought Mr. Gay's proposition one requiring serious consideration, especially seeing that the primary seat of lesion giving rise to cerebral abscess was in the ear according to prevalent views. The invidiousness of such cases, as shown by long standing discharge of ear, was remarked upon. Early treatment directed to ear was often successful. The membrana tympani seemed to be more tolerant of mischief in early than in subsequent life, and incision might often be found valuable. Mr. Hinton would incise the tympanum in cases of scarlet fever, when there were indications of serious distension.

Mr. **Gay** explained that his remarks had reference to primary abscess of cerebellum, in which otorrhœa subsequently came on.

The **President** then opened a discussion on the treatment of aneurism, and showed a laminated clot which had been figured for many years for the case of Mr. Keys, and some other specimens and drawings. He mentioned a case of aneurism of cœliac axis, which was treated by compression of efferent vessel, viz., aorta, just above bifurcation, in which a good result as regards lamination was obtained, but the patient died from peritonitis caused by pressure. The question of temporary pressure of efferent artery was introduced, and he thought it might be valuable. Forced flexion was sometimes objectionable, on account of the great pain which it caused. Mons. Liegor's statistics of popliteal aneurism by flexion were given. A cure by flexion was obtainable only in one-fourth of these cases. In some cases treatment by flexion was unsuccessful. What were these cases? We must seek this knowledge through pathological investigation. The President thought such cases were probably of traumatic origin, either discoverable or not, or of rapidly forming aneurism. The success of practice in Guy's was in ligature 1 death in 24 cases; in pressure 17 cases, 11 successful, 6 failed, and were treated by ligature. Perforation of mastoid cells was often decidedly called for, and ought to be resorted to, as it was, as a rule, a very successful operation. He then gave the following

PROPOSITIONS ON ANEURISM.

1.—From the pathological evidence we possess it appears that for the cure of a sacculated aneurism its mechanical closure by a clot is all that is required. The typical laminated clot only takes place when the cure is chronic, it is in no way to be considered as an essential part of the cure, although to a degree most clots are laminated.

2.—From pathological evidence before us it likewise seems probable that the coagulation of the blood in an aneurismal sac may be obtained by obstruction either to the afferent or efferent vessel; that distal as well as proximal pressure are both capable of producing the same result.

3.—Accepting the facts as proved, that obstruction to the afferent vessel may be secured by forced flexion of an extremity as well as by digital or instrumental pressure, clinical evidence is wanting to determine the conditions under which these forms of practice may be expected to succeed separately or combined.

4.—Accepting the fact likewise that all aneurisms of the extremities cannot be successfully treated by forced flexion and compression of the afferent artery, it is desirable to know under what circumstances such a plan of treatment is inapplicable.

5.—Acknowledging also the great principle of practice which most surgeons now accept, that no large vessel should be ligatured for aneurism unless the treatment by compression in one of its forms has failed or is inapplicable, it is desirable to know under what circumstances the treatment by ligature should be primarily applied.

6.—Complete obstruction to the afferent vessel appears to be the more rapid mode of cure than the incomplete.

7.—Digital pressure to cover the artery and mechanical pressure by a weight to save muscular force seems to be the best mode of applying pressure when it can be carried out.

8.—Mechanical pressure should only be had recourse to when digital cannot be employed, the elastic pressure being probably its best form.

9.—When the afferent vessel cannot be occluded by surgical means, there is reason to believe that the same coagulation in an aneurism may be secured by the occlusion of the efferent, either by pressure, ligature, or other means.

10.—The tubular or fusiform aneurisms are probably cured only by some inflammatory action in the walls of the dilated vessel, the fibrinous secretion being probably of the plastic kind, bearing a certain analogy to the adhesive process in other parts, as pointed out by Luke (*Med. Times and Gaz.*, 1845). But this subject is not one upon which I propose to raise a discussion.

Dr. **Peter Allen** enquired of Mr. Maunder whether pus escaped externally or was retained, as this made a material difference as regards treatment. He remarked upon the absence of facial paralysis, and thought Mr. Maunder's case an example of catarrhal inflammation. Dr. Allen dissented from Mr. Gay's views that abscess of cerebellum was common in disease of petrous portion of the temporal bone, and thought that in three cases out of four it was in the middle lobe; he agreed that perforation of the tympanum should be resorted to when there was evidence of pus in the cavity of the tympanum.

Mr. W. B. **Dalby** remarked upon the pathology, and said according to Toynbée and other writers the cell of the drum was the seat of disease, and that abscess of the cerebellum was the result, in which view he agreed. He related a case of cerebellar abscess, in which there was no caries of bone, but some discolouration. He thought the pathology of these cases was by no means clear, the formation of abscesses a little remote from the diseased bone might be due to thrombosis.

Mr. **Pennefather** thought that in long standing otorrhœa very little membrana tympani was left to perforate, the trephining of mastoid cells for abscess was rendered difficult on account of doubts surrounding diagnosis. The mode of treatment, he thought, was to aim at getting a clot, not necessarily a laminated clot, but a clot, and therefore the interruption of the current must be complete. Digital pressure was undoubtedly the best, though difficult to obtain. Failing that, elastic mechanical pressure was to be resorted to.

Mr. **Henry Smith** remembered the introduction of the treatment of aneurism by pressure, but thought the conclusion now arrived at was that although treatment by pressure on efferent side of vessel was successful, the plan of ligating was more freely resorted to, and more generally fortunate, as regards pressure on efferent side of vessel. Mr. Smith differed from the conclusions arrived at by the President. He commended the plan of digital pressure as valuable where it can be obtained.

Mr. **Gay** thought that on the whole few plans of treatment excelled the old-fashioned one of treatment by ligature. The seat of the aneurism was an important one in choice of treatment, in some cases ligature not being applicable, in others pressure. With reference to pressure on efferent vessel Mr. Gay thought it often equally efficacious with pressure on afferent; pressure on efferent side of large vessel was most likely to succeed.

Mr. **de Meric** thought that milder means should always be resorted to at first. He agreed with the plan of intermittent but complete pressure advocated by the President. He expected to have heard something about the treatment of aneurism by electricity, He wished also to know the President's opinion as to the treatment of aneurism by emptying the sac and tying both ends of the vessels.

Mr. **Maunder** mentioned a case in which he successfully employed digital pressure for popliteal aneurism, by pressing both thumbs over the head of the femur.

At this point the discussion was adjourned until Monday, the 18th inst.

The ninety-ninth anniversary was celebrated at Willis's Rooms on March 8th, when sixty-four fellows and visitors sat down to dinner; the chair being filled by the President, Dr. Andrew Clark, who was supported by the Presidents of the College of Surgeons, the Medico-Chirurgical, Obstetrical, and Pharmaceutical Societies.

The usual loyal and patriotic toasts having been drunk with all enthusiasm, the President gave the toast of the evening, "The Medical Society of London," coupling with it the name of the President elect, Mr. Thomas Bryant. Dr. Clark showed that financially the Society was never more prosperous than at present, and urged the desirability of a close adhesion to clinical and therapeutic work. He reminded the Society of its approaching centenary, when it will become necessary to provide new and ample accommodation for the increasing growth of the Society, and expressed a hope that the Fellows would make an effort to build a house for themselves.

The toast was cordially received and responded to, as were the other toasts of the evening. We have already given notes on the subjects alluded to.

◆

CLINICAL SOCIETY OF LONDON.

Friday, Feb. 23rd, 1872.

Mr. **Thomas Bryant** read a paper on

TWO CASES OF RECTO-VESICAL FISTULA SUCCESSFULLY TREATED BY COLOTOMY.

The first was that of a gentleman, æt. 64, who had had diarrhœa, tenesmus, and the passage of blood and mucus three months before he had begun to pass fæces in his urine. Colotomy was performed on August 16th, 1869, with complete relief. The patient was up and out of the house in a month. At the present time he passes his urine naturally, and the motions through the loin, some little urine at times finding its way into the rectum and upwards through the loin. The ulcer in the bowel has long healed, the fistula alone remaining. The second case was that of a gentleman, æt. 49, who for three years had been passing urine and fæces by the urethra. He was much reduced in health, and most miserable from the local pain and irritation caused by his disease. On the 5th of July, 1870, colotomy was performed, complete relief resulting almost immediately. In three weeks he was up, and in another week out. Six months later he reported that he was getting quite fat, that he was free from all pain, and that his only trouble was the passage of water at times up the bowel through the artificial anus. At the present time, a year and a half after the operation, he remains well. In both these cases Mr. Bryant remarked that there was good reason to believe that the ulcerative action that had caused the fistula was of a simple nature, and had commenced in the rectum; that after the operation the ulcers soon healed, although the fistulous opening remained. He stated that the two cases in every way supported the remarks appended to a similar case which he had read at a sister society, and which were published in the *British and Foreign Quarterly Journal*, 1869, and still more prove the truth of Mr. Holmes's remarks on the same subject recorded in the Med.-Chir. Transactions, 1869-70. Mr. Bryant added that these cases, and all others he has had since 1868, have made him think more highly of the oblique incision in the operation than the transverse.

A very interesting discussion took place, in which Mr. Heath, Dr. Habershon, Mr. Hulke, Mr. Carter, Mr. Maunder, Mr. Barwell, and Mr. Thomas Smith took part, and Mr. Bryant replied.

EPIDEMIOLOGICAL SOCIETY.

FEBRUARY 14TH, 1872.

DR. SEATON in the Chair.

ADDITIONAL NOTES ON THE CHOLERA EPIDEMICS ON THE EAST COAST OF AFRICA.

By JAMES CHRISTIE, M.A., M.D.

IN a previous paper read before the Society during session 1870-71, Dr. Christie had given an elaborate account of the prevalence of epidemic cholera on the East coast of Africa. The present paper had for object to correct certain dates in that paper and convey additional information of the movements of the disease. The dates of the different recorded epidemics on the east coast are as follows: 1st epidemic, Dec. 1836, Jan. 1837; 2nd epidemic, 1859-60; 3rd epidemic, 1865; 4th epidemic, 1869-70. The chief interest of the present paper rested in the additional light cast upon the beginnings of the third and fourth epidemics. By carefully prosecuted inquiries among native traders on the mainland it would appear that the epidemic of 1865 probably reached the east coast from Asebera, on the south coast of the Gulf of Aden. The disease, it is believed, was introduced into Asebera about the same time that it was introduced into Makalla, on the south coast of Arabia. Makalla, it will be remembered, was the first definitely ascertained starting point of the north westward extension of the epidemic of 1865. At the break up of the Asebera fair, doubtless the malady followed the tract of the great southern caravan route across the Somali country to Gananah and Aarderah on the river Jub. From Aarderah, still following the trade route, cholera extended to Arava on the east coast, and thence it spread northwards to Merka and Makdesha, and southwards as far as Mombassa. The fourth epidemic (1869-70) reached the coast from the interior of Africa. A large caravan which left Sangani for the Masai country in November, 1868, reached its destination on the forty-ninth day of journeying, and then heard of a virulent disease, which proved to be cholera, in the Somali country to the north. The Masai had made a raid on the Somali, and the expeditionary party contracted the disease and brought it back with them into their own country. Subsequently, the malady spread into the district intervening between the Masai and the east coast, and appeared at Tanga and Pangani, and from these coast towns began that wide diffusion along the coast which Dr. Christie described in his first paper.

In the discussion which followed the first paper, Mr. Netton Radcliffe suggested that the cholera prevalent in the Masai country at the close of 1868 and beginning of 1869, was the continuation of the epidemic of 1865-68 in Abyssinia, and which in 1868 was known to have spread into the Galla country, in the direction of Aarea, the great centre of commerce for this part of Africa and for the east coast north of Zanzibar, and the further details given by Dr. Christie tend to confirm this suggestion.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2
„ IF PAID IN ADVANCE 1 0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS, Baltimore; by Messrs KELLY and PIET, Philadelphia; by Messrs. LIPPINCOTT and Co.; and Dr. BUTLER, post free in advance, £1 6s. about six and a-half dollars, or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 20, 1872.

INFANT LIFE PROTECTION BILL.

"BLOW the trumpets, beat the drums!" At length the Government has yielded to the passionate solicitude of legislators and constituencies, and consented to postpone sensational legislation to the more useful requirements of social reform. A Bill for the Better Protection of Infant Life stood first on the paper for Wednesday morning's sitting. The House was to meet at 12 o'clock. On the occasion of the Ewelme appointment, which was of not much matter to the country, the House was well filled; on the Collier debate, thronged. What will it be, then, on a really important subject for legislation—a subject affecting the primal duty of all government, the protection of the "rights of person" in the feeblest and most dependent portion of the community—the human infant? Have not dark hints been whispered abroad for years of foul deeds done to the helpless progeny that first see life in some *bizarre*, out-of-sight lying-in establishment? Have not nurseries of women, to whom these self-constituted midwives farm these wretched babes, sent out strange sounds of infant wailing during the midnight hours; and have not scared servant girls every now and then fled in terror from these scenes, and told horrible tales of starved and drugged, or tortured and mis-shapen babes slowly being done to death? Have not the statistics of babes dropped down areas, and laid in the dead of night in dust-bins, or waste lands, amounting in one year in the metropolis alone to 270, added to the apprehension that even yet in 1872 there is more than a waste of human life—there is a system of evil doings to helpless infancy in this great centre of civilisation enough to make the most heedless fop look grave, and the boldest man feel doubtful? Ah, thought we, there'll be a full House this noon, at any rate. So, early as we can gain admittance to the lobby, we present ourselves at the accustomed door. The officer puts out his hand. We thought so—the House full to overflowing! "Haven't you a corner seat?" said we anxiously. "House can't be made," was the cool reply; "only 29 with the Speaker." At that moment Mr. Kinnaird, M.P. for Perth, enters, and we peep in. "What a beggarly account of empty benches!" we exclaimed. Out comes the "Mace," looking round, and, seeing a man at the door, asks if any member is in the lobby or about. A couple of members and an Under Secretary are hurried in. Another quarter of an hour, and again Mr. Speaker counts aloud 36. Half an hour is lost, and in walks one, and, following at a lapse of five minutes, two more drop in, and Mr. Speaker takes the chair to the tune of a feeble and somewhat ironical cheer. Oh, morning newspapers! How can you tell such fibs about the interest taken in questions of social and sanitary reform? Did you ever go into the Rotunda of the Bank three days before dividends are paid, or into the pit of a theatre on a wet morning, during a dull rehearsal at the fag end of the Christmas pantomime season? Very well, that was the sense of enthusiasm pervading the House on this famous Wednesday morning debate. With heavy heart we moved up-stairs to our nook, and Mr. Charley had already begun, and was saying that "a Select Committee had already sat for thirteen days, and examined twenty witnesses, who had practical knowledge of the system of putting out children to nurse for hire. His honourable friend, the member for Edinburgh, had last season attempted to enforce a compulsory registration of births and deaths, and he only withdrew his Bill on the understanding that the Government would introduce a Bill on the subject. The Committee had recommended inspection of lying-in establishments, but felt it advisable to leave this to the Health Department of Government. The Bill provided that persons who for money placed themselves in '*loco parentis*' towards two or more children for above a day should obtain certificates of ability to take such charge, the licence to be annually renewed. A register book of such infants was to be produced on the order of a justice of the peace. A coroner's inquest to be held on every infant dying in the nurse's charge, unless a registered Medical man certified the death as one arising from natural causes. Relatives and guardians of children whose parents were abroad, and infant homes and foundling hospitals, to be exempted from the operation of the statute. The Bill asked for no public money, unlike the Bill of the preceding year. The public were familiar with the Bristol baby farmer, Margaret Waters, and the hon. gentleman anticipated (vainly, we fear) that the apathy shown by the House towards mere party or political questions would yield to earnestness and interest when such a question as that—social reform—was brought distinctly before it. He moved the second reading."

The hon. member for Horsham (Mr. Hurst) followed, complaining that the action of the Bill did not extend to those who entrusted their babes to baby-farmers, as well as to the latter. He wished the Bill to contain a clause placing lying-in houses under the licensing restriction. The Bill (he contended) made no rovision to secure the fitness of the house of the nurse, who might live in a cellar. He wished responsibility to be thrown on the coroner, and not transferred to the Medical practitioner; but all these defects he hoped to amend in committee.—

Mr. Dalrymple (member for Bath) observed in early life, in a large union in the metropolis, a wholesale massacre of infant life, and had witnessed in infant hospitals painful results of cupidity and mismanagement. He thought the payment of a lump sum should be made illegal, for this almost certainly implied the death of the child. It was necessary to take notice of the establishments where the fruits of vice and crime were concealed and rarely came out alive. There was another species of infanticide—not indigenous, he trusted, but from across the Atlantic or the Channel—where the infant was never born alive; and he would urge the Government to take steps to bring these offenders to condign punishment. He thought the provision for inquests required strengthening. He alluded to improper food and narcotic drugs as the two fruitful sources of infant mortality, and hoped that the verdict of the inquest would throw light on this phasis of the question also. He accepted the Bill as an instalment.

Dr. Brewer (member for Colchester) would remind the hon. member for Horsham that to proceed against a parent for putting out her child to nurse would in many, he hoped in the majority of cases, be unjust and unwarrantable. A number of innocent persons were, from their poverty and from their being compelled to go out to service, forced to entrust their children to others to nurse. It had come out in evidence at the Committee, that many to whom these poor women had given their children up to be nursed treated such little charges with tenderness and truly maternal affection—more still, with a fair amount of motherly supervision. It was a mistake, he thought, to conclude that the majority did not live above the law, and those for whom the restraints of the Act were provided, it must be admitted, were persons whose dealing with one child committed to their charge would be fraught with well-nigh as much danger as if charged with two or several infants, for evidence was not wanting of the ominous facility with which they rid themselves of their nurse-babes one after another without exciting the suspicion this mortality ought to have challenged. There had been evinced a strong feeling, which continued to be entertained by a number of associated benevolent ladies, not to interfere with the humbler classes in their dealing with their children; and those who had the charge of the Bill felt it would be impossible for them to carry a Bill that would satisfy all the demands of those who had carefully studied the subject. Periodical inspection had been admitted by the promoters of the Bill as of no secondary importance. Again, the ladies pleaded that the dread of exposure, which was the keenest prompter to the mother to send out her child to be nursed, would increase the danger of infanticide at the hand of the mother herself. He was not prepared to endorse this view of their duty or of the operation of such a provision. The member for Horsham had complained that no care had been taken to secure that the lodging of the baby-farmer should be suitable, but if he read the schedule he would find that her ability, which had to be certified, extended to lodging as well as food. His friend, the member for Bath, had desired that the payment of a lump sum should be prohibited by statute, but this would not accomplish what his hon. friend had desiderated. It was a fearful temptation to receive a lump sum in payment of all demand, but it was the only course practicable where the parent had to go abroad for an uncertain period, and it had been found that the risk of the child being left in the hand of the nurse without any remuneration, was at least as great a danger and a greater injustice. It had been admitted the practice of giving a lump sum ought to be discouraged, but he could not see his way to a statutory prohibition. It was evident that the reception of an insufficient sum evinced a criminal intention, but the Bill would really attack the evil by the operation of the clause, which required an inquest to be held on the death of the nurse-child. The compulsory registration of all births and deaths was determined upon, and he had hopes the licensing of lying-in houses would be undertaken by the Government. In the mean time this Act called for by the evidence which existed of criminal neglect of infant life, of criminal intention proved before the courts of the country, proved by the clergy, by the police, by Medical men, amply justified the legislation they had proposed. It was not necessary to stigmatise with criminal motives, those to whom the care of infants was committed, it was sufficient to show that the fear of ill-treatment was a reasonable one, and if so, considering the human infant as the most helpless and defenceless of the community, it was eminently fitting the legislature should step in and yield the protection required. The step was a tentative one, and they did not want to go beyond the proved necessities of the case, but to stop short of this was to stop short of an obvious duty.

Mr. Walpole, who had been the chairman of the Select Committee, said that a full knowledge of the children put out to nurse was essential, and also of the places to which they were sent, for whilst infant mortality under twelve months was, under the most favourable circumstances, only 16 per cent., it was under baby-farming as high as from eighty to ninety in the worst cases.

The evil must be met by registration, and dealing with all the circumstances attendant on the clandestine delivery and transmission of the children to nursing houses; the tracing of the movements of the baby-farmers, and dealing with children left in the streets, and buried and got rid of without notice was the only method of reaching the root of the evil.

Mr. Bruce expressed that the suggestions made should, on the next stage of the Bill, receive the consideration of Government.

Mr. Henley feared that the increased burden this Bill would throw on the poor women would offer a premium to do things which ought not to be done, and which they all deplored.

Dr. Playfair said that, without altering the laws relating to bastardy, seduction, registration of birth, and verification of deaths, the root of the evil would not be got at. He had made a report twenty-seven years ago showing that of 50,000 illegitimate children, 30,000 died in the first twelvemonths. Criminal negligence and ignorance were the cause of that. The natural food of infants was milk; to give a babe oatmeal gruel, or food it could not assimilate, was to starve the child, yet the coroner was unwilling to bring in such a verdict. The Bill would encourage respectable people to take up the trade of nursing which the scandals at present connected with it hindered. If £5 or £10 were offered for bringing up a child 300 answers would be received in reply. The motive was gain, not benevolence; what must ensue? 276 children were found annually forsaken and left in the streets of London. The coroner's inquests would prove against a nurse ignorance, if ignorance were there, and this would put a stop to her trade. The Bill did not go as far as the promoters desired, but if it were found not to go far enough, it might and would be strengthened.

Mr. Winterbotham felt strongly that Mr. Henley's remarks were just, that an effort to remove the present evils might produce greater evils; the Bill would drive the criminal class of nurses to greater secrecy and perhaps give them stronger motives for crime. He feared that poverty was one of the great causes of the non-criminal neglect of children; however, that and the penalties for infringing the measure would be matters for the consideration of honourable gentlemen in committee.

Thus the debate closed, and the Bill was read a second time. We don't say the House was lively, but by the time the member for Horsham had spoken it filled moderately.

It is a mere delusion to be impressed with the notion that the House is in earnest in social or sanitary reforms, it is a fiction and not a pleasant one either. A mere buffoon gesticulating like an old-fashioned telegraph and uttering "Joe Millers," twenty times reiterated, will keep the benches full and wide-awake. A party quarrel of the thinnest substance will cram the House to suffocation,—a personal retort will move the honourable members to ecstacy, from the measured Polyphemus to the weakest Sybarite; but a Bill for social advancement, or the regulation of social disorders has much the same effect as drilling holes in a tun of sour wine, it leaves its cask by every pore. Those who are weaving golden nets to catch a profitable haul of social or sanitary measures had better think twice about the where, when, and the wherewithal they may carry them into harbour safely. The flesh of the House is very weak, and what is worse, the spirit is anything but willing.

◆

THE SURGICAL BARONETCY FOR IRELAND.

The Profession in Ireland is apparently of one mind as to the force of its claims to a royal distinction, now that the services of the Profession to the Crown are being recognised elsewhere by the ennobling of Sir William Gull, and the decoration of Sir William Jenner. It is not for us to analyse the motives of diplomatists, or their reasons for restricting all the Medical honours to one side of the Irish Channel, but any one who holds intimate intercourse with the Profession in Ireland cannot fail to be aware that it is fully expected that that restriction will be broken through, and that the granting of a surgical baronetcy in Ireland is a foregone conclusion.

Already, indeed, nothing is canvassed but the question who shall be the recipient of the coming honour; and Irish Medical men seem to live in daily expectation of reading in the *Gazette*, the name of one or other of those whose claims are now under debate.

It seems to us that that list of eligible claimants is an extremely narrow one, and that the letter-writers in the daily papers, who either exercise their ingenuity in inventing new candidates, or their flunkeyism in beslavering their pet surgeons, do so without knowing or considering the circumstances. In the first place it is to be presumed that no physician will seek or expect to receive the anticipated distinction. The Profession of Medicine has had at all times the lion's share of such distinctions in Ireland, and at the present moment the only baronet in the Irish Profession is a pure physician, while the only surgical baronetcy which Irishmen have ever held has remained many years in abeyance, awaiting for its resuscitation an occasion like the present, and men as worthy as those who might now be selected.

If it be assumed that the expected honour will be given to a Surgeon, the choice is narrowed, not by any want of scientific or skilful practitioners, but by requirements which it is understood are always imposed as necessary qualifications.

If we were at liberty to seek amongst the leading surgeons in Ireland we should find the selection a difficulty, and in the foremost rank of worthy men would be found, if the competition were an open one, the Professor of Surgery in Trinity College, and the President of the Royal College of Surgeons, Mr. Colles, and Dr. Robert McDowell.

It is, however, a current idea, and one which is justified by the experience of honours already granted, that the Crown requires from those whom it ennobles very substantial monetary guarantees for the maintenance of the title after the death of its first holder. We have no evidence whereby to assess the amount of this guarantee, but it is commonly understood that any person on whom it is proposed to confer a baronetcy must be in a position to alienate from his own control an income of several hundreds a year for the endowment of his successor in the title, and to adduce proof that he possesses a handsome personal income. If this impression be correct, it is obvious that few working surgeons, however deserving they may be in every other respect, will be ready to do injustice to other members of their families, and to incur the increased expenditure incident to a title, for the sake of a transient honour to themselves, and the transmission of an expensive heir-loom to their successor.

Assuming then that a surgical baronetcy is closed to the hopes of men with large families, or moderate incomes, we have made our selection from the very few men who are believed to be in a position to conform to the financial requirements of the occasion, and who in addition are the possessors of so high a surgical character as may do honour to their ennoblement. In making such a choice we don't hazard any guess at the financial position of practising surgeons, and we may possibly be doing an injustice to some of our brethren who may be able to enter into the competition,—financial and scientific.

Mr. Adams, as we have said, is a man who needs no other recommendation than his name and scientific rank, and there is no surgeon in Ireland who would not stand aside from any race in which he was a competitor. Should he not ask or accept the honour, we adhere to the opinion that Mr. Porter occupies the next position behind him. As the Queen's surgeon, he could hardly be passed over; as the senior surgeon of almost the premier surgical hospital in Ireland, his professional office places him in the highest surgical rank; as a successful practitioner, his position is beyond cavil; as the possessor of independent means rumour gives him credit for all that may be necessary to sustain a title; lastly, as a man of honour and untainted personal reputation it is sufficient to say that no adverse whisper has in the contest of opinions yet been heard. Many other men may and do possess claims as well-founded on one or more of these grounds, we know of no other who combines the whole.

◆

SWISS PROFESSORS AND STUDENTS.

THERE is about Switzerland a charm that those who know can alone appreciate, and with all our alleged insular prejudices the British people have never altogether steeled themselves against the delights of foreign society. A scene known pretty well to travelled men is reported with great effect by the *Standard's* correspondent at Berne, and as Medical professors and students are this time the actors, we may be excused for availing ourselves of the opportunity of laying before our readers a striking feature of continental academical life. Two professors of Berne have accepted appointments at the University of Strasbourg, and so the excellent school of which they are ornaments, of course loses them, though even then Berne will have several well known teachers. Professors Lücke and Klebs being on the eve of leaving, the Medical students decided to give a "Fackelzug" in their honour. This Fackelzug is the highest compliment which students can pay to their professors, and is only very rarely given. In ordinary cases the students content themselves by choosing a dozen of their number to give a serenade; but a Fackelzug is a matter not lightly to be attempted, as it requires much preparation and numerous preliminary meetings. It is thus described by the correspondent:—

> In Berne the students are divided into different societies, or clubs, the members of which are distinguished by their different-coloured caps and ribbons. Each of these clubs has its captains and sub-officers, who wear swords and broad sashes of glowing colours, and require strict obedience from their comrades. There are also flags and banners in profusion, borne by other proud members, many of whom look as though their burden was by no means a light one, or that the beer had got into their legs, for they stagger rather ominously, while at the head of the procession comes the band, which is made up of members also, and generally plays excellently. Often behind the band comes a student bearing an immense pipe, which is filled with tobacco, and which he slowly smokes as he marches along. Behind him come two others, bearing cornucopias, some 3ft. high, which are filled with flowers. Nothing can be more picturesque than to see one of these clubs marching up the Kramgasse on a summer evening on their way to the Enge, or some other of the numerous pleasure resorts round the town, headed by their band. When the music stops, some one with a good voice starts a "lied," in which the rest join as they hurry along.
>
> Last night, the clubs who took part in the demonstration, were the "White Caps," and the "Orange Caps," which are mainly composed of medical students, and number about 250. The two professors live in the Christoffelgasse, close to the Bernehof and the Federal Palace, and punctually at half-past seven in the evening the *avant garde*, consisting of twenty students, bearing torches, turned the corner of the Spitalgasse, followed by the band and the rest of the students, all of whom held lighted torches in their hands, halted in front of the professors' residence. Here an enormous circle was formed, in the centre of which stood the officers with their drawn swords and splendid sashes, the flags and the band. Then, at a word of command from the senior officer, they begin to cheer lustily, and to call for Herr Professor Lücke, and Herr Professor Klebs, who were, of course, quite prepared for the occasion, and had their rooms brilliantly lit up in honour of the event. Throwing open the windows, the two professors appeared and bowed, after which there was more cheering. When silence was again restored, a student left the circle, and after bowing to the officers and his companions, he took off his cap and began a capital speech, which he delivered in good style, never hesitating for a moment, and frequently turning to the students when he was about to say anything complimentary, a hint

which they showed they understood by their cheers when he got to the end of his sentence. As the torches showed signs of going out fresh ones were used, and the whole street became lit up most brilliantly. In addition to the large number of students with their picturesque dresses, the windows and balconies of the houses on each side of the street were filled with people, while below there was an enormous crowd, whose faces showed how interested they were in the scene which was going on.

We may pass by the description of the student's eloquence and the replies of the professors, after which, with music and cheering, the procession reformed and went to the place appointed for the supper.

We must, however, quote the testimony of this writer as to the general character of the students of Berne. It is a cheering picture :—

> They work hard, their lectures beginning at six in summer, and seven in winter, and continuing throughout the day, with the exception of two hours for dinner. And they are not immoral. There are about 1,000 students altogether at the university, while the number of "unfortunates" is very small indeed. This latter fact is due in some measure to the strict police regulations, which are rigidly enforced, but still more, I think, to the circumstance that students are allowed to ask the daughters of respectable people to their balls. The young ladies go and return in charge of the students who have given them the invitation without any chaperon, and the confidence placed in the students is seldom or never abused, while they, in this way, gain an *entrée* into good society, which prevents their seeking amusements at the *cafés chantants*, or low music halls, which are such snares for French and English students, but which the students here, I am glad to say, show but little desire to frequent. The fees at the university are very moderate, and as many of the students lodge with private families they manage to cover all their ordinary expenses for about 1,500 francs, or 60*l.* per annum. To any one who wants to give his son a good medical education at a moderate cost, and at the same time to keep him free from the temptations of London or Paris, I can strongly say that he might do far worse than choose Berne.

◆

SCOTLAND.

Mr. Disraeli has intimated that, owing to other public engagements, he will be unable this year to deliver his Inaugural Address as Lord Rector of Glasgow University.

The report for last week indicates that there is no abatement of the small-pox epidemic in Edinburgh.

Edinburgh Royal Infirmary.—Sir Roundell Palmer is of opinion that, according to the meaning of the Infirmary Act of 1870, firms and companies are legally entitled to vote at the meetings of the contributors.

◆

Notes on Current Topics.

Prussic Acid under the Commune.

In connection with the meeting of Communist refugees, which was held in London on Monday evening,—*to celebrate the Proclamation of the Commune in Paris ;* we may cite the following evidence given before the Parliamentary Commission of Inquiry in to the Acts of the Insurrection of March 18, 1871 (just published by Baillière, Paris and London).

Deposition of Colonel Gaillard.—Do you know of any instruments intended to poison with Prussic acid, carried in a little india-rubber tube ?

Answer.—Yes ; it is the serpent's tooth, with all its appliances. There is a little spring to cause the venom to spurt, and make it penetrate the wound.

A Member.—I have seen the instrument ; it is an india-rubber ball, armed with a very short, sharp gold pin, that is the fang of the rattlesnake. When the needle is applied to the body, it presses the ball and the Prussic acid is carried by the needle into the wound.

Two young men were employed to manufacture two litres of this acid, with the condition that they should not be sent to the ramparts during the Commune.

It is said that 20,000 of these infernal instruments were made.

Certificates of Insanity.

It constantly happens that Medical men who are not engaged in asylums, experience great annoyance respecting the certificates they are called upon to fill up. We very often meet with instances where misapprehension of such certificates, or want of attention to the precision upon which the Commissioners insist, causes the certificate to be pronounced useless. It seems easy enough to those who are constantly filling up these forms, but those who are only occasionally called upon to do so find them very troublesome. We are glad therefore, to find that Mr. Hardwicke has just published "Plain Directions for Dealing with an Insane Patient," from the pen of Dr. J. M. Winn, who has had immense experience in the care and treatment of lunatics, and whose advice may be followed on this matter with implicit confidence. The directions are so plain, that it is almost impossible to mistake them, and we cordially recommend this little work as sure to be useful to all who feel any hesitation about the filling up of the certificates equired for an insane patient.

Rhinegau Champagne.

All champagne drinkers have heard of the Johannisberg Castle, but few know that within a radius of three or four miles quantities of good champagne are produced, that can be sold at a very low price. They may be glad to learn, that under the name of Rhinegau champagne, this produce is now being introduced into England by Messrs. F. T. Denyer and Co., of Regent street. We have tasted it and can speak favourably of its quality. It is a sound wine, with a fine flavour, and will not be likely to disagree with delicate stomachs. At two guineas a dozen it ought to find a rapid sale.

The Ophthalmological Congress.

The place of meeting of this important International Congress, has been changed from Berlin to London. The Royal College of Physicians has been generously placed at the disposal of the committee, in which building it is proposed to hold the preliminary meeting for arrangements on July 31st. The Congress will be held on the three following days, which it is hoped and expected will be a grand success. Mr. Critchett has been elected chairman, and Mr. Soelberg Wells, honorary secretary.

The Mediterranean.

Now that the Prince and Princess of Wales have gone to spend a little time in the sunny south, a few lines we have received from Dr. Proell, of Nice, respecting its climate will be interesting. He has spent many winters there, and passes the summer at Gastein. He says that, unfortunately, almost all Medical, and even non-medical men are of opinion that only patients with weak chests should be sent to Nice. At the word Nice everybody thinks of consumption. Whenever a chronic cough is heard Nice is recommended. This great humbug has lasted many years. But the world has now discovered the error, and a great reaction has set in. For some six years all consumptives have been sent to Mentone, as if its climate, position, and quietness would be the panacea of all those who suffer in the respiratory organs. From the one extreme the world runs to the opposite. Nice, he continues, has five different climates, as well as that of Mentone. But the different diseases of the kidneys, and their numerous consequences and forms, asthma, rheuma, gout, &c., should be sent to Nice, because kidney diseases, especially Bright's disease, are very rare among the inhabitants, whilst tuberculosis is frequent. The continual influence of the brilliant sun upon the skin delivers the kidneys from their vicarious action or double function, or increased, and therefore morbid energy. The great object of going to Nice is not *the heat*, which could be obtained at home, and better, where windows and doors shut better; *but the dryness of the air and streets*, the clearness of the sky, is the principal object, because all persons for whom exercise in the open air is the principal remedy could not have it in their homes. But in the south, and principally at Nice, whose air is as astringent, positive-electric, and vivifying as the thermal water of Gastein.

He then goes on to say, "To prove that I do speak *pro domo* because I am a physician at Nice, I may say that I never allow, when consulted, any young patient, from 15 to 45 years, who has an hereditary disposition to tuberculosis, to go to Nice, when the temper is sanguine or choleric, and his nerves are irritable, his mind never satisfied, difficult to be managed; because I see always bad results. Also I never send to Nice patients with dispositions to acute congestion of the brain or lungs. But I see the best cures from the climate of Nice in all phlegmatic or melancholy individuals, of calm and benevolent temper, without disposition to acute congestions to the head or chest. I saw excellent effects at Nice in persons worn out by too much fatigue of body, who overwork their mind or body; also the victims of mercury or iodine, or of too exaggerated hydropathic cures in advanced age. I found very good results in anæmic and chlorotic individuals, or those who have lost too much blood by wounds, or by operations, or by bleeding too often, or after metrorrhagia, &c. I send also scrofulous and rachitic children, and young people with disposition to tuberculosis from scrofula, and elderly individuals, where only the oil of the lamp of life is wanting. Chronic catarrh from relaxation of the fibre muscularis, or asthma from emphysema, has found miraculous effects. But in all these cases the choice of the position of the lodging must be determined by a conscientious Medical man, who knows Nice thorougly.

Analysis of Milk in New York.

Dr. Schweitzer, Assistant Professor in the School of Mines of Columbia College, New York, has had occasion to analyse a very large number of specimens of milk, gathered by the Sanitary Inspectors of the Board of Health, and never found any other adulteration than water. The popular impression that chalk, calves' brains, and similar unappetising impurities are added by milk dealers, appears to be erroneous.

The best specimens of condensed milk gave: water, 53·54; butter, 13·12; casein, 14·14; sugar, 16·30; ash, 2·60. In the preparation of the condensed milk, 430 quarts were condensed to 100, and the solid constituents increased from 12·55 to 46·46 per cent. These results appeared to warrant the suspicion that 378 quarts had been reduced to 100; but by making the correction, called for by the fact that the quart was a measure of volume while all the determinations were made by weight, the company were found to have actually started with 430 quarts to make 100 of the condensed article. The ashes of milk are rich in phosphates and alkalies.

Meeting of the International Ophthalmological Congress in London.

It having been decided by some of the leading members of the Ophthalmological Congress that the meeting which was to have been held in Berlin this year shall take place in London, a committee of the London Ophthalmologists has been formed to carry out this intention. They have decided to invite their *confrères* to assemble in London on Wednesday, July 31, 1872, for preliminary arrangements, at the Royal College of Physicians, Pall Mall, where the meetings of the Congress will be held on Thursday, Friday, and Saturday, August 1, 2, and 3.

Criminal Abortion.

The Medico-Legal Society of New York, at a recent meeting, received a report from the Committee on Criminal Abortion, which recommends a change in the law, so that the crime may be simply a felony without any specified denomination, and providing as a penalty *not less* than four years' imprisonment. The report was adopted, and a committee of responsible citizens appointed to wait on the Governor and urge the passage of such a law by the legislature. This change would give a judge the opportunity of sentencing such a villian as Rosenzweig to Sing Sing for life.

British Diplomas in Canada.

At the last meeting of the Canada Medical Council, the question, we are informed by the *Canada Lancet*, was raised by Dr. Dewar as to whether or not British diplomas were alone sufficient to entitle the holder to practice in Canada. After some discussion on the subject, it was resolved that the President be requested to communicate with Sir John A. McDonald, and obtain his opinion on the question. Accordingly, a week or two after the Council was prorogued, the President addressed the Colonial Premier on the subject, and received an immediate reply to the effect that, as Minister of Justice, the matter did not come within his jurisdiction, but that he would transmit the letter to the Hon. John Sandfield McDonald, the Colonial Attorney-General, who, in course of conversation, admitted that there was no question that in all civil matters the Legislature of Ontario was supreme, thereby settling, in the opinion of the *Canada Lancet*, the question that our British practitioners who have obtained their diploma subsequent to the passing of the Canada Medical Act must comply with the requisitions of the Colonial Medical Council.

Exemption of Chemists and Druggists from Jury Service.

THE trading chemists of England are prosecuting a movement for the introduction into a Bill promised recently by the Attorney-General, of clauses exempting them from jury service; and the representatives of the trade seem to entertain strong hopes of a favourable consideration of the proposal.

The dispensing chemists seem to us to possess a very strong *prima facie* case in their favour. Medical men are exempted in consideration of the importance of their functions, and the dangers which would accrue to their patients if they were delayed in their attendance on them. On the same ground dispensing chemists should be exempted because their duties cannot always be transferred to another person, and the neglect of their functions is attended with danger to the community. It is certainly an anomaly that a pharmaceutist should be expected to leave the making-up of medicines to his shop assistant while he is engaged on duties which could be discharged equally well by others.

Poor-Law Medical Reform in England.

AT a meeting of the Union Medical Officers of Worcestershire, held at the Medical Library, Worcester, on Saturday, 9th March, 1872, pursuant to notice, the following resolutions were unanimously adopted:—

1st. That the whole system of Poor-law Medical relief in England is highly unsatisfactory, and urgently requires reform.

2nd. That this meeting considers the extension of the Dispensary system to county towns as most desirable; but at the same time deems it especially necessary that areas of districts shall be diminished, where in excess, and that the whole of the Medical Officers' salaries shall be paid out of the Consolidated Fund; also that those salaries be revised so as to meet the requirements of the present time.

3rd. That in revising the salaries of Union Medical Officers, the present large—and increased—cost of provisions, &c., be taken into consideration.

4th. That if Union Medical Officers are appointed Medical Officers of Health, the salaries shall be adequate to the responsibilities of the office; and also some independent officer appointed to superintend large areas.

4th. That copies of the resolutions passed shall be forwarded to the local papers, Members of Parliament, and Medical journals.

Popular Pseudo-Medical Literature in America.

DR. MUIR unfolds, in a communication to the *Canada Lancet*, the scandalous abuse of the secular press in America on Medical matters both of editors and members of the profession.

Dr. Muir's communication has for its text an unfavourable review of a medical book which is dignified with the title "Till the Doctor comes and how to help him" a caption which conveys an irresistible aroma of the style and purpose of its contents.

The picture which Dr. Muir draws is, we have every reason to believe, not exaggerated, and it conveys a melancholy impression of the *morale* of certain classes of the profession in America and of the scribes whose services are so readily hired. Dr. Muir says that leaving out a few of the leading city journals (and only a very few), nearly the whole of the remainder of the public prints, more strictly meeting the designation of *news*-papers, are instruments aiding in the perpetuation of every conceivable practice antagonistic to true hygiene; and vehicles through which the already prevailing ignorance in regard to everything relating to the application of physiological laws, is intensified and rendered almost impenetrably dense. The very critique which serves us for a text is sandwiched between mendacious puffs of wandering mountebanks who, as Magnetic Healers, Indian Herb Doctors, Medical Clairvoyants, Analytical Physicians, and Healing Mediums devote their energies to fleecing the ignorant; and the loathsome announcements of abortionist ghouls, whose murderous preparations and appliances are openly hawked in the broad light of day, causing them to be so familiarly "common," as to lead to their acceptance as a matter of course portion of the family sheet! Less criminal only in degree are the thousand and one "patent" nostrum abominations which crowd the columns of almost every paper, with their lying certificates of cure—not seldom accompanied by the pressing recommendation of "the gentleman filling the editorial chair." The teachings of their mentors of the newspaper press have certainly not gone unheeded. The startling narratives of marvellous results from the manipulations of itinerant vagabonds so prominently displayed, have induced a general belief that often great things can be accomplished by them; and plodding resident practitioners of course, as a consequence, are held in but little estimation, from their supposed ignorance of the more efficient means employed by these Bohemians. An apt illustration of the state of thing produced might be seen in this place, at the very moment I write these words. An Indian—a veritable aborigine—rejoicing in the name of "Dr. Maungwaudus," and arrayed in war paint and feathers, is holding at the principal hotel, a "levee for the reception of the health-seekers." Nor is it the poor or grossly ignorant who crowd the "receptions" of pretenders like this fellow. An enormous demand exists for catchpenny books of "Domestic Medicine," which profess to enable every man to "doctor" himself. Many of the works alluded to are published, solely and only, for the glorification of their compilers—parties wholly unknown to fame; others again are issued in the interest of some obscure "Medical Institute" desirous of obtaining notoriety; while men of one idea, who have mounted a hobby and are bent on riding it to death, are the producers of quite a large percentage of the remainded.

The Hon. Horace Greeley understands the peculiarities of the people much better than does his inland contemporary. He says here is a decotion called "Old Doctor ——'s —— Bitters." The proprietor informs us that it contains, among other things, "Sarsaparilla, yellow dock, dandelion, gentian, wild cherry, anise, sassafras, wintergreen, and juniper berries." Well, suppose it does? Why should not one root or one herb be just as effective? Yet this dose for a horse (though no horse would willingly take it) is recommended by the Massachusetts State Assayer, whose certificate is on the bottle. People read, then admire, then believe, then buy, and then swallow it, because he says it is "an officinal medicinal preparation." They guzzle it in the Spring for their blood, in the Summer for their stomachs, in the Autumn for their bowels, and in the Winter for their livers."

Indian Candidates for the Indian Army Medical Service.

THE *Madras Medical Journal* utters a bitter complaint in its last issue, respecting the discreditable and disingenious conduct of the India Office in regard to the candidature of native inhabitants of India, for the Medical commissions in the India Medical Service.

Late and ungraciously, it says, a competitive examination for admission to the India Medical Department has been announced. It is difficult to account for the action of the India Office in this matter on any principle creditable either to the heart or to the head of the home authorities. Knowing that candidates had left this country to study and compete in England, at expense enormous relatively to their means, they put a stop to the examinations, and refused any information as to when they were likely to be resumed. The Under Secretary "had not the slightest idea" when young men who had travelled from India to England in the faith of official declarations would have an opportunity of competing. Impoverished, disappointed, and embittered, these victims of India House incapacity or worse return to this country to hear that, suddenly and unexpectedly, forty appointments will be available in February.

There is another aspect of the matter in which we are more particularly interested. Forty vacancies to be filled at once imply the admission to the service of many assistant surgeons considerably below the standard which our requirements demand and the emoluments deserve. Had ten gentlemen been admitted yearly instead of forty in one gush, we should most certainly have obtained the *élite* of those medical men who have chosen the combatant public services for their career. The stream of supply has been dammed up for some years. Now, that the dam has been suddenly removed, not a little mud, and perhaps some things worse than mud, may be expected.

Is Typhoid Meat Poisonous?

No question can, we suppose, arise as to whether any meat-eater would willingly consent to dine off the flesh of an animal which died of typhus or pleuro-pneumonia, and, therefore, there can be no dispute as to the propriety of vigorously suppressing the traffic in diseased meat, sold by the butchers at the price and with the character of sound food. But it is not proved that such food is in any respect poisonous, and Mr. Bowley, in a recent communication to the Paris Academy, declares that it is not so. The *Madras Journal* recapitulates Mr. Bowley's paper in its last issue.

The first point of interest in the paper to which we refer is the freedom of the cattle kept in Paris during the siege from epizootic disease, although more than 40,000 head were in the city at the beginning, and were exposed during its progress to most unfavourable sanitary conditions. It was not until the investment had been raised, and some of the animals which had formed the stock of the besieging army had been introduced into the city, that some form of cattle-plague broke out; and it appeared in one locality where between six and seven thousand beasts were collected. Not only animals probably diseased, but those actually affected, were consigned to the butcher, on the ground that the experience of ages "had demonstrated that no harm to the public health would follow the consumption of their flesh." The epizootic in question, though so actively contagious that no cattle exposed to contagion escapes, and so virulent that death rapidly and almost inevitably follows attack, appears to be absolutely incommunicable to the human subject. Enthusiastic experimentalists have inoculated themselves from the diseased animals without result. Those who slaughter the affected cattle and handle their flesh, enjoy perfect immunity from the specific disease of the cattle. Even carbuncular diseases, which differ from ordinary cattle plague in being communicable to the human subject by inoculation, do not render the flesh of the animal unfit for food provided it has been properly cooked; *a fortiori* non-inoculable affections cannot be supposed to poison the meat. It is not, however, (according to M. Bowley) a matter of inference merely. Past experience has demonstrated that the flesh of animals suffering from typhus is not unfit for food. Neither in France in 1814 nor in England or Holland in 1865, did the meat of diseased cattle produce any injurious effect upon those who consumed it. At the former date it happened that the population and garrison of Strasburg had no other food than the flesh of oxen labouring under an epizootic malady, and no ill consequences resulted. The same experiment has recently been repeated in Paris with the same issue. Mr. Bowley mentions "typhus" only. We are not aware whether the *rinderpest* is similarly innocuous. From the still imperfect information in our possession it may, we think, be inferred that the flesh of bullocks dying from, or killed while labouring under, the ordinary epizootics of this country, is not likely to produce disease in those who eat it after efficient cooking.

Testimonial of Respect

MR. S. GAMBLE, L.R.C.S., after thirty years practice in the town of Newmarket, having announced his intention to retire into private life, the inhabitants resolved that some fitting token of respect should be presented to him. Accordingly a subscription was started, which was most liberally responded to; and a few days since Mr. Gamble was invited to a dinner, at which the testimonial—consisting of a very handsome silver salver and claret jug, of the value of £56, and a case of small silver, by the Beacon Lodge of Odd Fellows, to which Mr. Gamble had been for more than 20 years the Medical officer—was presented. The chair was occupied by the rector of St. Mary's, Newmarket, who, in the course of a very flattering speech, facetiously remarked that while he was upon his legs he intended to have one last fling at their old friend. He said that when the doctor had once got them down he took all manner of liberties with them, deprived them of such things they most liked, to give them all sorts of things that they did not like, and compelled them to take such and such which attacked them both in front and rear (laughter). He then alluded to the great honours and distinctions conferred upon warriors and others for successful national services, and referred to those recently bestowed upon the Medical attendants of H.R.H. the Prince of Wales, and contended that the stars and ribbons worn by successful warriors would look as well upon the breasts of those whose profession was not to destroy but to save life (cheers).

The chairman said he always entertained the greatest respect for the Profession, and he bore the name, and was a lineal descendant of one of the honourable profession, the venerable Dr. Denman. The rev. gentleman then addressed himself to Dr. Gamble, and in presenting the testimonial said—"I hope you will take this little token of the great respect and regard of all those who have known how valuable your services have been amongst them, and you may rest assured that your departure from amongst us will occasion the deepest feelings of regret. You have so kindly and promptly attended all who have required your valuable services, that many will have their hearts touched by the loss of them. You have laboured in this place upwards of a quarter of a century, and have maintained a spotless character, which is what we may all wish for ourselves; for a character, however won, is of but little value unless it can be maintained. Your character as a Medical man and a gentleman is well and extensively known (cheers). Take this testimonial to your new home, for you have earned it (cheers). Your departure from amongst us is to be the era of a new life to you, and I and all hope that you may live for many years in all the health and felicity this world can afford (loud cheers), and when you look upon this testimonial it will, I trust, lead you to talk and think of your old friends at Newmarket (loud and prolonged cheers)." The chairman concluded by proposing the health of Mr. Gamble, which was most heartily received and drunk with musical honours. Mr. Gamble, who was too deeply moved with the reception to reply at length, thanked them sincerely for the honour they had done him, adding that as long as life was spared to him, the remembrance of their kindness would be uppermost in his thoughts.

The Royal Society.

FIFTY-NINE candidates have been proposed for the much-coveted F.R.S. at the next annual meeting, including twenty members of the Profession. The Earl of Lonsdale, whose death was recorded a few days back, was the father of the society, his election having taken place in 1810. This honour now devolves on Sir Henry Holland, Bart., M.D., D.C.L., elected in 1815.

THE Egyptian Hall, where the memory of Albert Smith still survives, will be opened on Easter Monday by Professor Pepper and T. W. Tobin, who have both retired from the Polytechnic, and will commence a series of popular scientific entertainments, which will probably enhance even their reputation. With no board of direction to consult, these heroes of the ghost, the sphynx, and other illusions will no doubt surpass themselves, and make the Egyptian Hall as popular a resort as any in London.

AN important literary announcement has recently been made of the publication of an "international" series of popular scientific works, which is just about to commence. The first volume of the series will be by Professor Tyndall, on "The Forms of Water in Clouds, Rain, Rivers, Ice, and Glaciers." Professor Huxley will follow, on "Bodily Motion and Consciousness;" Dr. Carpenter, on "The Principles of Mental Physiology;" Sir John Lubbock, on "The Antiquity of Man;" Dr. Odling, on "The New Chemistry;" Norman Lockyer, on "Spectrum Analysis;" and many others. It is evident that the subjects and the authors have been well matched in every instance; but the *Chemist and Druggist* considers that the mere fractional proportion of foreign authors compared to those of our own nation, flattering as it may be to our national vanity, is out of all relation to our rightful position, and seriously detracts from the "international" prospects of the series. The object of each author, we are told, will be to bring his subject as near as he can to the general reader, and each volume is to be sold in this country at a price not exceeding five shillings. The series will be published by Messrs. H. S. King and Co., in London, and simultaneously in Paris, Leipzig, and New York.

HER Majesty the Queen, with that thoughtful consideration which characterises her, has kindly sent a large quantity of linen from Buckingham Palace for the patients at the London Hospital.

A MEETING of the Dublin Obstetrical Society was held in the College of Physicians on Saturday last, when Dr. Ringland read "A Case of Sudden Death Seventeen Days after Delivery;" Dr. Taylor, "A Case of Cross Birth;" and Dr. Denham, "Some Observations on the Use of Ergot of Rye."

THE Medical Society of the College of Physicians, Ireland, will meet on this evening (Wednesday), at eight o'clock. The following communications are set down for reading:—1. Discussion on Dr. Foot's paper; 2. Dr. Lyons on "Some Statistics of Small-Pox;" 3. Dr. Finny on "A Case of Atropia Poisoning Successfully treated by Morphia."

DR. BAYES, in the *Homœopathic World*, states by authority, his information coming from a source "whence no error is possible," that of about 500 remedies urged on the physicians in attendance on the Prince of Wales as infallible cures, not one was employed, and that *Baptisia Tinctoria* was not administered to the Prince. It has been frequently reported that His Royal Highness was cured by this homœopathic remedy when all others had failed. This, then, says the *Chemist and Druggist*, is not true, and homœopathy must wait a little longer for an opportunity of snatching such a laurel wreath as it was fondly hoped this Baptisia Tinctoria had woven.

IN a letter to *John Bull* on the Prince of Wales and Sanitary Reform, M. A. B. offers the following suggestion:

> "Looking at the lamentable consequences of the ignorance prevailing amongst all classes concerning the most ordinary matters of daily life affecting the health of the community, it occurs to me to point out that a most appropriate way of applying the munificence which is just now flowing from the ready purses so liberally opened in obedience to the grateful promptings of the hearts of the people, would be to raise *Schools of Hygiene* in every town. This would be the very best form which a National demonstration could take; as the double purpose would be answered of setting up in every locality a memorial of thankfulness for the Prince's recovery, and a monument to mark a new epoch in the sanitary history of the country."

A VERY serious fire, though happily unattended with fatal results, occurred last week at the Cambridge County

Lunatic Asylum. Dr. Bacon, the Medical superintendent, was absent during the day, but returned in the evening to find the building in flames. The origin of the fire is supposed to have been connected with the basement flues. Within a few minutes of its discovery the whole of the chapel roof was in a blaze, and but for the energetic working of the officers and some of the patients, would have extended to the wards, the results of which in a lunatic asylum can be better imagined than described. Fortunately the flames were confined to the chapel, which was entirely burnt out.

◆

Foreign Medical Literature.

ON PLEURITIC EFFUSIONS AND INDICATIONS OF THORACENTESIS.

By Professor Dupre, of Montpelier.

(Translated from *La France Médicale* for the Medical Press and Circular, by A. Vickery.)

The last case of this class is quite recent. A bricklayer, suffering under an effusion, occupying the whole of the left side for about twenty days refused thoracentesis, and left the hospital. He returned some days after and died suddenly, at the time when I was examining him.

All research into the pathogenesis of these accidents is forbidden me at this time, but I ought to say that among none of the five patients whom I have seen perish thus, has there been either rupture of vessels, or pulmonary or pleural lesion of the opposite side, or pericardiac complication, or tricuspid or aortic insufficiency, or hæmorrhage of the bulb, or lesions which being at a distance would have been able to cause embolic clots. We have not been able reasonably to find the probable causes of death, except in the effusion itself; the profound modifications which it impresses on the respiration to hæmatosis, and in the sanguineous concretions, the formation of which it facilitates on the spot. The *post mortem* examinations of five subjects have been made with care, and have not contributed anything to the elucidation of this question. In the woman alone, I found a manifest stricture of the right branch of the pulmonary artery and a slight atheromatous induration of the left branch.

Thus no more doubt is permissible; the dangers of temporising are incontestable. But this is not sufficient; it is necessary to show again that the puncture of the pleura, the evacuation of the effused liquid can prevent them, and that this little operation should add absolutely nothing to the gravity of the situation, as it is of itself in-ffensive, and all that has been said of its dangers is at east considerably exaggerated, if not entirely false.

Among other complaints formulated against it, one is ery surprised to see ascribed to its action, that of being rovocative of sudden death. Now, in the actual state of cience, we only know of one single case of death aving immediately succeeded thoracentesis. It has been bserved by Trousseau, in 1849; it is known by all the orld. Every one recognises also, that it has but little mportance from the point of view we occupy. The exis-ence of gout in the patient, the cardiac invasion under he influence of this diathesis, the lack of the *post-mortem* ender it but slightly significant. It should not hinder us om establishing the principle, that far from predisposing sudden death, this serious result is generally prevented y puncture of the thorax, and that this is even the surest ethod of avoiding it.

Let us state from another side, the absolute harmlessness uite absolute) of thoracic puncture. This chirurgical tempt merits not even the title of operation. Although pinion has made in this respect great progress, it is still considered too generally as a violent and brutal proceeding, imposing useless suffering on the patients, and exposing them to real dangers. These are, I affirm, pure illusions. Thoracentesis is not more violent, not more painful, not more dangerous than abdominal paracentesis in the case of ascites. I have practised it in the most diverse circumstances, and I declare that it is as simple in its application, as easy in its accomplishment, and sure in its results. Laennec foresaw that it would spread with auscultation. He was not deceived in this, and to day, thanks to the precision of diagnosis, it is without danger for the patient, without mistake for the practitioner. In all my operations, the vessels, the nerves, the lungs, the heart, the diaphragm, have been uninjured. I have never seen it followed by harassing swoons, and uncontrollable coughs, and I declare imaginary all that has been said of its immediate dangers, or of those which follow. Certainly, the effusion may be produced, the serum may degenerate, grave accidents and death may supervene, but all this is independent of it, and results from other causes. When fever succeeds, it is habitually ephemeral, the patients feel immediately a remarkable change for the better, and declare themselves ready to return to their customary diet, exercise and work. The pulmonary vesicles dilate, air rushes into them, respiration becomes more free, and the hæmatosis more complete. The venous tension diminishes as that of the arteries augments. The pulse rises, becomes regular, and attains very soon its normal rhythm.

Clinical observation has long since established this change. The sphygmograph has confirmed it, and rendered it visible by stereotyping it. My diagrams agree with those which have been given till now, especially with those of M M. Bergeron and Cornil.

One word now on the operative procedure. It is, I have said, of extreme simplicity. From the commencement of my attempts, I have seen that it was necessary to penetrate directly into the chest, and avoid the introduction of the air. I fulfil this double indication by means of a flat trocar, ten centimetres in length. The canula is provided with a stop-cock intended to moderate or to suspend the flow. Its external extremity presents a groove which facilitates the application of a membranous valve. Excepting in special indications, I pierce the sixth intercostal space to the right, and the seventh to the left, in the direction of a line, which, starting from the centre of the axillary hollow, descends perpendicularly towards the hypochondrium. The arms being very much raised, the trocar is thrust resolutely into the chest by a sudden sharp blow, passing closely the upper edge of the rib below, guided by the index finger of the left hand, the extremity of which rests on the edge. These simple precautions enable us to avoid wounding the vessels and intercostal nerves, except in anomalous cases, which, for my part, I have never encountered. The pain is scarcely perceptible, and were it not for the lack of parallelism between the openings of the skin and the several flat muscles, the patient would not feel anything. Thus, no more of previous cutaneous incisions, no more of curved or capillary trocars, no more of complicated canulas, of prepared aspirators. I have tried a great number of instruments, more or less complex. My pupils have contrived several very ingenious ones. I have abandoned them all, to return and attach myself definitively to the procedure, and the instrument indicated. The chest empties itself easily, a double obstacle opposes itself to the penetration of the air, and when all is done, the arms being lowered the cutaneous opening is displaced, and constitutes the best of obturators.

There only remains to examine one last question, that of opportunity. At what time is it desirable to practise the puncture of the thorax? There is my reply; it is in part the result of what has been said.

There exist cases of urgency where all hesitation becomes dangerous. Effusions dating from more than fifteen days, occupying entirely one of the pleural cavities, present this character. The urgency is more pressing still if the seat of the effusion be on the left, and the heart be much displaced, then empty the chest without hesitation, and without waiting for suffocation to appear, which may, as I have already said, be absolutely wanting. To temporise, is to assume the gravest responsibility.

Besides these circumstances, puncture ought not to be practised until one believes the limit of the effusion (*l'effort hypercrinique*), reached. Now, if in inflammatory effusions, this limit is easily determined; if it is true, as I have sought to demonstrate, that it is intimately connected with fever, inflammation, &c., it is natural to conclude that the diminution of the cessation of these phenomena ought to suspend the development of the serous accumulation. Daily experience agrees with this prevision of theory, and establishes it as a fact, which has been verified a thousand times.

It is not thus with sero-plastic effusions. The fever and pain often fail, and when they exist, they have no relation with the local phenomena. These ought to be studied apart from those. If clinical observation permits of considering these effusions as constituting in certain cases, a veritable crisis, analogous to the sweating crisis by the rapidity of their evolution and their definitive character, there are others where the serous accumulation realises, follows, and continues long, without it being possible to penetrate the true causes, and above all to fix the limit with precision. I believe, however, that I am not far from the truth, in affirming that, in ordinary cases, this limit is reached in the course of the second week. To practice thoracentesis before the tenth day, this is to expose, not to augment, as we have said, an inflammatory orgasm which does not exist; but to see the effusion reproduce itself, and this with a rapidity and activity, which the puncture seems able to augment. It is under these circumstances, and to avoid these eventualities, that medical treatment can render incontestable services. It dispenses habitually with new chirurgical attempts, before which, however, it is never necessary to recede. I have repeated thoracentesis up to five times in the same subject, and that without any serious inconvenience.

Here then are the conclusions to which I am led, which sum up this work, and which seem to me decisive:—

1. There exist idiopathic pleural effusions, of which apyrexia, absolute or relative latency, and progression, are habitual characters.

2. They are constituted by a serous accumulation spontaneously coagulable, and by the rapid formation of membranes of new formation.

3. They are distinguished from inflammatory effusions, and dropsical accumulations, by all the clinical characteristics which connect them with the opposite of rheumatism.

4. The presence of plastic serum in the pleura, and its prolonged sojourn constitute a real and considerable danger. It is necessary to evacuate it, either indirectly by the assistance of medicine, always long and uncertain, or directly by surgical means.

5. Thoracentesis following the rules prescribed, is absolutely inoffensive, its action immediate, its results direct, exposing the patient to no danger.

6. It is necessary to practice it immediately in effusions which are of more than fifteen days duration; above all those which are seated at the left, and which occupy all the pleural cavity.

7. In those which form under the eye of the observer, it is not necessary to have recourse to it until after the tenth day, and if they occupy at least two tiers of the pleural cavity.

◆

Literature.

THE LONDON MEDICAL GUIDE (*a*).

This is a Medical Directory of London and the suburbs. Whatever of this kind bears the name of Kelly is sure to be brought out in a first rate way, and this Guide contains a good deal of information, besides that of the Directory itself. We find, on looking into it, most of our friends correctly described. We have, however, fallen upon one or two omissions; but for the first year, this is a most creditable production.

THE IRISH MEDICAL DIRECTORY (*a*).

The new Irish Directory does not compete in size or price with its London analogue. Being essentially Irish and local, it can and does afford to give an immense supply of information which would be out of place in a cosmopolitan publication. Facts, laws, and statistics about the Poor-law, lunacy, coroners, infirmary, and other Irish public medical service form the best part of the book. Like other new ventures it has room for improvement, a fact which its editors frankly confess. Already it has made itself almost indispensable to Irish medical men, and to those who want to refer to Irish medical matters. Next year it will, no doubt, assume the permanent and complete form of which it is now only a very promising embryo.

Correspondence.

DISCUSSION BY THE MEDICAL SOCIETY OF LONDON ON THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your "Special Report of the discussion on Contagious Diseases Acts at the Medical Society," in your issue for March 13th, you have done me the honour to quote some remarks of mine. I shall be glad to have some mistakes made by the reporter corrected. (No. 1.) I did not say that Dr. Balfour had omitted constitutional syphilis from the tables, but that he had omitted the entries of the men sent to hospital for constitutional syphilis without primary sore, because such cases having existed some time, might have been in hospital before, when primary sore was present, or might have contracted their disease out of the district, hence to include such cases, would be introducing items of disease with which the Acts had nothing to do. In doing this I quoted Dr. Balfour's own evidence before the Royal Commission. (No. 2.) I did not say "Acton and Balfour both say that the Acts have diminished venereal sores." I had in my hand the official returns from the Army Medical Department, printed in the evidence taken before the Royal Commission, and I read out the figures in those returns proving that whether districts are taken separately or conjointly, the number of men sent to hospital for venereal sore, is now less than one half what it used to be before the Acts were applied; while the number of men sent to hospital for the same cause at stations not protected by the Acts, has not diminished at all. This, I take it, is a more convincing mode of arguing a question, than to quote what may be 'said' however good the authority for the "saying" may be. (No. 3.) With regard to prevalence of venereal disease among the prisoners of the Borough gaols at Plymouth, I did not say that twenty-five per cent. of the prisoners were affected with venereal before the Acts came into force, but I read out a return from the gaol surgeon printed in the evidence, showing that whereas in the ten years before the Acts, 1½ per cent of the prisoners were syphilitic; in the seven years which have since elapsed (1864-70) half of one per cent have been syphilitic.

I will not occupy your space with an attempt to fill in the omissions, which have made nonsense of some of the statements attributed to me, but merely add that I suppose the version of Dr. Taylor's paper to be as incorrectly reported as my own speech, for as it stands, it has many inaccuracies and perversions of the truth.

I am, &c., Berkeley Hill.

London, March 14th, 1872.

[We are happy to insert the foregoing note from Mr. Berkeley Hill, and deeply regret that any errors appear in the

---

(*a*) "The London Medical Guide." Kelly and Co. 1872.

(*a*) "The Irish Medical Directory." Pp. 384. Crown 8vo. [illegible] Offices of the Medical Press. London: Baillière, Tindall, and Cox.

report of his speech. The more so that he is universally acknowledged to be the ablest writer on his side of the question. At the same time we may add that, we scarcely think he need have extended his remarks to other portions of the report. If Dr. Taylor had been mistaken, he would probably have taken the trouble to write himself. We cannot see any necessity for anger; but these Contagious Diseases Acts seem to spoil everybody's temper who speaks or writes about them. —Ed. M. P. and C.]

◆

Medical News.

Apothecaries' Hall.—At a Court of Examiners held on the 14th inst., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. Henry Gordon Cartwright, of Burton-on-Trent; Alfred Cave, of Barking; Handsford Hosking Clyma, of Truro; Blaise Bernard Floyer, of Floore; Stanley Alexander Julius, of Mortlake; Charles H. A. Stone, of Poole; and William George Swan, of St. George's Road, Southwark. And at the same Court, Messrs. John Randall Burton and Thomas Pink, of Guy's Hospital; and Richard Jocelyn Swan, of the Dublin School of Medicine, passed the primary professional examination.

◆

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.

Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission, The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn r attention to the fact, that some of the houses in the United States e charging the enormous figure of 15 dollars per annum (more than 3) for supplying this Journal to different parts of the States. We g, therefore, to state that we shall be happy to supply the same gularly post free per annum if paid in advance, for considerably less an half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), ther direct from our offices in this country, or through our recognised ents in the United States.

Our Food Reports.—The continuation of the series of Special Phy- logical and Chemical Reports on Farinaceous and other Foods and Extracts, is unavoidably held over to our next.

Dr. Jacob's Lectures on Diseases of the Eyes.—The illustrations r the next of these lectures were not quite finished by the engraver the time of our going to press. The lectures will be continued in our x.

Pure Milk.—A Correspondent congratulates us on opening our lumns on this subject, so important to the welfare of children, but kes exception to the wording of a letter we inserted. No doubt ste was the cause of the defects criticised, but the subject is one of utmost hygienic importance.

Sanitary Inspection says that, "legislation is so slow that it is ie to take the 'bull by the horns,' and for the public to protect mselves." True enough, but how is it to be done?

Mr. Merton.—1. The disease is treated by most practitioners. The inary attendant would recommend a specialist. 2. The books of best authors are frequently advertised in our columns, and the ones are reviewed as they appear. Some have appeared lately. We do not expect any fee for such advice. 4. You should read our rnal regularly, and would thus obtain answers to all your questions.

Communications have been received from:—Dr. Paget, Cambridge. puty Inspector-General Gordon, C.B. Mr. Berkeley Hill. Professor rggraeny, Brussels. Dr. Corfield, London. Dr. Woodward, Worter. Dr. Amadeo, Porto-Rico. Mr. Stansfeld. Dr. Crichton wne, Wakefield. The Secretary, Hospital for Consumption. Mr. dge, Exeter. Mr. Coleman. Mr. Courtenay, London. M. A. B., ndon. The Secretary of the Royal Institution. The Secretary of Medical Society. Mr. Neave, Fordingbridge. Dr. Gibson, nghton. Mr. C. Merton, Barnes. Dr. Eames Brown, Morland. J. Aston, Wadingham. Dr. Berry, Holmfirth. Mr. Lippincott. Banks, Nottingham. Dr. Atthill. Dr. Winn. Mr. Tichborne, S., Dublin. Dr. McAuliffe, Abbeyfeale. Dr. Burkett, Waterford. Dobell, London. Dr. Sampson, Scarriff. Dr. Poyntz, Abbeyleix. Charles, Cookstown. Dr. Spotswood, Cahirciveen. Mr. Hyslop, rch Stretton. Dr. Goins, Mullinahone. Dr. Cullan, Dundalk. Murphy, Killarney. Dr. Johnson, London. Dr. Tyrrell, Ban- ge. Dr. Keogh, Nenagh. Dr. Pratt, Newport. Dr. McClelland, bridge. Dr. Nolan, Dublin. Dr. Ryan, Ballingarry. Mr. Dunn, don. Mr. Jeffries, Glanmire. Mr. Leatham, Coalisland. Mr. nming, Belfast. Dr. Drysdale, London. Dr. Stock, Clonroche. Dr. Auterson, Hookstown. Dr. Mitchell, London. Dr. Busteed, Castlegregory. Dr. O'Kelly, Mount Bellew Bridge. Dr. D'Esterre, Limerick. Dr. White, Clonmel. Mr. Hardwicke. Mr. Stokes, Cahir. Mr. Turner, Lisburn. Mr. McDonnell, Limerick. Mr. Dobson, Mohill. Mr. O'Flynn, Cork. Mr. Wallen, Stranorlar. Dr. Mayoley, Brussels. Dr. Huston, Tyrone. Dr. Kenny, Listowel. Mr. Moody, London. Dr. Calcutt, Ballingarry. Dr. Harold, Castle Island. Dr. Twiss, Ballinrobe. Dr. Wise, Cork. Mr. Denyer, London, &c.

◆

VACANCIES.

Oughterard Union, Clonbur District. **Medical Officer. Salary £100 per annum,** exclusive of fees. (See advt.)

Thurles Union, Littleton District. **Medical Officer. Salary £120 per annum,** exclusive of fees. (See advt.)

St. Marylebone Dispensary, Middlesex. **Honorary Surgeon.**

Chichester Infirmary. House-Surgeon. **Salary £50, with board.**

Seamen's Hospital, Greenwich. House-Surgeon. Honorary.

Rotherham Hospital. Resident House-Surgeon. **Salary £150.**

Ripon Dispensary. Resident House-Surgeon. **Salary £100.**

Walsingham Union. Medical Officer. Salary £38, with fees.

Sudbury Union. Medical Officer. Salary £55, with fees.

Royal Orthopædic Hospital, London. Two Surgeons and two Assistant Surgeons. Honorary. (See advt.)

◆

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

Pereira's Elements of Materia Medica, 3rd Edition. Edited by Professors Bentley and Redwood. London: Longmans & Co.

A Guide to the Examination of the Urine. By Dr. Wickham Legg. 3rd Edition. London: H. K. Lewis.

The London Medical Guide for 1872.

The Irish Medical Directory for 1872.

Statistics of the Liquor Traffic.

A Plea for Scientific Reform. By G. M. Beard, M.D.

Hardwicke's Science Gossip; The Monthly Microscopical Journal; Le Mouvement Médical; The Pacific Medical Journal; The American Chemist; La France Médicale, &c.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, March 20.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."

Thursday, March 21.—Royal Institution, 3 p.m. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Harveian Society of London, 8 p.m. Mr. F. J. Gant, "On Impacted Fracture of the Neck of the Femur; its Diagnosis and Treatment."

Friday, March 22.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Royal College of Physicians of London, 5 p.m. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."

Quekett Microscopical Club, 8 p.m.

Clinical Society of London, 8½ p.m. Dr. Southey, "On Two Cases of Persistent Omphalo-Mesenteric Duct leading to fatal Intestinal Obstruction."—Mr. Teevan, "On the Treatment adopted in Four Cases of Impermeable Stricture."—Mr. Gant: "Spontaneous Gangrene of both Feet from Disease of the Heat; Amputation, Recovery, &c."—Dr. Broadbent. "On a Case of Paralysis due to Tumours in Pons and Medulla Oblongata."

Royal Institution, 9 p.m. Mr. J. Norman Lockyer, "On the Results of the last Eclipse Expedition."

Saturday, March 23.—Royal Institution, 3 p.m. Mr. Moncure D. Conway, "On Demonology."

Monday, March 25.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, March 26.—Royal Medico-Chirurgical, 8.30. Ordinary Meeting.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 20.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, March 21.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, March 22.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
entral London Ophthalmic Hospital. Operations, 2 p.m.

Saturday, March 23.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, March 25.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

TUESDAY, March 23.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

◆

APPOINTMENTS.

BENHAM, W. T., M.B., C.M., M.R.C.S.E., Assistant Resident Medical Superintendent of the Bristol Lunatic Asylum.

CARTER, S. H., M.B., L.R.C.S.Ed., House-Surgeon to the Weston-super-Mare Hospital and Dispensary.

CHALMERS, T. D., M.B., Hon. Assistant Medical Officer to the Liverpool Infirmary for Children.

HUNT, Mr. R., Assistant Medical Officer to the General Infirmary, Leeds.

JOHNSTONE, J. L., Medical Officer to the South Dispensary, Liverpool.

KING, G., M.B., M.R.C.S.E., Surgeon to the South Hants Infirmary.

MALONY, P. J., M.B., C.M., Medical Officer and Public Vaccinator for District No. 4 of the Chesterton Union, Cambridgeshire.

MITCHELL, S., M.D., Medical Superintendent of the South Yorkshire Asylum, Sheffield.

RAYNER, W., M.R.C.S., Medical Officer to the Uxbridge Union.

SAUNDERSON, R., M.D., L.R.C.S.I., Medical Officer, &c., for the Clonelly Dispensary District of the Irvinestown Union, Co. Fermanagh, and for the Pettigo Dispensary District of the Donegal Union, Co. Donegal.

SIMS, W., M.B., Assistant-Surgeon to the South Hants Infirmary.

STERLING, J., L.K.Q.C.P., Medical Officer to the Castlecomer Union.

WILLIAMS, D. W., M.D., Physician to the Dorset County Hospital.

WILLIAMS, P. H., M.D., M.R.C.P.L., Consulting Physician to the Worcester Infirmary, on resigning as Physician.

◆

Marriages.

ANDERSON—COUDRON.—On the 13th inst., at St. Peter's, Belsize Park, N.W., W. Carr Sedgwick, M.D., to Gabrielle, only daughter of Monsieur Coudron, of Paris.

COTTON—CRANE.—On the 7th inst., at Christ Church, Cheltenham, Payne Cotton, M.D., F.R.C.P., Physician to the Hospital for Consumption, Brompton, to Eliza, widow of the late Hon. Wm. Crane, of New Brunswick.

◆

Deaths.

CHAPPEL.—On the 13th inst., at his residence, George Street, London, W. J. C. Chappel, M.R.C.S., aged 58.

DENTON.—On the 1st inst., F. G. Denton, Surgeon, of Elm-tree House, Clay-cross, Chesterfield, aged 35.

KNIPE.—On the 7th inst., G. F. Knipe, L.R.C.P.Ed., of Instones, Leighsinton, Worcestershire.

PARKER.—On the 8th inst., at Cavan, James Parker, L.R.C.S.I., aged 34.

VAWDREY.—On the 11th inst., Geo. Vawdrey, M.R.C.S.E., of Hayle, Cornwall, aged 65.

WEBB.—On the 4th inst., John W. Webb, M.R.C.S.E., of Headingley, Leeds.

WILLIAMS.—On the 10th inst., Philip Henry Williams, M.D., M.R.C.P.L., of Foregate Street, Worcester.

TO APOTHECARIES' AND DRUGGISTS.—The shop fixtures of the late Dr. PILSWORTH, of Maryboro', consisting of large nest of drawers, with brass name plates attached, and a quantity of stoppered and covered stock and show bottles different sizes, will be disposed of at a moderate price, can be seen on the premises on application to Mr. JOHN HIPNELL, Maryboro', who will be happy to give any further information.

FOR DISPOSAL.—A GENERAL PRACTICE, average income £200 per annum, including Poor-law Union Appointments, which may be secured to an active, steady, and gentlemanly man, who would be able materially to increase the present income. For particulars and terms, apply fully to X. Y. Z., at the office of the MEDICAL PRESS AND CIRCULAR, 20 King William street, Strand, London, W.C.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S.,

&c., (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 422. In a PLEASANT TOWN in an agricultural district, an excellent family practice, realising on the average of the last three years, £1,047, last year's receipts, £1,234; patients of a very good class; midwifery £1 1s. and upwards; family residence containing fourteen rooms, with stabling, good garden, &c.; easily worked appointments bring in £120 a year; a thoroughly efficient introduction can be given; ill-health the cause of retirement. No gentleman need apply who has not at least £800 at his present command.

Y 419. LONDON West, DEATH VACANCY. Income upwards of £1,000 a year, of which nearly £700 is received in cash; midwifery £1 1s. and upwards; no horse or conveyance required; the house is held on very advantageous lease; liberal terms would be conceded to a prompt purchaser. The whole connection is believed to be transferable.

Y 418. CATHEDRAL CITY. Average income £510 per annum; good class of patients; population upwards of 30,000; no dispensing; no clubs; no horse or conveyance required; midwifery £1 1s. and upwards. An effective introduction can be given and the highest references.

Y 417. SOUTH EASTERN COUNTIES within a few miles of the coast. The present income is £350 a year but was formerly much greater, and could again be increased to £700; appointments yield £135; there is a convenient residence, with large garden, &c.; no opposition within three miles. The whole connection is transferable; premium £350, of which a part may be paid by instalments.

Y 429. WEST END PRACTICE. Established 20 years, held by the Incumbent for the last 10 years; patients good class, and within a very narrow area; no horse or brougham required; no assistant employed; average receipts £540 a year, and capable of unlimited increase. The vendor has not pushed the practice, and has declined all appointments; convenient residence, containing nine rooms, at the corner of an important thoroughfare, held on lease; rent £75. The highest references can be given, and the causes of retirement fully explained; premium a year and a-half's purchase; no gentleman will be negociated with who cannot give a banker's or solicitor's reference, as to the means at his disposal.

Y 430. The succession to a physician's practice in a fashionable WATERING PLACE may be secured upon easy terms, the Incumbent being seriously ill; a good introduction can be given by letter, and the co-operation of friends. The receipts have averaged £1,000 a year; there is an excellent house in a prominent situation, at a moderate rent; the house is specially suitable for a gentleman holding the best Irish Diplomas, and who has a Dublin connexion.

Dr. Langley's Quarterly List of selected Practices and Partnerships for January is now ready, post free on application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 27, 1872

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Croonian Lectures, delivered at the Royal College of Physicians.—On Disease and its Remedial Treatment. By Dr. Bristowe 267
Caruncle of the Female Urethra and its Treatment by Electrolysis. By Richard Crean, L.K.Q.C.P.I., House-Surgeon to the Clinical Hospital, Manchester 268
The Correlation of Varicella and Variola. By Mr. Frank Thorp Porter 269
On Spurious, Feigned, and Concealed Pregnancy. By Dr. Thomas More Madden, M.R.I.A., Examiner in Midwifery in the Queen's University in Ireland, and Assistant Physician to the Rotunda Lying-in Hospital, Dublin, &c. 271

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL—
Cases under Dr. Ogle (*continued*) 272

TRANSACTIONS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY—
Account of a Case of Resection of the Shoulder and Elbow Joints in the same Arm, for Gunshot Injuries. By Wm. Mac Cormac, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital 273
On the Surgical Treatment of Suppurating Ovarian Cysts, and on Pelvic Adhesions in Ovariotomy. By T. Holmes, F.R.C.S., Surgeon to St. George's Hospital 272
SURGICAL SOCIETY OF IRELAND—
Hernia 272
The Correlation of Varicella and Variola 275

LEADING ARTICLES.

DRINKING WATER 275
SHAM DEGREES 277

NOTES ON CURRENT TOPICS.

Medical Congress at Lyons 277
The Vacant Chair of Botany in the Royal College of Science, Dublin 278
A Case of Electrotherapy 278
Health of Dublin 278
The Beauties of Homœopathy 278
Iodine for Wens of the Scalp 278
The Sanitary State of Truro 278
Californian Fees 279
The Royal Family 279
Domiciliary Sanitary Inspection 279
Traumatic Aneurism from Dislocated Shoulder 279
Bromide of Potassium in Uræmic Convulsions 279
Life Assurance 279
Treatment of Epilepsy 280
Pills of Sulp. Iron; Creasote; Carbolic Acid 280
The Prizes of the Paris Academy of Medicine 280

SCOTLAND.

EDINBURGH—
Lady Students 281

American University Degrees 281

FOREIGN MEDICAL LITERATURE.

Professor Weil upon Dr. Lostorfer's Syphilitic Corpuscles 282

CORRESPONDENCE.

Edmund P. Sharkey, M.B.T.C.D., on The Origin of Fever 283
"Tanner" Prize at King's College 283
Special Report of Discussion at Medical Society on Statistical Results of Contagious Diseases Acts 283

LITERATURE.

Zymotic Diseases: their Correlation and Causation. By A. Wolff, F.R.C.S. 284
Transactions of the Pathological Society of London 284

MEDICO-LEGAL INTELLIGENCE.

Dale *v.* Constable.—Libel Case 285

MEDICAL NEWS.

The Charge of Poisoning a Workhouse Surgeon 285
Death from Hypodermic Injection 285

Obituary 286
Notices to Correspondents 286

Original Communications.

CROONIAN LECTURES.

DELIVERED AT THE

OYAL COLLEGE OF PHYSICIANS OF LONDON.

N DISEASE AND ITS REMEDIAL TREATMENT.

BY DR. BRISTOWE.

THE first lecture was delivered on the 6th March. he lecturer endeavoured in the first place to define the ord "disease." He argued from the facts of parasitic seases, of infectious fevers, such as scarlet fever, of in- ammations, of tumours, and of diseases originating in echanical causes, that the biography of every disease mprises some specific cause, and certain resultant phe- mena, vital, chemical, or mechanical, which are, or ich produce, the symptoms by which we recognise its esence; and then suggested the following as a definition disease, namely, that it is "a complex of some dele- ious agency acting upon the body, and of the phe- mena (actual or potential) due to the operation of that ency." He admitted that there were difficulties in the y of accepting this definition, and proceeded to discuss importance in this respect of some of these diffi- ties—especially those arising out of developmental eases, inflammations, and tumours, and out of the fact t all diseases involve (in a greater or less degree), not y certain groups of pathological changes springing ectly from their respective morbid causes, but that se primary pathological changes themselves tend to ke others, these again a tertiary series, and so on tinuously. In reference to this latter subject, he luced scarlet fever, syphilis, and various other diseases, l enumerated the various incidents essential to each, l most of those which are apt to come on as complica- s or sequelæ; and argued from the facts which he brought forward, that in the first place every separate incident of a disease considered with its immediate cause or with its immediate consequence, might properly be regarded as a disease, and in the second place only those morbid conditions should be regarded as constituting an essential part of the primary disease which spring directly from the operation of its cause, and none of those which continue in active operation after the destruction or disappearance of the cause.

He then enumerated, for the purposes of his subsequent remarks, certain classes of diseases, namely—1st, functional; 2nd, those originating in excess, deficiency, or improper quality of nourishment; 3rd, those arising from retained excretions; 4th, those due to the action of poisons; 5th, those originating in mechanical causes; 6th, parasitic diseases; 7th, inflammatory diseases and tumours; and, 8th, those generated by contagium. And he devoted the remainder of the lecture to the consideration, in respect to several of these, of the methods by which they act injuriously on the system, and the methods by which, in the event of recovery taking place, that recovery is effected by the operation of nature. On the whole, he appeared to entertain the belief that nature, if regarded as a physician, is somewhat of a bungler; and that the so-called "*vis medicatrix*" is often wide of the mark, often inoperative from its very violence, and sometimes (as in the case of the exanthemata) little else than a process for multiplying enormously the poison and scattering it broadcast.

The second lecture was given on the 8th March. Dr. Bristowe commenced this by quoting from Dr. Paris's Pharmacologia the objects which that physician enumerates as desirable to obtain by mixing and combining medicinal substances. And while admitting the importance of endeavouring to carry out those objects in writing prescriptions, he pointed out that such rules are rather for those who understand, or who believe they understand, the actions of medicines in relation to the processes of disease, than for those who are investigators of the actions of drugs. He then went on to consider some of the difficulties with which medical men have to contend in endeavouring to estimate the curative influence of drugs. Among these he enumerated—1st, the regular course of many diseases, in virtue of which the same result is apt to follow on the most opposite plans of treatment; 2nd, the unanticipated changes which attend many (especially functional) diseases, and in which, therefore, a natural change for the better is often ascribed to the influence of drugs; 3rd, the fact that medicines are constantly combined, not merely with other drugs, but with changes of diet and numerous other hygienic conditions, which latter are themselves probably of important effect; and 4th, the domination of theories of disease and of treatment, inclusive of the theories which practitioners are apt to invent (half unconsciously) for their own guidance.

He next made a few observations upon functional diseases, and pointed out that, little as is understood of their intimate pathology, it is over these perhaps more than over any other kinds of diseases that physicians have influence by means of their art. Diseases due to poisons, and those originating in excess, deficiency, and improper quality of nourishment, and the morbid conditions due to the retention of bile, urea, &c., were dismissed with a few remarks. Upon those which he termed mechanical, however, he spoke at some length. He took successively the cases of canals obstructed by concretions, and those in which stricture is present (including among the latter diseases of the cardiac valves); and endeavoured to show that the muscular hypertophy and dilatation of canals which follow obstruction are in no proper sense of the term either beneficial or curative; that the dilatation is as much a source of weakness as the hypertrophy is a source of strength, and that they neutralise one another almost from the beginning; and he pointed out that experience had long since proved that in all such cases the efforts of the medical man ought to be to restrain rather than to excite the action of the hypertrophied organs. In reference to parasitic diseases he asserted that only those in which drugs can be made to operate directly are amenable to curative treatment; and remarked that he should be inclined to believe in the curability of trichiniasis by internal remedies when itch should be shown to be capable of elimination by brimstone and treacle or diaphoretics. He then passed on to the subject of inflammations, which he discussed at considerable length; and while admitting the beneficial effects of local remedies when they could be applied directly to local inflammations, and the beneficial influence in reference to many of the symptoms and complications of inflammation which might be effected by various remedial measures, he still inclined strongly to the belief that inflammations as a rule do not admit of being curtailed in their duration by drugs taken into the system. He agreed with Dr. Hughes Bennett and others as to the incurability of pneumonia by medicines; and he agreed also with Sir W. Gull and Dr. Sutton in their observations in respect to the treatment of rheumatism.

The third lecture was delivered on the 13th March. The lecturer spoke first of effusions, and more especially of anasarca and encysted dropsy. He showed by examples that in all cases where the cause of dropsy is removed the dropsy disappears of itself; and hence that the first indication for treatment is the cure or removal of the cause; but that in most cases the dropsy is traceable to progressive structural diseases which do not admit of cure. He insisted, however, that the stage of dropsy is very frequently anticipated in consequence of general ill-health, and that hence in very many cases the improvement of the general health is efficient in removing the dropsy for a time. He admitted the good effects of diuresis, purgation, and diaphoresis, and more especially of the latter, in anasarca; but he doubted whether either of them had any directly beneficial influence on encysted dropsies.

In speaking of innocent tumours, he referred especially to goitre and the supposed influence of iodine over that disease. He remarked that when the influence of iodine over goitre was first discovered, it was equally found to cure man of his testicles and woman of her breasts; but that this effect of iodine over the latter organs had long since been disproved. And he ventured to believe that goitrous necks are just as numerous in the Swiss valleys now as they were before iodine was discovered.

He made some remarks upon tubercle and syphilis, and then devoted the rest of his lecture to the specific infectious diseases. He first spoke briefly of the importance of preventive measures; then of the importance of an accurate acquaintance with the natural history of each disease, so that the physician might foresee and anticipate danger and complications; and then of the many ways in which during the progress of his malady he might relieve and benefit his patient by treating his symptoms. And then, in conclusion, he discussed at some length the theory of elimination, with especial reference to diseases of this class. He insisted that although the contagium undoubtedly did circulate in the blood, and probably multiplied therein, it remained in it for a marvellously short time, since it could not be detected microscopically in the circulating fluid, and the blood itself was rarely if ever infective; and that there is no sufficient reason to believe that the specific symptoms of these specific diseases are due either to the presence of the contagium in the blood, or to its operation upon it. He insisted, on the contrary, (and brought forward arguments in favour of his opinion,) that the specific effects only arise when the circulating contagium sows itself in the solid tissues external to the vessels, and that these specific effects are due to the processes which go on outside the vessels. He maintained that the so-called elimination from the blood is, in fact, the sowing of the disease in the tissues of the body, preliminary to its multiplication, or fructification, therein; and that it is during this latter process that most, if not all, that is dangerous occurs, He argued from the exanthemata to cholera, and maintained that here equally, as in small-pox and scarlet fever, the so-called process of elimination of poison is a process of manufacture of poison. And argued, in reference to all such diseases, that experience, on the whole, is decidedly opposed to the efficacy of treatment aiming at elimination. He concluded his lecture with a few apologetic remarks.

◆

CARUNCLE OF THE FEMALE URETHRA AND ITS TREATMENT BY ELECTROLYSIS.

By Richard Crean, L.K.Q.C.P.I.,
House-Surgeon to the Clinical Hospital, Manchester.

This is an affection of pretty frequent occurrence, and in many instances may be traced to urethritis, vaginitis, and other sources of local irritation. In some no assignable cause can be discovered. The multiplicity and variety of the symptoms to which it gives rise from the sympathies between the uterus, bladder, and rectum, are such as often to obscure diagnosis, till an examination of the genitals discloses the one small cause of so much suffering. Apart from physical examination, probably the most valuable sign is the escape of a little blood after micturition. But as this might be due to carcinoma, uteri from the tenesmus which this affection frequently excites, it is of little value in arriving at a positive conclusion.

One source of annoyance present in four of my seven cases was pruritus pudendi. This is sometimes so harassing to the patient as to form the principal cause of seeking advice, when from sleepless nights and daily mental anxiety, we find the system reduced to a very low ebb indeed.

Caruncles are of two kinds, polypoid and sessile, the latter extending for a variable distance up the urethral canal. They are formed of hypertrophied mucous membrane, their ultimate structure, according to many authorities, consisting of a congeries of vessels and nerves imbedded in areolar tissue. Their sensitiveness varies much, and this, according to Braxton Hicks, is explicable by the presence of enlarged Pacchionian bodies in some, and their absence in others. According to Churchill, these bodies may be considered as a variety of epithelioma, a view which their proneness to relapse renders highly probable.

In addition to one or more caruncles at the orifice, we often see a number of small red specks scattered over the neighbouring mucous surfaces, which are very sensitive, the smallest pressure causing severe pain. Sir J. Simpson drew forcible attention to them, and very justly insisted that if in removing the larger bodies you neglect these, your efforts to cure will prove fruitless. The great bar to recovery is, as I have mentioned, their tendency to recur even after repeated removal. In the polypoid form the case with which we can extirpate the growth by ligature or abscission, and the subsequent use of caustics, holds out more favourable promise. In the treat- of the sessile variety, if of fair size, I must confess I have never seen a permanent cure by the use of escharotics, either in my own practice or in that of others. The caruncle has returned in a week, a few weeks or months, despite the application of all shades of caustics from nitrate of silver up to the actual cautery. The latter is undoubtedly the most efficacious agent of this class, and may deserve all the commendation which Sir J. Simpson bestowed on it when in skilful and daring hands like his.

For electrolysis I do not claim the title of a specific. My experience of its use (in three cases only) is too limited to venture even on assigning its rank amid the host of remedies, many of which are extolled to-day and decried to-morrow—vaunted by some, undervalued by others.

From the similarity of structure in nævus and caruncle, and the successful electrolytic treatment of the former by Dr. Althaus, I was led to try its effects on the latter. In each case I used Stohrer's constant battery, and the time of its application was about three minutes. The power employed was twelve cells. To the negative pole of the battery, one, two, or three gold needles were attached. These were plunged into the swelling, and the positive pole placed on the groin or over the pubis. During the time of application the pain is very intense, but differs from the action of caustics in that it ceases the moment of its withdrawal. This pain may be in great part avoided by using a lower power, but the increased pain with the higher power is, I think, more than compensated for by the greater rapidity of tissue change. In one of my cases the pruritus abated much after one application; in the second it wholly disappeared. This was an occurrence I had not foreseen or expected, and was probably the greatest boon I could have conferred on two chronic sufferers.

Case 1.—E. T., æt. 30; unmarried; came to dispensary on June 12th, 1871; suffering from urethral caruncle for six years. Orifice highly sensitive, and surrounded with florid growths, which bled readily. A number of painful red specks scattered over labia minora. Has been under a variety of treatment, local and constitutional. At no times relieved for more than a week or two. I tried the frequent application of nitric acid, chloride of zinc, and on one occasion the actual cautery; but did not at any time succeed in diminishing the growth to an appreciable extent.

August 23rd.—Electrolysis used.

Oct. 1st. Employed three times since; vascularity of membrane disappeared; no pruritus or dysuria.

Last seen on the 25th January of the present year; no recurrence.

Case 2.—J. S., æt. 46; married; first seen at dispensary on the 4th of August. In this case a broad-based caruncle surrounded three-fourths of the orifice, and extended up the urethra, the walls of which, on vaginal examination, seemed to be hypertrophied. Nitric acid applications used, but without benefit. Electrolysis applied four times, at intervals of a week. Ceased attending on the 23rd September. No return up to the 18th December.

In the third case the patient ceased attending after two applications, although, according to her own statement, the pruritus had much abated, and the pain in micturition was very much less.

As an instance of its partially successful application to another form of diseased growth, I may mention that I am at present applying it to an enlarged gland in the parotid space, which has been in existence fourteen years, and which, up to the time of its application, had resisted an endless variety of treatment. This tumour, after six trials, has already diminished to half its original size.

These few instances form too slender a basis on which to build up hopes of universal success. My only reason for bringing them forward is, the hope that I may induce others who have greater experience and a wider field of observation, to try a remedy which, if it does not radically cure, will at least mitigate the severity of a most distressing complaint.

◆

THE CORRELATION OF VARICELLA AND VARIOLA (a).

By Mr. Frank Thorp Porter.

I communicate the particulars of two cases which illustrate the correlation of varicella and variola. I consider that the two diseases are more intimately related than has been hitherto admitted by pathologists. I shall also offer some remarks on the treatment of variola generally, including the subject of re-vaccination; and I shall conclude with some suggestions on a subject of public interest. I allude to the question of the speedy establishment of a suitable building for a convalescent home for small-pox patients, who suffer much from the want of such an establishment.

The first case is that of Ellen Lalwor, æt. 14, who was admitted into the South Dublin Union small-pox sheds on January 13th, 1872. She was sent in by my friend Dr. Mapother, who diagnosed the case as one of varicella. On admission she was weak, her countenance was dull, the pulse was 90, the bowels were confined, and the tongue was white and moist. The primary vaccine marks were visible. A few isolated vesicles, which wanted the areola and pitted appearance of small-pox, presented themselves on face, neck, and arms. The only treatment resorted to was a mild purgation and generous diet with porter. She left hospital well on 22nd of January, 1872.

The second case is that of the late porter at St. Vincent's Hospital, Michael Byrne, æt. 37, who was admitted on the 17th of January, 1872. He stated that he felt in good health up to the 13th of January, and that after being in communication with the patient Lawlor, he was seized with headache and shivering fits, followed by loss of appetite, sleeplessness, pains in the bones, and heat of skin. On admission his pulse was 100, tongue of beef-steak colour, conjunctivæ were suffused, bowels constipated, urine scanty and high coloured. An erythematous rash appeared over the body, followed by vesicles, which soon became confluent, and purpuric, giving exit to sero-bloody pus. The only treatment consisted of a purgative, wine, and beef-tea, with a sinapism to the loins. His intellect was clear up to January 21st, when he became so delirious as to require restraint. He died on the following day. The fact that he became suddenly ill after being in contact with the previous patient, clearly suggests that varicella may communicate variola. This is an important question for investigation. I regard the two diseases as modifications of the same blood-poison; an opinion which is strengthened by the fact that they often appear in the same family, and sometimes in the same person.

(a) Read before the Surgical Society of Ireland.

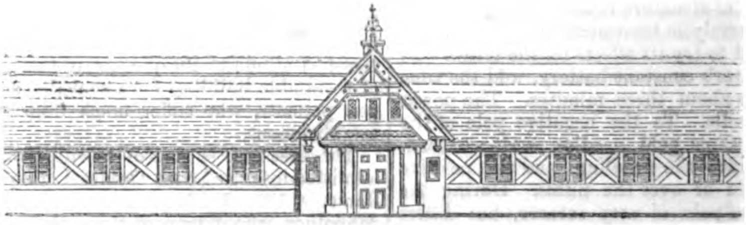
With reference to the treatment of variola, every effort should be based on the principle of isolation. A number of warm, well-ventilated huts would carry out this object better than sheds. Mild cases could be better treated at the patients' homes. Rigid enforcement of the Sanitary and Vaccination Acts, combined with a more extended system of out-door relief, would limit the spread of infection. I do not coincide in Professor Haughton's opinion that the use of spirits is prophylactic in epidemics. Teetotallers recover soonest. Increased facilities for taking baths should be placed at the disposal of the poorer classes, with a view to prevention. I have but little faith in drugs, although I think the muriated tincture of iron is beneficial in some cases. Flour or starch is a better application for the face than other preparations which cause stench. The use of Brewer's Balm lessens the tendency to abscess. I was led to try it from seeing its effects in anthrax; it seems to prevent putrescency. The bed sheets ought to be made of some carbolised material, such as the tissue used by Professor Lister in wounds.

With reference to re-vaccination, I have no faith in it. Not one of the thirty-six attendants at the South Dublin Union sheds have taken small-pox. Only seven of the number were re-vaccinated, and as the remaining twenty-nine enjoy the same immunity, wherein is the necessity of the operation? I have known gouty inflammation, abscess of the breast, and angioleucitis to result from the operation. I cannot, in the face of such facts, approve of it, and moreover the sense of the Profession is against it. It is only to be employed when there is no evidence of the success of infantile vaccination, and even then it seems to do more harm than good; at least, so far as I have seen.

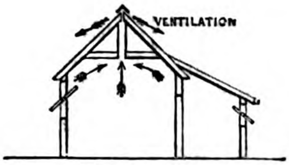
With reference to the question of the establishment of suitable convalescent homes, it is a matter demanding urgent attention. The present arrangements are most unsatisfactory. Such an institution should have no connection with any small-pox hospital, and should be superintended by a distinct staff of officers. The building devoted to the purpose at the South Dublin Union is only a portion cut off from the hospital, and attended by the same medical staff, thereby creating a risk of fresh infection being conveyed to the inmates or their friends, as well as the risk of a poisoned atmosphere causing various chronic lung diseases. Such dangers will not be averted by pans of chlorinated lime. The refuse cart-ful of simmering night-soil, and the dead-house, which is made of wood, and which communicates infection through chinks in the boards, lie at that portion of the hospital facing the Home, to which they are also very close. The effluvium from such a source, combined with that of numbers of cases of confluent small-pox, is not calculated to impart fresh air to patients in the "Home" next door.

The reflection that numbers of fellow-creatures are going to their last resting-place is not cheering to minds already depressed by illness. The building is moreover made of wood and attracts damp. A suitable building should be the reverse of the present one, and should embrace change of scene and air as well as facilities for light occupation calculated to dispel *ennui*.

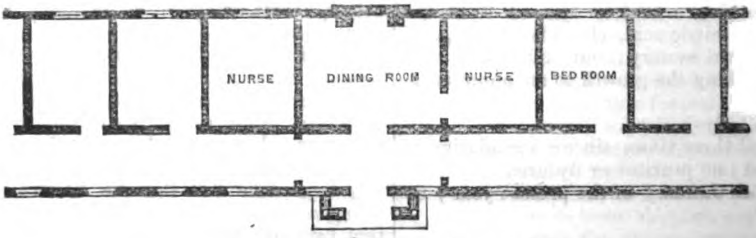
The following designs for a Small-pox Hospital, planned by Mr. O'Callaghan, of Merrion Row, at **Dr. Porter's suggestion, were exhibited by the author.**



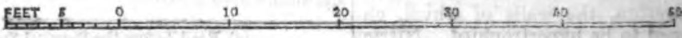
Elevation



Section



Plan



ON SPURIOUS, FEIGNED, AND CONCEALED PREGNANCY (*a*).

By Dr. Thomas More Madden, M.R.I.A.,

Examiner in Midwifery in the Queen's University in Ireland, and Assistant-Physician to the Rotunda Lying-in Hospital, Dublin, &c.

(Continued.)

The sixth case was that of E. B., æt. 40, who had been many years married, but had no family. She had been subject to menorrhagia from the age of puberty until two years previously to her applying for medical advice, when her menses ceased. For some years before this she had noticed that her abdomen was enlarging, but during the last eight months she rapidly became so large as to attract the attention of her friends, and to be incapable of following her usual avocations; at the same time she also suffered greatly from loss of appetite and dyspepsia. Her neighbours pronounced her pregnant, and a medical man whom she consulted appears, after some examination, to have confirmed their opinion. Acting on this, she made the customary preparations for her confinement; but at length, entertaining some doubt as to her real condition, she came up to Dublin to have the question decided. In this case the breasts were large, but soft and flabby; there was no areola, and the nipples were very small. The vagina was narrow, and the os uteri, which was high up, was a small circular orifice not larger than the meatus urinarius. The abdomen was much enlarged, measuring thirty-five inches in circumference. This enlargement was caused by a large, solid, uterine tumour, occupying the greater part of the abdominal cavity, but more particularly developed in the right hypogastric and lumbar regions than in the remaining parts of the abdomen. A distinct sound was audible on the right side, and also, though more faintly, on the left. This sound might very possibly have been mistaken for the placental souffle, and thus misled the physician who first saw the patient. It is not necessary to pursue the history of this case further.

The seventh case is that of a very respectable and good-looking girl, a teacher, apparently aged about twenty, who was brought to the Dispensary of the Rotunda Hospital by her aunt, with whom she resided. Her friends had accused her of being pregnant, and her aunt insisted on her submitting to an examination, as her changes had ceased for some months. Her abdomen was considerably enlarged, her appetite had failed, and she frequently suffered from retching. She herself denied the possibility of pregnancy. On examination, the hymen was found intact, the parts were extremely small, there were no mammary signs of pregnancy, and it was ascertained that the enlargement of the abdomen was produced by a large fibroid tumour.

Cases such as those just related should lead to great caution in expressing an opinion as to the existence of pregnancy, as well as in accepting obstetric engagements, until it be ascertained that the patient is really pregnant. Most patients come to their medical attendant merely to announce their condition and to secure his services, and not to express any doubt or to submit to any examination; and as cases of pseudocyesis are comparatively infrequent, the accoucheur is naturally apt, unless something unusual in the patient's age or symptoms attracts his attention, to take it for granted that she is pregnant on her own *ipse dixit* and without further investigation.

Very closely connected with the subject of pseudocyesis, in which pregnancy is counterfeited by disease or by art, is the consideration of those cases in which pregnancy simulates disease, or is concealed by the patient under pretext of it. Pregnancy may exist under circumstances that seem very unfavourable to its occurrence,—in persons of advanced age, and under conditions which render its recognition difficult and obscure. Hence the necessity for much caution in giving expression to any opinion on this subject until a careful examination of the patient has been made. Many cases illustrative of this observation have come within Dr. More Madden's observation. One, the eighth case detailed, was that of a woman, aged thirty-eight, who had been eighteen years married without having any family. Her menses were irregular, and she suffered from extensive granular ulceration of the os and cervix uteri, for which she had been for some time under Dr. More Madden's care, as an externe patient at the Dispensary of the Rotunda Hospital, without deriving any substantial benefit from the treatment, as the disease alternately improved and relapsed. She was then taken into the chronic ward of the hospital, suffering at the time of her admission with metorrhagia as well as congestion and granular ulceration of the os and cervix uteri. The granular surface was cauterised with nitrate of silver, and cold douching was employed twice a day. Under the local treatment the bleeding was checked, and for several days she progressed favourably. In about a week from the time of her admission into hospital, however, Dr. More Madden was sent for in the middle of the night, being told that Mrs. R. had a bad attack of colic and that the hæmorrhage had also returned. Within a few minutes of his arrival in the chronic ward, a considerable gush of blood escaped, and with it was expelled a very perfect ovum of between the second and third months. The ninth case was that of a lady who, having married at a very early age, had three children before her twenty-first year, and then had no more for seven or eight years. At this time, after a severe attack of one of the exanthemata, she was affected by hysterical mania, necessitating her being placed under restraint for a few months. Before this step was taken, however, her menses having suddenly ceased, she was for some time treated for the purpose of restoring them without producing any effect. After the complete subsidence of the cerebral symptoms, her figure, which was remarkably good, suddenly and rapidly altered. For the first time she became apprehensive about herself, and consulted a physician, who, misled by the complication of hysteria in her case, and by the fact that until six weeks before there had been no abdominal enlargement, came to the conclusion very naturally under such circumstances that the case was one of hysteria, and that the sudden enlargement was due to intestinal distension, and so assured her that she was not pregnant. He, however, called in an accoucheur, who recommended a midwife to be sent; and next day the child was born.

Pregnancy may be feigned for the purpose of committing fraud or escaping punishment, and it may be concealed to avoid disgrace or with the intention of perpetrating crime. The former the author of this communication believes to be much more common than is generally supposed. More than one instance of this kind has come within his own experience, and he gives the history of a case in point. Dr. More Madden discusses the medico-legal aspects of the land relating to pregnancy, which he regards as in a very unsatisfactory state. Still more frequently is pregnancy concealed. Amongst other cases is narrated the particulars of one very remarkable instance of this kind in which a young girl succeeded in deceiving a number of physicians and surgeons in various places into the belief that she had an ovarian tumour, for the removal of which a treaty was actually entered into with a very eminent surgeon; but his fee for the operation being considered high, her friends procured her admission into a hospital for the purpose of having the operation performed. There, however, the true state of the case was discovered, and she was transferred to the Rotunda Hospital. She was confined the day after her admission; but even when in labour she persisted in denying that she was pregnant, and it was not till the child was born that she admitted the fact.

(a) Abstract of a Paper read before the Dublin Obstetrical Society.

The great importance of every medical practitioner making himself thoroughly familiar with the diagnosis between pseudocyesis and all the diseases by which gestation may be simulated and true pregnancy is well illustrated by cases such as the foregoing; for in it we find a number of qualified medical men joining in pronouncing that a patient in an advanced stage of pregnancy was suffering from ovarian disease, for the relief of which the most serious operation in surgery was recommended.

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

(Cases under Dr. Ogle.)

(*Continued.*)

Case of scarlet fever in an adult, Charles M., complicated by delirium tremens. The rash had almost entirely disappeared when death occurred, convulsions existing at the time of death. On the two days before death the temperature reached 104·4°.

Case of a woman (Mary D.), æt. 50, who died with cancer of the peritoneum and stomach, in whom no vomiting occurred during life.

Dr. Ogle pointed to two cases, one of lead poisoning and another of leucocythæmia, in both of whom on sundry occasions the temperature had been ascertained to be quite normal or higher than natural, results not in accordance with observations which some have made, and also found the temperature to be lowered in these affections. In one case of chorea the temperature throughout was found by Dr. Ogle's clerk to be unaffected. In another, lately brought before the Clinical Society, the evening temperature, 9.10 p.m., was almost always much higher than in the morning, and this for a very considerable time.

A woman with acute rheumatism, whose *tongue* had *atrophied* on one side, in connection with previous illness. During the acute rheumatic symptoms she had much twitching of the faint muscles and muscles of the limbs.

A woman with symptoms of *intestinal obstruction*, who died two or three days after admission, and in whom, after death, a large *cyst* was found connected with the *kidney*, which had compressed the bowels and then produced obstruction.

A young woman admitted with great pain and swelling of the whole of the left leg, attended by deep-seated pain in the groin, which had at first sight the appearance of being due to plugging of veins, but which proved to be of a rheumatic nature; the other leg and other parts subsequently became affected, the attack following the ordinary course. On recovery slight relapse occurred.

A young woman, with acute rheumatism, the part first affected being the left side of the face and neck.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 12th, 1872.

T. B. Curling, F.R.S., President, in the chair.

ACCOUNT OF A CASE OF RESECTION OF THE SHOULDER AND ELBOW JOINTS IN THE SAME ARM, FOR GUNSHOT INJURIES.

By Wm. Mac Cormac, F.R.C.S.,

Assistant-Surgeon to St. Thomas's Hospital.

This paper detailed the history of a French soldier who had been wounded at the battle of Sedan. The right arm in the region of the shoulder and elbow joints, was extensively injured, the soft parts being much lacerated and the bones extensively comminuted by a shell explosion. The question arose whether it was at all possible to save the limb. Rather, however, than perform disarticulation at the shoulder joint, Mr. Mac Cormac determined to excise both the shoulder and elbow joints—an operation hitherto, he believed, unique. The patient narrowly escaped death from pyæmia, but he afterwards made a satisfactory recovery; and the interest of the case centres in the amount of usefulness subsequently enjoyed by the limb. Some portions of necrosed humerus have yet to come away, and in the deltoid region a sinus still remains. The elbow is soundly healed, and regeneration of the excised bones has taken place. The operation was performed subperiosteally; and in the after-treatment the limb was supported on carefully adjusted cushions—a method Mr. Mac Cormac prefers in most cases to the employment of splints. The shoulder can now, after an interval of eighteen months, be moved freely backwards and forwards, but not raised from the side, the deltoid muscle having been almost completely destroyed by the original injury. Flexion, extension, and rotation are very perfect in the elbow, and the usefulness of the hand is nearly as good as before. Four inches of the upper end of the humerus, very greatly comminuted, were removed; and a long piece of ulna, in addition to the head of the radius and the articulating condyloid surface of the humerus, was taken away. Mr. Mac Cormac considers that he may fairly classify this case as one of successful double resection of the two principal joints in the same upper extremity.

ON THE SURGICAL TREATMENT OF SUPPURATING OVARIAN CYSTS, AND ON PELVIC ADHESIONS IN OVARIOTOMY.

By T. Holmes, F.R.C.S.,

Surgeon to St. George's Hospital.

A case was related in which chronic suppuration occurred in an ovarian tumour, after paracentesis had been performed for the first time. Ovariotomy was postponed for some months on account of the patient's condition. When it was performed the cyst was found extensively adherent in other directions, and so tightly wedged into the pelvis that it was impossible to reach its pedicle. It contained about a gallon and a half of fluid, of which about half was pure pus. The remains of the emptied cyst were dragged out of the abdomen, a clamp was applied to its neck (at a distance above the pedicle which could not be accurately ascertained), and the wound was closed. The patient recovered, and after her recovery no sinus was left, nor was any tumour to be felt. The symptoms of acute and chronic suppuration in ovarian cysts were discussed, and it was attempted to be shown that if the general condition admits of it the suspicion of suppuration is a reason for performing the operation instead of delaying it. The case was also used to show that, in some instances, the results of ovariotomy may be perfectly favourable, though pelvic adhesions have prevented the complete delivery of the tumour. If the neck of the cyst admits of being embraced in a clamp, the lower portion of it may be obliterated during the healing of the wound. The superiority of this method, when feasible, to the other courses which may be pursued in dealing with pelvic adhesions, was shown.

◆

SURGICAL SOCIETY OF IRELAND.

Friday, 1st March.

The President of the College of Surgeons, Mr. Wharton, in the Chair.

HERNIA.

Mr. H. G. Croly said: The following cases of hernia have occurred in my practice in the City of Dublin Hospital, and also in private practice, within the last few months; and I consider that they present some points of interest which render them worthy of being brought before this society. The first case is one of strangulated femoral hernia at the right side, where the taxis failed and herniotomy was successfully performed. The second case was one of strangulated congenital scrotal hernia in a child six months old, the strangulation having existed three days, and the child died. The third case was one of strangulated femoral hernia; the taxis failed, herniotomy was performed, and the patient recovered. The fourth case was one of strangulated infantile hernia, in a child ten months old, reduced by the taxis. The fifth case was a strangulated scrotal hernia in a man 86 years of age. Herniotomy was performed, and as regards the operation it was successful, but the patient, though he recovered from the operation, died afterwards from typhoid symptoms from a weak heart. The sixth case was one of fæcal fistula, cured by a simple operation. Case I.—Anne C——, 46 years of age, was admitted to hospital on the 27th February, suffering from femoral hernia on the right side. She first observed a tumour in the groin three years previously, but could not assign any cause for it. She had worn a truss for three years. The instrument was broken on the 25th February, when the tumour came down. She suffered from pain in the back, and the tumour became strangulated. The hernia was apparently about the size of a walnut, and it was very moveable; it reached over Poupart's ligament, and the neck of the tumour could be felt distinctly bulging into the femoral ring. There was a hard gland-like portion of the tumour on the inside of the neck of the sac. This case was seen by Dr. Purcell, who requested me to see it with him. He tried the taxis, but could not reduce the tumour, and the patient was admitted to hospital. At 8.30 p.m. I had a consultation with Drs. Hargrave and Tufnell, and in consequence of our not being able to reduce the tumour under chloroform, it was decided not to delay the operation, which was accordingly performed. There was nothing peculiar in the steps of the operation, except that the stricture was extremely tight, and it was with the greatest difficulty I got the nail of my little finger under Hey's ligament, and divided it. The chief interesting points of the case are, the absence of very urgent symptoms at the time of admission, and the coming on of more marked symptoms of strangulation after the operation; for she had repeated vomitings for some days after the operation, which, however, were allayed without very much difficulty. She was treated with hydrocyanic acid and creasote, and kept on opium. She made a very good recovery. The sac was opened in this case, and the hard, gland-like structure to which I have referred appeared to be in the intestine. The second case was a strangulated congenital scrotal hernia of the right side, in a child six months old, admitted to hospital on the 8th of April, 1871. The hernia was first observed when the child was two months old. On Thursday, 6th April, the tumour came down, and remained till the 8th. When I saw the child it was suffering from all the symptoms of strangulated hernia well marked. The tumour was almost as large as a small-sized cocoa-nut; *the testicle could not be felt*, the abdomen was distended, the bowels were constipated, and the child had repeated vomiting. The hernia had existed in that condition for *three days*. There was no time to be lost. I had a consultation at 6.30 p.m., and we chloroformed the child and attempted to reduce the tumour by means of the taxis, but failed. The child had previously had a purgative injection, which was returned. I then proceeded to operate. An incision was made from the internal ring down on the long axis of the tumour, and I divided the layers till I came down on the sac (the tunica vaginalis). I could not reduce the hernia without opening into the tunica vaginalis. I accordingly opened into it, and divided the ring with a small hernia knife. The child was treated with opium and a compress over the tumour. The bowels acted after the operation. The child took nutriment, but it gradually sank from exhaustion and died. The third case was one of strangulated femoral hernia, in which the taxis failed; operation was performed, and after a few days a small fæcal fistula formed, which is now closed. I am indebted for the notes of this case to my friend, Dr. Brady, jun., whose father was in attendance on the lady, and called me in to operate. She first noticed the tumour in January, 1869, when her attention was called to it by a violent pain in the region of the femoral ring. The hernia was capable of reduction, and she suffered occasionally when it came down from retention of urine. On the 17th November last the hernia descended, and remained down for two days, during which time she suffered from retention of urine. She had all the symptoms of strangulated hernia. She had the hernial countenance, a rapid small pulse, a tympanitic abdomen, and no motion from the bowels for several days. She refused to inhale chloroform. Dr. Brady had employed the taxis before I saw her. We tried the taxis again, and could make no impression on the tumour, and I then performed the operation and opened the sac. The stricture was at Hey's ligament, and there was a small knuckle of intestine of a very dark colour. The hernia was reduced, the patient was put on opium, and in a week afterwards the bowels were moved naturally, the patient still taking opium. On the 27th November a small quantity of fæcal matter escaped from the orifice, which, however, afterwards healed up completely, aided by occasional touches of nitrate of silver, and the lady is now wearing a truss, and is perfectly free from pain or inconvenience. The fourth case is strangulated infantile hernia, in a child ten months old. The mother stated that for the first time at Christmas last, when the child was eight months old, she noticed a slight swelling at the internal ring, which got larger when the child cried. She occasionally reduced it by rubbing the child's abdomen before the fire. The swelling occurred from time to time, but it *never got so low as the testicles*. At seven o'clock on the 1st February the tumour came down, in consequence of the child crying, and the mother could not reduce it. The child had suffered from retention of urine and vomiting. The appearance of the child on the 17th of February was as follows:—The hernia occupied the right inguinal region; it was very tense at the inguinal ring; the testis, which was at the bottom of the scrotum, could *be readily isolated from the hernia*. I examined it very carefully to ascertain whether it was a congenital hernia, or whether the hernia was of that variety described by Sir Astley Cooper and Mr. Hey, and known as the *Encysted* hernia of Sir A. Cooper, and the infantile hernia of Mr. Hey. I came to the conclusion that it was an encysted hernia, for the testis could be felt at the bottom of the scrotum. I placed the child under the influence of chloroform, and succeeded after considerable difficulty in reducing the tumour. A truss had since been fitted to the tumour, which the child is now wearing. The fifth case is one of strangulated scrotal hernia in a man of 86 years of age. This man was admitted to hospital on the 7th February last. The resident pupil, in his notes of the case, says—"The man was suffering from hernia for thirty years; it was returnable until Monday, the 5th of February. On that day the man was driving a cart from Killakee, when the hernia came down under the double truss which he wore, and became strangulated at the right side. He went back in the evening, and remained at home that night and the following day. On Wednesday, the third day, he applied to my father, who put him under chloroform, and attempted to reduce the hernia by means of the taxis, but did not succeed. He gave him an injection with O'Beirne's tube, but it returned, and he then sent the man into the hospital. On the night of the patient's admission I had a consultation with Mr. Tufnell and Mr. Stoker. Before they came in, the man had had an injection, and I tried the taxis; and when they came I had the patient chloroformed, and Mr. Tufnell tried to reduce the tumour, but without success. I then operated. There was nothing peculiar in the steps of the operation. The tumour was as large as a cocoa-nut. I divided the layers until I came down on the sac, which I found to be enormously thick. I got my finger into the internal ring, and divided the stricture at the internal ring, but could not reduce the tumour. I then found there was an indentation at the sac, giving it an hour-glass appearance. I opened the sack at the upper part, and getting a director in I divided the hour-glass stricture. A quantity of the fluid escaped from the lower part of the sac, and the hernia was readily reduced. The wound was closed, the patient put on opium, and on the seventh day of the operation the bowels acted naturally, and continued to do so for a fortnight. The wound healed perfectly; he had no inflammation of the peritoneum, no tenderness, nothing wrong, except that he had an intermittent pulse for a few days after the operation. He gradually sank, evidently from typhoid symptoms. He got a brown tongue, and though he took nutriment well, he gradually sank and died. On making a *post-mortem* examination I found, on throwing down the integument, that there was a good deal of green discolouration corresponding with the inguinal canal. I found the intestine on the inside was adherent by bands of lymph, and I found that the lower parts of the ileum, with the cæcum and vermiform appendix and portion of the ascending colon were the parts that were contained in the large sac. There was no evidence whatever of inflammation of the peritoneum, but the parts contained in the sac were congested, as you see. (Mr. Croly exhibited the morbid specimens.) The bowels were moved naturally on the seventh day after the operation. On examining the heart I found it was fatty, with considerable disease of the aortic valves, calcareous deposit, and the arch of the aorta considerably dilated. The mitral valve was also thickened, and to a certain extent diseased. The next case is one of very considerable interest, and I am indebted for it to my friend, Dr. Hearn, of the county of Cavan. In September last he wrote to me to say that he had a case in hands for some time upon which he was anxious to have my opinion. This patient was a woman 43 years of age, always healthy; and in February last she got a fall across a stool, and then felt symptoms of hernia for the first time. She did nothing, and the tumour not disappearing in a day or two and becoming more painful, she sought advice from her medical attendant. The hernia was evidently a femoral one. An abscess formed over the intestine, the result of the injury; and this abscess was opened by Dr. Hearn, and at first it discharged ordinary pus, but when that ceased fæcal matter was discharged through the orifice. The woman was finally sent up to hospital. I found when I examined her that a probe went into the intestine from the lower opening, but I could not get it to pass in by the upper opening. She suffered from intense pain in the abdomen, and a good deal from flatulence and acidity of the stomach. At first I tried her with an injection to empty the intestine. I kept her in a horizontal position, and gave her lime-water and milk. I treated the fistula in a simple way, mainly by heating needles in a spirit lamp and passing them through the fistulous communication. At first this seemed to make the fistula worse; it made the opening larger, more matter came out, there was a good deal of irritation about the abdomen, and the woman gave herself up and thought she was about to die, and wanted to return to her home in the country. I persuaded her to remain in the hospital, and ultimately the parts healed up thoroughly, and she left the hospital with the fistula completely closed. Since I treated this case, I had one within the last few days of congenital hernia, a drawing of which I now exhibit. The testicle could not be felt at the bottom of the scrotum, and I had considerable difficulty in reducing the hernia. I got it up, however, and applied a truss made by Thompson and O'Neill. In the first case that I have brought under your notice the symptoms were not urgent, yet the gut could not be reduced by taxis. The moveable nature of the tumour was likely to deceive, inasmuch as its mobility and the absence of urgent symptoms might prevent a surgeon operating, and induce him to wait for symptoms. I think waiting for symptoms is waiting for peritonitis, which means hastening the death of the patient. The cases of strangulated congenital hernia are peculiarly interesting, because the operation for congenital strangulated hernia is extremely rare. I looked into the article on hernia in the new Surgical Dictionary, and saw there a case alluded to in which Mr. Adams, of this city, performed an operation on a child 18 months old. It is a curious circumstance that I should have met with two cases within a short time, one of congenital and one of infantile hernia. The difference between the two is well known. Congenital hernia means when the hernia lies in contact with the testicle in the tunica vaginalis. In my case I had to open the tunica vaginalis. Mr. Hargrave had to operate for congenital hernia in a young man, and he also had to open the tunica vaginalis. The great point is to open the sac high up, so as to leave sufficient covering for the testicle, and save from injury the spermatic vessels, which lie anterior to it. In the case of infantile hernia I was able to isolate the hernia completely.

The **President** asked if Mr. Croly had had any experience of treating hernia by dilating the ring, by pushing up some of the skin of the scrotum, and dilating the ring with the finger. According to Baron Seutine, this method was often successful.

Mr. **Wm. Stokes** said any remarks he had to make would have reference to the fifth case described by Mr. Croly—namely, the very large inguino-scrotal hernia which occurred in a person 86 years of age. That case presented many features of analogy to a case he (Mr. Stokes) had operated upon, and, singularly enough, about the same time. It was the case of a man of 76, who had been the subject of hernia for 20 years; but during the last three had occasionally experienced difficulty in reducing it. On the second occasion the gentleman who attended him had to put the patient under the influence of chloroform before he succeeded in reducing the hernia. On the third occasion he did not succeed in reducing it, and he brought the case to him. He found a large scrotal hernia about as large as a child's head on the left side. The man was sent to the Richmond Hospital, where he saw him in consultation with his colleagues. A most unfavourable prognosis was given of the case, from the large size of the tumour, and also because it had been five days strangulated when he was admitted to hospital. Notwithstanding the unfavourable prognosis, they were of opinion that the operation should be performed, and accordingly he performed the ordinary operation for strangulated hernia. After a free division of the ring he opened the sac—a practice he always adopted when the hernia was a long time strangulated,—and he did not succeed in reducing the hernia after a protracted attempt. He then sought the assistance of his colleagues, and neither of these gentlemen could succeed in reducing it, although both could introduce the finger freely into the abdomen. He could not account why the hernia could not be reduced, until, bearing in mind the possible occurrence of a second stricture, he passed his finger in as far as he could, and found at the tip of his finger another stricture. He then passed the ordinary hernia knife up to the hilt, far up into the abdomen, and succeeded in dividing the stricture; and even then it was with great difficulty he was able to reduce this very large tumour. It had been strangulated for five days, the intestine was much inflamed, and though there was no gangrene, the case was a hopeless one, and the man sank and died. The friends of the patient removed the body before he could find out by *post-mortem* examination the exact nature of this second stricture, but he hoped some other member of the Society who might have an opportunity of examining a similar case would avail himself of it, and tell the Society what the second stricture was. With reference to the treatment advocated by Baron Seutine, of reducing strangulated hernia by passing up the finger, and dilating, and in some cases rupturing, the ring, he (Mr. Stokes) had never met with a case in which the finger could be introduced between the ring and the intestine. In a case of strangulated hernia which had existed for some days, he thought any attempt to dilate the ring as proposed would cause such pressure on the intestine as might be followed by very serious consequences.

Professor **Macnamara** said one of the most important points connected with these cases was the period at which the operation should be undertaken. The interesting case mentioned by Mr. Stokes brought to his recollection two cases in which he had the advantage of being assisted by the President. One was a case of strangulated femoral hernia in an old woman, who refused for five days to let the operation be performed. The hernia had been strangulated for the whole of that period, and at the end of the fifth day, when all hope of recovery had been given up, she herself said she would like to have the operation performed. It was undertaken as a forlorn hope; and this very old woman was now discharging the duty of a small-pox nurse in the Meath Hospital. At the same period that this occurred, a medical man came in who for six days was under his (Professor Macnamara's) care, and for six days he steadily opposed any operation. It also was a femoral hernia; and at the end of the sixth day he called for the operation, which was performed with the most satisfactory result, the patient being now alive and well. They could not say, therefore, that a case was entirely a forlorn one, no matter how long strangulated. There was one matter incidentally alluded to by Mr. Croly which he considered to be most important,—viz., the steady administration of opium and the complete abnegation of purgatives. He had known many cases of other affections in which, after giving opium for eight or nine days, he had been compelled to cease administering it because it acted as a purgative. He considered it one of the safest purgatives in cases of hernia: it first soothed the bowels, and afterwards it produced a purgative effect. He remembered the President assisting him in a case in which a second stricture existed. He divided the first stricture, but could not reduce the hernia; the President having passed his finger up, found that there was another stricture, which was then divided, and the case turned out most satisfactorily. He thought whenever there was great difficulty found in reducing the hernia it would be well to look for a second stricture instead of continuing the manipulation, which often had unfortunate consequences.

The **President** observed that there were three cases within his own experience in which a second stricture existed. One had just been mentioned by Mr. Macnamara. In another case, the stricture appeared to be like an india-rubber band, under which he could get his finger in ; his friend, Mr. Porter, also put his finger in, and when the band was cut the difficulty was removed.

Dr. **Benson** said there were specimens in the museum which might explain how these strictures occurred. They would see that there had been in some of these cases inflammation of some part of the peritoneum and lymph thrown out there, and from some change of position in the patient the lymph might be so placed as eventually to become a source of strangulation. There was a remarkable case which he had met with in his own practice. It was where the uterus, while high up in the abdomen, formed an adhesion to the omentum, and after parturition, the band of lymph which connected them became stretched out, included a portion of the intestine, and caused death. The same thing might also occur where one portion of the intestine was adhering to another, and the band of lymph connecting them became stretched.

Mr. **Fleming** said that infantile hernia was a form of disease rarely met with. He did not recollect, during the whole period of his connection with the Richmond Hospital, having met with more than a very few cases of what he would call infantile hernia ; but he could bring forward hundreds of cases of what he called child hernia. In congenital hernia in the child one was able completely to isolate the testicle, so that an opinion might be formed as to the character of the simple affection ; but in congenital hernia in the adult, whether in the earlier portion of adult life or at a more advanced period, the testicle could not be isolated in the same way, and as regards scrotal tumours there was always a certain amount of doubt. Where the hernia was so large as some of those described by Mr. Croly, they must expect a considerable amount of difficulty in effecting its perfect reduction. With respect to the mode of treatment by opium during the last few years of his connection with the Richmond Hospital, he had adopted it with a large amount of success. After the exhibition of large and repeated doses of opium continued for several days, the bowels appeared to give way, and no purgative of any kind was required. As regarded the second stricture, he was disposed to think that there might be isolated portions of the contents of the hernial sac sacculated; and these, having undergone a certain amount of inflammation, interposed an obstacle to the reduction of the hernia.

Dr. **Richardson** said that, although there could be no doubt that a band of lymph might form a deep stricture, yet he considered with Sir A. Cooper that the deep stricture alluded to by Mr. Stokes and some of the other speakers was formed by the fascia transversalis, assisted probably by the edges of internal oblique and transversalis muscles.

Mr. **Edward Hamilton** said there was a structure he had frequently seen in connection with the fascia transversalis, which, he thought, explained the occurrence of these deep strictures. There were some very strong glistening fibres connected with the fascia transversalis and lying in front of it, and these he believed, were sufficient to give rise to the difficulties experienced in the reduction of the hernia.

Mr. **Croly** replied,—With regard to the President's sugestion as to dilating the ring, he said that in none of the ases he had ever seen of strangulated hernia, more especially emoral, could the finger be introduced for the purpose of ilating the ring, for the ring was already occupied by intesne and omentum. With regard to the question of deep trictures in *femoral hernia*, he had made some careful dissecions, aided by the late Dr. Samuel Hewitt, in order to ascerain the cause of these deep strictures. He believed, from e examinations thus made in the dissecting-room, that the flected tendons of the internal oblique and transversalis uscles were often the cause of the deep strictures. The our-glass stricture was, in his opinion, often owing to the essure of a truss causing irritation, followed by inflammation, fusion of lymph, and the formation of a constricting band. ith regard to Mr. Fleming's observations, he agreed with m that the infantile or encysted hernia was rare, whilst the ngenital hernia was common. He thought surgical writers d not give sufficient attention to the effect of the shock proiced by strangulated hernia. He (Mr. Croly) had seen a tient die from shock within a few hours, and he had comunicated such a case last session to the Society. He believed great deal of mischief was done by improperly-fitting trusses lowing the gut to come down and pressing the intestine. ith regard to the taxis, Desault's observation was "Always think favourably of a case where the taxis has not been used," or, he (Mr. Croly) might say, abused. The taxis was generally employed before the patient was admitted to hospital; the resident pupil tried it also, the surgeon on accident duty took his turn at it, and on calling a consultation, his colleagues, as a matter of course, tried to reduce the intestine. The consequence of this was that the peritoneum and intestine suffered from handling, and was too often found deeply congested. The rule in the City of Dublin Hospital was to give the patient a hot bath and a dose of opium on admission, not to allow the pupils to handle the tumour, but to call a consultation, when the patient was put under chloroform, having everything ready for operation; and then if the surgeon on duty and his colleagues failed to reduce the hernia, they proceeded at once to operate. The celebrated Hey says in his work, "I can scarcely press in too strong terms the necessity of early operation as the most effectual method of preserving life in this dangerous disease. If Mr. Pott's opinion be true, the operation, when performed in a proper manner and in due time, does not prove the cause of death oftener than perhaps one in fifty times, it would undoubtedly preserve the lives of many to perform it almost as soon as the disease commenced without increasing the danger by spending the meantime in the use of means which cannot be depended on for a cure." When Mr. Hey commenced his practice in 1759, the operation had not been performed by any of the surgeons in Leeds. He said his seniors were very kind in affording their assistance, but that they all considered the operation as the last resource, and as improper until the danger appeared imminent. By this dilatory mode of practice he said he lost three patients in five. As his experience improved, he operated early, and lost but two in nine. In 1809 he had operated forty times, and often had occasion to lament that he operated too late, but never that he had operated too soon.

Mr. F. T. **Porter** read a paper on

THE CORRELATION OF VARICELLA AND VARIOLA,

Which will be found at page 269.

The Society then adjourned.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS	. . . . £1	2
„ IF PAID IN ADVANCE	 1	0

*** Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS, Baltimore; by Messrs. KELLY and PIET, Philadelphia; by Messrs. LIPPINCOTT and Co.; and DR. BUTLER, post free in advance, £1 6s. about six and a-half dollars, or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 27, 1872.

DRINKING WATER.

The water supply of great cities has always been an important question, and what relates to the water of the metropolis is of national interest. We therefore dwell upon the latest phase of the discussion, to which we would also direct attention, as of unusual importance. Dr. Whitmore lately made a report on the water supplied by the West Middlesex Company, which has, we see, been made the text of some rather silly remarks by a pretentious contemporary, that would persuade the world that it knows more than its rivals.

Dr. Whitmore describes the means of filtration and purification adopted by the West Middlesex Company, and the results of his analysis show that the solid contents of the filtered water are not larger than are commonly found in good river and spring water, and that the organic matter is small, not amounting to one grain in an imperial gallon, *i.e.*, less than one seventy-thousandth part of the weight of the water. From these results he concludes :—1st. That the Company have adopted the best practical means of filtration which can be applied to so large a quantity as a daily supply of nine millions of gallons ; and 2nd, that the water as it is supplied by the Company is of good quality and perfectly wholesome.

In support of these conclusions Professor A. S. Taylor has written a letter, of which we have received a printed copy. Now, he speaks with authority, and will probably obtain a wider hearing than Dr. Whitmore.

During the last twenty-one years many analyses of the water supplied by the West Middlesex Company have been made by Dr. Taylor, who has compared it with numerous waters derived from rivers, springs, and lakes in England and Scotland, and after twenty-one years' experience derived from its use for all domestic purposes, he says it is good and wholesome.

Dr. Taylor objects to the use of the word " impurity " to represent the solid or mineral constituents of the water, *i.e.*, substances such as carbonate of lime, common salt, &c., which are found more or less in all terrestrial waters, which are natural to these waters, and quite inseparable from them when they have once come in contact with the earth. To prevent their introduction into water as it descends from the clouds, you must, he says " prevent it from exerting any solvent action on the mineral and organic matters diffused through the atmosphere and the soil. This is a simple impossibility. We must accept air and water as nature gives them to us, and it is well known to all chemists, that within certain limits, the presence of these ingredients, dissolved from the air and the earth, does not affect the wholesomeness of the water, or, in the ordinary meaning of the term, render it impure."

But there is a still more important subject on which there has been of late years a great outcry, viz., " Sewage Contamination," and some sanitary reformers have gone so far as to describe the Thames water supplied to London as so much " diluted sewage." Dr. Whitmore finds neither sewage nor the products of sewage-decomposition in the water supplied to this district, and this is in accordance with the results obtained by Dr. Taylor by an examination of the water supplied to his own house. Since the threatened approach of cholera in 1870-71—

> " I have," he says, " for my own information, frequently examined the water for the products of decomposition, but have found none. As to 'previous sewage contamination,' I believe it to be a myth if we are to understand thereby that the presence of sewage-products in water at any previous time renders that water noxious or unfit for use for ever after. Those who adopt this theory can have but little faith in chemistry, or in the chemical changes which are constantly going on around us. Sanitary reformers might with benefit extend their views beyond towns and cities, and condemn all shallow wells or springs in villages which are so frequently found near manure heaps, middens, or decomposing animal matter ! "

We are glad to find, further, that Dr. Taylor speaks out on other subjects connected with water supply in an unmistakable manner. He commends the common sense way in which Dr. Whitmore publishes his analyses.

> " A gallon of water is an intelligible quantity. A man may easily calculate within what period of time he consumes a gallon by daily use, and with it the 21 grains of innocent solid substances contained in it. This is preferable to a system now adopted of giving the assumed constitution of 100,000 tons, or a corresponding number of kilogrammes or cubic metres of water. So enormous a quantity is of course beyond the reach of chemical analysis, and the tons of chalk, salt, and organic matter said to exist therein, are only arrived at by multiplication. A ton of water represents 224 gallons. Within what period of time will a ton of water be consumed by any unit of the community ? The answer to this question will show that such modes of laying plain matters before the public are more sensational than practical."

To the communication from which we have quoted is appended a subsequent note on " Living and Moving Organisms " contained in water used for drinking, and in which Dr. Taylor states his agreement with Major Bolton, in the opinion expressed in his " Reports on Water Supply " of 31st January and 16th February, 1872, that the frequent use of such phrases as " *living organisms* " and " *moving organisms* " in reference to the water supplied to London, is only calculated to excite needless alarm, and to create a prejudice against the use of river water. He continues :—

> " The terms of 'living and moving organisms' are vague : they may be applied to a slug or a worm, an eel or a monad, the latter being the twenty-thousandth of an inch in diameter, and only visible under a powerful microscope. What is probably intended by these words is the presence in unfiltered water of infusoria or microscopic animalcules.
>
> " There is nothing surprising in this announcement, and certainly nothing to create alarm. Microscopic animalcules (living organisms) are found in all waters, whether derived from rivers, lakes, or springs. All that is required for their production is the presence of vegetable or organic matter in a state of partial decay. The leaves of trees, grass, water-weeds, hay, or decaying wood, will in a few days lead to their production in myriads, according to temperature, exposure to air, light, &c. I have thus produced them by soaking the leaves of the elm, lime, and other trees and plants in pure distilled water ; and in rain water, collected as it fell in glass vessels, and subsequently filtered through charcoal. They were chiefly animalcules of the genus paramecium so frequently found in unfiltered river water. The idea of keeping these animalcules out of water which is exposed to light and air is perfectly utopian, as every microscopist knows. Decaying vegetable matter furnishes their food, and wherever their food exists, there they will be found. Their ova are there developed, and they grow and multiply by millions in a few days. Their presence or absence is no test of the wholesomeness or unwholesomeness of the water. It simply shows that it contains decaying organic matter. When their food, the decaying organic matter, is separated by filtration, these animalcules are no longer found."

The writer then explicity states that in filtered Thames water, such as that which has been supplied to his own house for many years, he has not found them, but in the confervoid mass left on the great filter beds of sand he has found the dead and dried animalcules (naviculæ) in quantity. He then proceeds to say :—

> "If a water is to be condemned as unwholesome and unfit for domestic use, because 'living and moving organisms,' *i.e.*, animalcules are found in it, then there is no water in the world which can escape condemnation. The waters of the lakes of Wales and Cumberland, and even the water of Loch Katrine of Scotland, which is commonly taken as a type of purity for domestic use, would on this ground be pronounced undesirable for human consumption. In short, those who would keep these minute infusorial animalcules out of any river or lake water on the earth, must adopt some scheme for preventing water-plants from growing in the water, or leaves, grass, or other organic substances from falling into it."

The opinion and experiments of Ehrenberg need not be cited as to the presence of organisms in all water, as they are familiar to our readers, since they have been corroborated by the researches of Dr. Carpenter, Rymer Jones, and other authorities. The conclusion to which they point is thus forcibly put by Dr. Taylor :—

> "Considering the facts here adduced, it is desirable that future scientific reports on the quality of the water supplied to London should not contain these alarming statements of the presence of 'living and moving organisms' in turbid and muddy samples, or it should be fairly stated that they are just as likely to be found in turbid water taken from any lake, river, or spring. The latter fact is suppressed, and thus it is made to appear to the public, that the presence of 'organisms' in Thames river water is a proof of its unwholesomeness, and that it is an exceptional impurity as contrasted with other waters."

We have long felt that, as Major Bolton observes, the published official reports are far more alarming when cursorily examined than when closely inspected ; but for one person who closely inspects such reports, there are ninety-nine who cursorily examine them. The great majority of readers know little of the microscope or chemistry, and are liable to be misled.

Major Bolton has also done well to point out the confusion likely to arise from the comparison of the amount of *organic matter* in water, and the *organic elements* in sewage, which are, in fact, identical with those of most of the solids used as food.

Moreover, he deduces from the statistics of the parish of St. Mary's, Newington, that over a period of five years the highest death-rate appeared in that year in which "the living and moving organisms were *not* found in the water."

With such results before us, we may at least hope for a more careful use of terms than has lately been perceptible in various quarters.

SHAM DEGREES.

Although we can hardly expect that the Foreign Office will trouble themselves much about the importation of sham degrees into England, we are well satisfied to see that the trade in these swindling diplomas has assumed such a form as to make official notice of it necessary. The *American Journal of Pharmacy* informs us that the Pennsylvanian Legislature has appointed a Special Committee to consider the subject, and by this means the intricacies of the trade are laid bare. The *Pharmaceutical Journal* recapitulates the evidence as follows :—

> "Dr. Bissell declined to answer the question, whether he knew anything about the sale of diplomas, because it might criminate himself. Mr. Jos. B. Reed, reporter of the *Age*, testified that Dr. Buchanan, of the Eclectic Medical College, offered him a diploma for $25. Mr. C. S. Bates obtained his diploma from the same college after six months' study ; he kills small-pox with sweet spirits of nitre and cold water, has a right to do as he pleases with his own patients, and doctored several years before he got his diploma. Dan. Parlow, coloured, an herb doctor, received, as a mark of honour, a diploma from Dr. Buchanan through Dr. Bissell. A. W. H. Hacks, coloured, attended two courses of about six lectures each at the American University of Philadelphia, and obtained a diploma for $25. Jonathan Davis, coloured, received his diploma from the same institution for $30, after attending one course of (six?) lectures. Dr. Dan. M. Fleming received an honorary degree from the Philadelphia University of Medicine and Surgery for $30. Dr. Harbison told Dr. Hylton that he could get Paine's diplomas (Philadelphia University of Medicine and Surgery) to sell to any one who wished to buy them."

It is certainly not in the interest of the fools or rogues who pay their dollars for degrees which, being granted *in absentia*, bear on them the impress of fraud, that we call for the crushing out of this infamous traffic.

Aspiring curates with doubtful literary qualifications may perhaps be allowed to gratify their longing for an alphabetical tail to their names, and to plume themselves on their sham doctorates if it pleases them to do so. General practitioners may revel in M.D.'s, and call themselves Masters and Fellows, and the State need not trouble itself for their benefit, to see that the qualifications are real. But it is a different matter as between the doctor and his patient, and the State is bound to intervene when these fraudulent degrees come to be made the means of obtaining money under false pretences, and enabling ignorant rogues to obtain the confidence of patients.

After these revelations we hope no decent newspaper—we have more than once called attention to the appearance of the advertisements of degrees *in absentia* appearing in the *Medical Times and Gazette*—will allow its pages to be made the medium for advancing such rascality.

Notes on Current Topics.

Medical Congress at Lyons.

A Medical Congress will be opened at Lyons on the 18th of next September, and we have no doubt that our esteemed *confrères* of the second city of France will be supported in every possible way.

There will be discussions on : 1. Epidemics of Small-pox. 2. Gun-shot Wounds. 3. Ambulances in time of War. 4. Cattle Plague and the Contagious Typhus of Cattle. 5. The Causes of the Decrease in the Population of France, and the means of arresting it. 6. The Treatment of Syphilis. 7. The Re-organisation of Medical and Pharmaceutical Education in France. 8. The means of Improving the Social Position of Medical Men.

Here is a programme full of interest, and we cannot help felicitating our excellent friends at Lyons on the scientific energy they maintain. Few places are more full of interest to Medical men than this beautiful city where our art has long been practised and taught with distinction. The several learned societies of Lyons are co-operating harmoniously to insure success. Already the commission for the organisation of the Congress is hard at work. M. Diday being its president, and M. Dron the secretary.

The Vacant Chair of Botany in the Royal College of Science, Dublin.

We learn that the claims of Dr. W. Handsel Griffiths, for the above, are recognised by a large number of eminent botanists. Professors Beatty, Dickie, Bennett, Leipner, Grindon, and Birks, have already testified their approval of his candidature.

A Case of Electrotherapy.

Dr. J. W. Holland, Professor of Chemistry in the University of Louisville, records the following case in the *American Practitioner* :—

Mr. Robinson, æt. 41, a medical student, was, fifteen years ago, when convalescent from remittent fever, stricken with partial deafness in both ears, the loss of sense in the right ear being more pronounced than that in the left. During the period which has elapsed since, there has been but little amelioration of his hearing. Close examination showed no impairment of healthy structure in the parts accessible to inspection, nor did the history incline one to the opinion that organic mischief had been either the cause or an incident in the course of his affection. It was plainly a case of "nervous deafness," probably due to a sudden but enduring apathy of the auditory nerve.

The feeblest current from a volta faradaic coil that was perceptible to the hand, was employed upon both ears successively. The auditory canal was filled with water, and the positive electrode, in the shape of a metallic conductor, insulated—save at the end, where it terminated in a silver ball about the size of a barleycorn—was inserted nearly to the tympanum. The circuit was completed by the negative sponge electrode being placed upon the superior cervical ganglion on the same or opposite side. A sitting of five minutes' length resulted in the immediate and considerable improvement of both ears. On reaching the street, the hearing was so much more acute than when the patient entered the office, as to impel him to remark that "it was the revelation of a new world." Where, before, the tick of an uncommonly noisy watch could not be heard, even when pressed hard upon the ear and mastoid process, the renewed sensibility enabled him to hear it nearly an inch away. The revival of the auditory nerves gained fresh force from each electrical sitting; and one may fairly presume that, as five applications have accomplished so much, by continued excitation the torpor may eventually be entirely removed.

Health of Dublin.

In the Dublin Registration District, the births registered during the week ending 16th March, amounted to 195. The average number in the corresponding week of the years 1864 to 1871 inclusive, was 176. The deaths registered during the week were 230. The average number in the corresponding week of the previous eight years was 175. Fifty-four deaths from small-pox were registered during the week, including 14 deaths which occurred in the Mater Misericordiæ Hospital during the month of February last, and 2 deaths which took place in the City of Dublin Hospital in the early part of the same month. Two deaths (city cases) from small-pox, occurred in the North Union Small-pox Hospital during the week. Three deaths from small-pox were registered in Belfast, and 11 in Cork, exclusive of Cork No. 2 District, the return for which has not been received. The registrar of Cork No. 7 District, in which three deaths from scarlet fever were registered, remarks :—"The sanitary condition of this district is generally bad; the inhabitants mostly very poor; their houses (and yards) ill-cleansed and overcrowded; manure heaps in several places; infantile diarrhœa prevalent. Several cases of scarlet fever and small-pox have occurred." Fever caused 11 deaths in the Dublin Registration District, viz :—Typhus, 4; typhoid or enteric, 4; and simple continued fever 3. Four deaths resulted from scarlet fever; 2 each from diphtheria, measles, croup, and erysipelas. Bronchitis proved fatal in 26 instances, and pneumonia, or inflammation of the lungs, in 5. Six children died from convulsions. Five deaths were ascribed to apoplexy, and 5 to paralysis. Heart disease caused 9 deaths; Bright's disease, 1; kidney disease unspecified, 2; jaundice, 1; and liver disease, 3. Twenty-two deaths resulted from phthisis; 4 from mesenteric disease; 3 from hydrocephalus; and 1 from scrofula. Five deaths were caused by cancer. Five accidental deaths were registered, including 2 from fractures and contusions, and 2 from drowning.

The Beauties of Homœopathy.

Dr. C. W. Earle, in a paper read before the Chicago Medical Society, said :—

"Homœopathy came, and with one mighty bound went *back* five hundred years. Its advocates invaded the *loathsome* for remedies with which to humbug the people. Take Jahr's Pharmacopœia, and look at their remedies. On page 96 you will find an account of the American polecat, or skunk. The learned author of the advance school says: 'Near the *anus* there is a pouch where the follicular glands secrete an odorous matter; the animal squirts his liquor, &c. 'We make the first three attenuations by trituration. The black spider (see page 83) is prepared for homœopathic medication by putting the whole animal in alcohol; macerating it for weeks, and even months, and then decanting the clear liquor, which is the mother tincture. The first three attenuations of the common wood-louse' are prepared by trituration; the tincture by twenty parts of alcohol. 'Lachesis (snake poison) is procured from the poison-bags which are found in the upper jaw of these reptiles.'"—*N. Y. Medical Journal.*

Iodine for Wens of the Scalp.

Dr. Perkins, in the *Georgia Medical Companion*, recommends injecting the encysted tumours which are common on the scalp, with tinct. iodine, by means of the hypodermic syringe. As much of the tincture as possible is thrown into the centre of the tumour, which shrinks away from the surrounding parts in a few days, and may be easily removed.

The Sanitary State of Truro.

This town, which according to the last census contains nearly 12,000 inhabitants, appears to be, from the official correspondence and inspection of the London Local Government Board, to be in a most deplorable state of defective sanitation. Some time since the attention of the Medical Department was called by Dr. R. H. Williams, a resident in Truro, to the sanitary condition of that borough, praying that a Medical inspector might be allowed to visit the town, and report thereon. He drew attention to the insufficiency of the drainage of his property in the borough; and on the 16th September a complaint from certain ratepayers, under the 29th section of the Sanitary Act, 1866, was received. After this an official inspection was made, and the conclusion arrived at that the statements as to the sanitary condition of Truro and the pollution of the rivers, by the complainants and in Dr. Williams's letters, have been fully proved. From an analysis of the water it is evident that the wells must be contaminated very considerably by sewage matter, that typhoid fever and other preventive diseases which, though not, perhaps, usually fatal, are constantly prevalent in the town, may be traced to the polluted state of the rivers by sewage and the injurious condition of the water obtained from the wells. The Local Government Board have therefore written to the Local Board of Truro stating that the Board are of opinion that the allegations of the complainants as to the sanitary condition of Truro and the pollution of the rivers have been fully proved; and insist upon the town council the adoption of the Local Government Act, with a view to taking immediate action for the remedy of the evils complained of.

Californian Fees.

We find by the *Pacific Medical Journal*, the following fee bill has been adopted by the San Francisco Medical Society, and the Society of German Physicians of that city:—

	$		$
For one ordinary visit	2 50	to	5 00
For one night visit, (from 10 P.M. to 7 A.M.).	5 00	to	10 00
For first consultation			10 00
For each following consultation . .			5 00

N.B.—Fees for consultation will be charged by the attending as well as by the consulting physician.

For office advice in ordinary cases . .	2 00	to	5 00
For special examinations . . .	3 00	to	10 00
For ordinary obstetrical cases . .	25 00	to	50 00

For instrumental and extraordinary cases not less than double Fees.

For vaccination	2 00	to	5 00

Surgical treatment according to custom and agreement.

This fee bill is not intended to apply to the practice of specialists, or in cases of extraordinary services.

The Royal Family.

Most of the members of the Royal Family are now on the Continent. Her Majesty the Queen left England on Saturday, and arrived in Paris on Monday morning, from whence she travelled, strictly *incognito*, to Baden-Baden. Her Majesty is in good health, and is on a visit to her half sister, the Princess of Hohenlohe-Langenberg. Their Royal Highnesses the Prince and Princess of Wales have arrived in Rome, where they have been joined by the King of Denmark and family. The Prince is reported as in excellent health, showing but few traces of the recent severe illness he has undergone.

Domiciliary Sanitary Inspection.

We learn that the plan proposed by M. A. B. is to pay voluntary inspectors. The feasibility of suspending compulsion was discussed by the author in a pamphlet on "Sanitary Precautions." For the rich it would no doubt be useful, for we know too well the neglect, ignorance, and prejudices of their servants. The remarks by M. A. B. in the pamphlet named, that "ladies cannot look into such matters for themselves," has been sneered at by writers who do not know the conditions of a large household, including three or four men-servants; and the combined influence that is brought to bear against a lady who may be both capable and willing to perform such duties, however disagreeable, in the cause of health—ladies who "interfere" in the arrangements of the basement, which the servants claim as their own ground (Tom Tidler's ground) are sneered at as "no ladies," &c. Housekeepers have not, as a rule, the knowledge for such supervision, and in general they are too apt to pass over neglect, in order to be on good terms with the servants. Hence, as an alternative M. A. B. proposes the employment *pro tem.* (till a thoroughly effective Bill can be passed) of *competent* inspectors, to visit the basement floor once or twice a week, examine *all* the servants' offices, and report upon the same. We cannot deny that the mere *expectation* of such visits would have a salutary effect upon the habits of servants, and should be glad to learn that it had been tried.

Traumatic Aneurism from Dislocated Shoulder.

The *New York Medical Record*, of January 2, reports the case of a man who fell while drunk and dislocated his shoulder. His fellow workmen twisted it considerably in the attempt to reduce it. He was taken to the Charity Hospital (N. Y.), and an abscess, as was supposed, was opened, which proved to be an aneurism. He nearly bled to death, but the joint was opened, the bones replaced, a carious portion removed, and the posterior circumflex artery tied. He made a good recovery.

Bromide of Potassium in Uræmic Convulsions.

Dr. Edwin A. Carpenter, (*Chicago Med. Examiner*), describes a case of convulsions in a man suffering from general dropsy with hydrothorax, with albuminous urine. Various means were resorted to in vain, including the inhalation of eight ounces of chloroform. Forty grains bromide of potassium was given, and in five hours a copious flow of urine took place. The bromide was repeated several times in smaller doses. No return of convulsion took place after the first dose, and the patient recovered rapidly.

Life Assurance.

No social subject is of greater importance to our profession than that of life assurance. Almost every Medical man has some interest in it, either as an assurer or otherwise. We wish we could say that every member of the Profession held a policy for a good round sum. We may, however, safely say that all of us know the benefits of life assurance and continually urge it on others. At a time when the confidence of the public has received a rude shock it is gratifying to learn that an office intimately associated with the Profession can present such a report as that of the Briton. A dividend of 8 per cent. free of income-tax should satisfy investors, and a continually increasing new business is most satisfactory to policy-holders. The accounts have been made up according to the new Act of Parliament. At the end of the present year will be the next investigation with a view to declaring a bonus; so that those contemplating new policies should not delay completing them. We well remember the struggle of the New Equitable on behalf of the Profession, and cannot but retain a lively interest in the Briton Medical and General, into which the smaller office was merged some ten years ago. From that date the rights of Medical men to be paid for their reports have become gradually recognised, until now few offices dare to stand out.

Treatment of Epilepsy.

Brown-Sequard employs the following in Epilepsy: ℞. Iod. potassii, ʒj; Bi-carb. potassæ, ℈ij: Bromid. potassii, ʒij; Bromidi ammonii, ʒiiss; Infus. columbæ, ℥vj: A tea spoonful before each meal, and three tea spoonfuls at bed time, in water. He uses arsenic to prevent "bromism," [qy? brominism] combining it in the prescription. Iron, strychnia, and the hypo-phosphites are also administered, and a nutritious diet with abundant out-door exercise required.

Pills of Sulph. Iron; Creasote; Carbolic Acid.

Pills of Sulph. Iron and Carb. Potass.—Take of sulph. iron and carb. potass. each 100 grs.; mix well and add powdered white sugar, 12 grs. Heat the mixture in an iron mortar, with constant trituration, until a sufficient amount of water of crystallization is expelled, and a convenient pill mass obtained. These pills keep well, but are slightly hygrometric.

Pills of Creasote.—R. Creasoti, gtt. vj.; Tincæ panis, gr. xviij.; Lycopodii, gr, ij.; Mucil. tragac. q. s.—to make twelve pills, each containing half a drop of creasote.

Pills of Carbolic Acid.—℞. Acidi Carbolici, gtt. vj.; Saponis, gr. xviij.; Lycopodii, gr. ij.; Pulv. tragacanth. q. s.—to make twelve pills.

The Prizes of the Paris Academy of Medicine.

The annual public meeting of the Academy took place on the 19th inst. The award of the prizes at disposal for the year 1870 were as follows:—The Academy prize of 1,000 francs, "On traumatic intercranial effusion," was awarded. The Portal Prize of 1,000 francs for an essay "On the state of the bones, especially the vertebræ, in visceral cancer," was not awarded. The prize founded by Madame Bernard de Civrieux, for an essay on the question, "Can a neurosis be diathetic? Indicate the special characters which each diathesis impresses on each neurosis," was not awarded, but two grants "for encouragement" were made. The prize of 3,000 francs founded by M. the Baron Barbier "for the author who shall discover a complete cure for any of the diseases usually recognised as incurable—*e.g.*, hydrophobia, cancer, epilepsy, scrofula, typhus, and cholera. This prize was not awarded, but an encouragement grant of 2,000 francs was given. The prize of 1,000 francs founded by Dr. Capuron for an essay "On the precursory and concomitant phenomena of lactation" was not awarded. The prize of 1,000 francs founded by Ernest Godard, "for the best work on external pathology" was not awarded, but two encouragement grants were made. The prize of 6,000 francs founded by Orfila, for an essay "On the chemical and medico-legal relations of digitalis," was awarded to M. Nativelle, and two encouragement grants were made. The prize of 2,700 francs for the best work on practical medicine or applied therapeutics, published not less than two years previously, was granted to Lancereaux for his work "On syphilis," and Dr. Guipon for his book "On the carbonous disease in man." The prize of 2,000 francs founded by Dr. Rufz de Lavison, for the best essay "On the alteration of function and organic lesions attributable to acclimation," met with no competition.

For 1871 the awards were as follows:—

Academy Prize.—"On severe jaundice." No competition.

Portal Prize.—"For the best memoir in pathological anatomy." No competition.

Madame de Civrieux' Prize.—"On the employment of bromide of potassium in nervous diseases." One essay, to which the prize was accorded.

Baron Barbier's Prize.—Awarded to Dr. Ehrmann, of Mulhouse, for his work "On staphyloraphy in children."

Dr. Capuron's Prize.—"On the relative frequency of occipito posterior positions in head presentation, and their influence on the progress of labour." An encouragement prize was awarded.

Ernest Godard's Prize "For the best work on external pathology," was awarded for Berchon's "History of Tattooing."

A. Mussatt's Prize of 1,000 francs "for the work based simultaneously on anatomy and experiment which shall have effected the greatest progress in surgical therapeutics," was awarded to Dr. Berenger-Feraud for his book "On ununited fractures."

Ominous news! A soldier died in Paris last week of Asiatic cholera.

The Medical students of Paris have got up another serious demonstration. This time it is directed against Professor Boileau, who is accused of surrendering wounded insurgents. The classes have again been closed.

Sir Travers Twiss is seriously ill, owing to the severe mental strain he has lately undergone in the action for libel against Chaffers. He has resigned his official appointments, and is suffering from great prostration.

A middle-aged woman named Ann Cope died in Birmingham last week from exhaustion, brought on by a too rigid observance of Lenten fasts. Since the commencement of Lent she had taken the merest morsels of food, until she reduced her system to such an extent as to be beyond Medical aid.

In a letter from Dr. Wills, of Shiras, the famine in Persia is described to be so severe that the people eat grass wherever they can find it, and at the slaughter-houses, when an animal is to be slain, there are crowds of starving poor ready to lap up the blood from the ground.

For the purpose of decorating and illuminating the Strand portion of the *route* along which Her Majesty passed on the Thanksgiving Day, £100 were subscribed more than the costs necessitated. On Thursday last, at a meeting of the subscribers, this surplus was unanimously voted a gift to the Charing Cross, and King's College Hospitals.

THE next Evening Meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday Evening, April 3rd, 1872. The following papers will be read:—"On the Weights and Measures used in Pharmacy," by Mr. C. H. Wood, F.C.S.; "Pharmacy in Austria," by Mr. T. Greenish; "The Occurrence of Copper in Cajuput Oil," by Edward Histed.

THE Governors of the Royal Veterinary College, having determined on establishing a Chair of General and Comparative Physiology in connection with one of Therapeutics and Pharmacy, are prepared to receive testimonials from candidates for the appointment. The salary is fixed at £250 per annum.

THE abuse of alcoholic liquor in France evinces the most alarming increase within recent years. The consumption of alcohol, which was only 350,000 hectolitres in 1820, increased to 585,000 in 1850, and to 970,000 in 1869, not including the quantity which escapes paying duty. In 1850, out of 940,000 hectolitres made in France, 850,000, or nine-tenths, were produced by distillation of wine, and in 1869, out of 1,410,000 hectolitres, these same sources produced only 410,000, scarcely three-tenths, the remainder being obtained by distillation of grain.

BY a very extraordinary, and, as we think, entirely unjustifiable verdict, a Devonshire jury last week acquitted a chemist's assistant from the charge of manslaughter. It appears that an invalid wrote out a prescription for himself, one of the ingredients of which was "Sol. Morph. Mur. ʒss." The recipe was taken to the shop of a Mr. Webber, who being absent in consequence of illness, had left his brother, the prisoner, in charge of the establishment. He, being an unqualified man, made up the prescription with the solid muriate of morphia, instead of the solution, and the death of the patient was the result. The plea urged in his defence was that the prescription was illegibly written, and that the prisoner mistook the word "Sol." for "*Sal.*," and gave the *Salt* of Morphia in compliance with his interpretation of the recipe. The jury considered for two hours and acquitted him.

We have no regret that such a verdict was arrived at, nor do we think that justice will lose anything by the escape of a culprit who has, perhaps, fully condoned his offence by the punishment which he has already undergone, but, nevertheless, the decision which the jury arrived at seems to us as far-fetched and unsustainable as the celebrated verdict on Kelly the Fenian. The plea urged by the prisoner is barely credible as a matter of fact, but, allowing its truth, it does not at all palliate the gravity of the charge against him. That a dispenser who does not know that there is no such preparation as Salt of Muriate of Morphia, or that half a drachm of the solid Muriate is a poisonous dose, should be allowed—uneducated and unqualified—to tamper with life, is a strange conclusion for an English jury to come to, and we trust that chemists who employ unqualified assistants will read the verdict of "Not Guilty" rather as a leaning of the juridical conscience towards mercy than as a licence to vend poisons by unskilful hands.

PROFESSOR HUXLEY has been nominated by the students as candidate for the Lord Rectorship of St. Andrew's University.

SCOTLAND.

EDINBURGH.

LADY STUDENTS.

TWELVE ladies have presented themselves for the preliminary Medical examination in Arts, three of whom are said to be Scotch women. The following document was presented to each of the ladies along with the examination papers:—

"Notice is hereby given that there is no existing arrangement for affording to women a complete course of Medical instruction in the University, and that the University Court considers it impossible for them to assume the existence of power on the part of the University to grant degrees to women."

AMERICAN UNIVERSITY DEGREES.

THE following correspondence has been received at the Foreign Office, relating to the sale of spurious degrees alleged to be granted by a "University of Philadelphia," in the United States:

H.M. Consulate, Philadelphia, Feb. 23, 1872.

MY LORD,—I am in receipt of numerous letters from respectable clergymen and others from various parts of the United Kingdom, requesting information with regard to certain degrees conferred by a college in this city, called the "University of Philadelphia." The similarity of the title of the University of "Pennsylvania," which has a high reputation in the United States, has led many persons to the belief that they are identical. In consequence of the apparent deceptions practised on the community both of Great Britain and Ireland in conferring these degrees *in absentia*, and on the payment of a certain sum of money, I deemed it my duty to apply for information to the Provost of the University of Pennsylvania; and I have the honour herewith to inclose your lordship his letter on the subject, together with the regulations of the University as regards the mode of conferring degrees, and the law of the State of Pennsylvania, rendering persons signing illegal degrees amenable to a fine of five hundred dollars and imprisonment, not exceeding six months, or both, according to the discretion of the court. As a large number of persons—clergymen especially—in England appear to be the recipients of these illegal degrees, under the impression that they confer legitimate honours, I venture to suggest, subject to your lordship's approval, that the Home Office be moved to give publicity, in such form as may be deemed most proper, to this illegal contravention of the laws of Pennsylvania, and thus prevent any unsuspecting persons from becoming the victims of this deception, and impose a check to a fraudulent practice highly detrimental to the interests of the respectable colleges of this State.

I have, &c.,

C. E. K. KORTRIGHT.

Provost's Room, University of Pennsylvania,
Philadelphia, Feb 17, 1872.

MY DEAR SIR,—I send you herewith some copies of the existing regulations of this University in regard to honorary degrees, and the Act passed by the Legislature last year, prohibiting the sale of academic degrees, honorary or otherwise, under severe penalties. I have been very much annoyed during the last year by letters from clergymen and others in England, asking for information on this subject. These persons have been misled by advertisements in the London papers, especially in those designed for professional readers, in which offers are made of procuring academic degrees of any kind *in absentia*, on the payment of money. I have every reason to believe that these advertisers are the accredited agents of one or two disreputable Medical colleges in this city; and, as you are aware, efforts are now being made to repeal their charters, owing to their being engaged in this illegal traffic. It ought to be known in England, not only for the reputation in this country, but in order to protect Englishmen from imposition and fraud, that no academic degree can be purchased lawfully for money, and that any diploma purporting to confer such a degree is absolutely worthless.—Very, &c.,

C. J. Stillé.

C. Kortright, Esq., Her Majesty's Consul, Philadelphia.

University of Pennsylvania, Philadelphia,
September, 1871.

Frequent applications are made to the authorities of this University by gentlemen who desire to obtain honorary degrees. As these applications are made in evident ignorance of the rules which govern the University in conferring these degrees, as well as of the law of the State of Pennsylvania on the subject, it has been thought best to reprint the existing regulations.

(Extracts from the Statutes of the University.)

OF HONORARY DEGREES IN DIVINITY, LAW, ARTS, AND MEDICINE.

1. These may be conferred either at the instance of the Faculty, or in pursuance of a resolution of the Board of Trustees; but no such degree shall be conferred unless the mandamus ordering the same be signed by two-thirds of the whole number of trustees, nor unless the candidate shall have been nominated at the Board three months previously to taking the question on conferring the degree.

2. The question, on conferring an honorary degree, shall always be decided by ballot, and the candidate must receive a unanimous vote.

AN ACT TO PROHIBIT THE SALE OF ACADEMIC DEGREES.

Section I. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, that it shall not be lawful for any University, College, or other institution incorporated under the laws of this State, with power to grant academic degrees, honorary or otherwise, to confer the same upon any person or persons upon the payment, or promise of payment, by any person in consideration thereof; and any person knowingly signing a diploma, or other instrument of writing, purporting to confer an academic degree when such consideration has been paid, or promised to be paid, shall be guilty of a misdemeanour, and on conviction thereof, be sentenced to pay a fine not exceeding five hundred dollars, and to undergo an imprisonment not exceeding six months, or both or either, at the discretion of the court.—Approved May 19, 1871.

Foreign Medical Literature.

PROFESSOR WEDL UPON DR. LOSTORFER'S SYPHILITIC CORPUSCLES.

(Notes from the *Alg. Wien. M. Zeitung*. By Dr. Charles R. Drysdale).

The high interest which this supposed discovery has caused in Medical circles, and the authority of the man who has undertaken to deny the existence of these bodies, made the meeting at the Vienna Medical Society very crowded on the evening of the 9th February, when Professor Wedl had undertaken to bring the subject forward. Dr. Wedl remarked that the question was so important that he had taken a good deal of trouble to investigate it. Dr. Lostorfer had said that he was able to diagnose syphilis with precision, by microscopically inspecting the blood. To investigate the truth of this assertion, Professors Stricker and Hebra laid some tests before him; the first bringing five and the second two, and each time he proved correct in his diagnosis. Of the five specimens laid before him by Dr. Stricker, Dr. Lostorfer admitted that he recognised the blood of Dr. Stricker and of his servant, because they were dirty, hence it was easy to guess that the three other specimens might be syphilitic. The student of natural science, like the student of other sciences, is apt only to remark carefully what he believes to be true. Hence, Dr. Lostorfer saw things in the blood of syphilitic patients which he passes over in the blood of other people. With regard to his own experiments concerning the appearances seen in blood, he took the blood of syphilitic and non-syphilitic patients, when he found the corpuscles described by Lostorfer in the non-syphilitic as well as in syphilitic blood. These were seen by Dr. Neumann, Professor Gruber, and Dr. Blau, to each of whom he showed individually the corpuscles under the microscope; and they recognised the Lostorfer corpuscles. These are small corpuscles of from 0·002 to 0·005 Mm, in diameter. He had worked with a still higher magnifying power than Lostorfer. These corpuscles have a sharp contour, break the light sharply, and possess a bluish-green tint. He holds them on account of these points to be drops of fat. Not contented with this, he had placed an oily mixture under the microscope, when the same corpuscles were seen, which were clearly fat drops.

Then again, Dr. Lostorfer had also discovered other corpuscles of irregular size; these he had also seen, and had recognised them as the remains of the secretion of the sebaceous glands, similar to the crushed contents of such glands. With regard to what had been said of vacuoli subsequently taking place, he believed the following explanation would account for these:—There arises in the so-called droplets, in consequence of a process of decomposition of the blood, vacuoli, which always go on increasing in size. As an example, he adduced the experiment which he had made with human fat, which had been saponified by the aid of a solution of potash, in this case the formation of the vacuoli could be followed through its various phases. That such corpuscles grow at once, he held to be an incorrect supposition. Dr. Lostorfer has only kept the one species of corpuscles in view, and probably has seen other large corpuscles which he has taken for the same. With respect to the farther metamorphosis, which Dr. Lostorfer mentions; and, according to him, a formation of buds takes place, he thinks that some error had crept in. Had it been a mushroom which was noticed, it was difficult to understand why this should not become more developed. That Lostorfer had seen these bodies, not immediately, but first of all after some days, may be caused by this, that the corpuscles were hidden by the presence of so many blood discs, and thus remained unnoticed in the field of the microscope. Had he conducted a stream of distilled water through the blood, and floated off the blood corpuscles, he would, doubtless, have at once seen them. With regard to the way in which these fat drops come into the blood, Wedl thinks, that it is the fat of the secretion of the skin, and of the sebaceous and sweat glands, which enters the blood when a puncture is made, which it is almost impossible to prevent; so that it is very difficult to obtain quite clean blood for an experiment. This can only be obtained if a vein be opened. Dr. Wedl then thinks he is entitled to make the affirmation, that the supposed syphilitic corpuscles are to be found in the blood of non-syphilitic, as well as of syphilitic patients, and that Lostorfer's observations are incorrect.

After these remarks of Dr. Wedl, Dr. Stricker said that he had laid 100 specimens before Lostorfer, and that with the exception of twenty, Lostorfer had quite rightly told the ones which were syphilitic. He believed that Lostorfer was quite loyal; and proposed that a Commission should sit on the question.

Dr. Lostorfer asked whether Professor Wedl had seen the corpuscles likewise in fresh blood, to which Wedl replied in the affirmative; but a stream of distilled water must be passed through the blood in order to make the red corpuscles sufficiently transparent. Dr. Neumann remarked that Hallier, some four years ago, described similar corpuscles in the blood of syphilis and of other diseases. He had noticed himself similar corpuscles in the blood of small-pox patients and other kinds of blood. Dr. Lostorfer having said that the discussion had not caused him in any way to doubt, a Committee was appointed to examine the question, consisting of Brücke, Billroth, Reichert, Karsten, Klob, Tansch, Auspitz and Rokitansky.

Correspondence.

THE ORIGIN OF FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—It occurred to me when reading the discussion on Dr. Pratt's paper before the Surgical Society, as reported in your number for 6th March, that he and those who adopted his view, did so without considering how difficult it is to prove a negative, inasmuch as that one well-authenticated fact will outweigh the most plausible opposing theory. The same thought must have occurred to other readers as well as to me, to many of whom, I doubt not, cases in their own experience must have suggested themselves confirmatory of the views sought to be impugned. It has so happened that I have at this time under observation what I consider a crucial instance. The case I allude to is the following :—A large family lived in a house in one of the parishes composing my dispensary district—a house long notorious for its filthy surroundings ; the whole frontage was faced by a cesspool, the receptacle of all the filth which the proprietor, in the ardour of his manure manufacture, could rake together from every quarter. It was situated in a hollow, and the house and offices being higher, and there being no sewer, of course the rain and other moisture could not escape. His landlord, a very kind and generous man, frequently offered to assist him by *shoring* up the house, in order to make a passage for the liquid portion of the collection ; but in vain. The consequence was that a more than usually offensive atmosphere pervaded the dwelling. I doubt if my friend Dr. Pratt, in his Connaught experience, ever encountered so bad an one—I know I never did—and while writing an order for food for the patients I was obliged to beat a hasty retreat from the premises. Well, though the family constitution long held out, it at length gave way ; the father was attacked by a low form of fever, which I have been in the habit of designating "typhoid," but which lacked two of the characteristics *now* included in the term—viz., enteric complication and rose rash. He with great difficulty struggled through it, though more than once thought to be moribund. When he became convalescent, the oldest daughter took it, and others in succession, so that at last there were six lying ill, four in one small room (the father's) ; but none of them had it so severely as the father. Now, I may observe that there had not been a case of fever in the parish for weeks or months, that the father had not been near any one sick during the same period anywhere else, and that a family of three persons, relatives of these people, and who had visited them during the course of the fever, took ill ; the father of this second family, a fine young man, a ploughman, died of the worst form of the disease, marked by black tremulous tongue, delirium ferax, followed by coma vigil, and, at the close, convulsions. This last was the only one in whom the rash was observed, but there was no enteric complication. Now, here was a fever of a bad type, for whose origin, in my mind, no reason can be given save one,—the odour of putrefying matter, animal and vegetable. I may observe that the well from which they drank was a very fine one, far away from the cesspool. With regard to the second family, it may be doubted whether their illness arose from infection or malaria. I think the former, and if I am right, it confirms Dr. Stokes's assertion "that we cannot adopt the hard and fast lines of distinction between typhus and typhoid disease, however well they may look on paper and in the books of nosologists." Here were several cases presenting different types, all originating in the same source, a source now generally believed to be the origin of the typhoid type of disease, yet without the characteristic marks of that type, and seemingly highly infectious, contrary to the received opinion regarding that type. I cannot help thinking, from the views advocated by speakers of eminence on that occasion, that Medical opinion is not, after all, very progressive. I remember, when young, hearing an anecdote of an old-fashioned and eccentric physician in Cork, who said, at a meeting of the Profession on the occasion of the fearful epidemic to which Professor Stokes alluded, "that he did not think there could be a more wholesome thing at a man's door than a fine dunghill." He was thought then to be not *au courant* of Medical science, and now we find his sentiments repeated more than half-a century after, in a meeting embodying the highest Medical talent in the country. I agree with Drs. Stokes and Pratt that "stink" *per se* will not produce fever, but all effluvia are not deleterious in proportion to their offensiveness, for I am free to confess with one of the speakers that the smell from flax pools is even worse than that from the ordinary dungheap. As to Dr. Pratt's difficulty of understanding "how the greater part of the Irish population should not have perished, if these emanations were morbific," he must remember the Irish cabins are generally built with two "hall doors," through which the wind freely plays, and when it blows strongly in front the front one is closed, and when at the back the back door ; so that the tainted air is blown over and round the house, or to speak poetically "'Tis odour fled as soon as shed." Again, as to his argument about the luxuriant verdure of the herbage about its brink, that it must be equally favourable to animal life, he might as well say that the Sunderbunds of Bengal, noted for its luxuriant jungle, could not produce jungle fever or cholera, whereas it is well agreed that it furnishes the most lethal forms of both. But I find that I have lengthened these observations beyond what I intended, and will therefore now conclude.

EDMUND P. SHARKEY, M.B.T.C.D.

Ballinasloe, March 16th, 1872.

◆

"TANNER" PRIZE AT KING'S COLLEGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The want of prizes in some of the classes at King's College is much felt.

I have received some subscriptions towards a memorial to the late Dr. Thomas Hawkes Tanner, and, as he was a student of King's College, I propose handing over this money to the Medical Board to establish an annual Tanner prize of books or instruments, to be selected by the student proving himself by examination most proficient in Obstetrics and Diseases of Women.

The amount I have yet received is insufficient for the purpose, and therefore will you allow me to appeal through your columns to many old friends of Dr Tanner, as well as to all interested in King's, and thus give them an opportunity of adding their subscriptions, which are to be forwarded to

Your obedient servant,
PERCY BOULTON, M.D.,
Treasurer.

6 Seymour Street, Portman Square.
March 19, 1872.

◆

SPECIAL REPORT OF DISCUSSION AT MEDICAL SOCIETY ON STATISTICAL RESULTS OF CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your report it is stated that the result of the measures for preventing Venereal Disease at Hong Kong could not have had much benefit, as according to the official report of 1869, syphilis was very ripe there. The sense of the report itself and the statistics appended to it, would, if quoted show this statement to be directly contrary to the fact, but as I have no copy of the report for 1869 at hand, I venture to send you an extract from the appendix to my official report for 1870, which will show you the condition of the soldiers and sailors at Hong Kong in that year and I can assure you there was no great difference between the years 1869 and 1870, nor has there been for some years past any important variation since the preventive measures carried out under my supervision have been fairly in operation.

I am, Sir, &c.,
IVOR MURRAY, M.D.,
Late Colonial Surgeon, Hong Kong.

The Knowle, Brenchly, Kent.
March 20, 1872.

Extract from Appendix to Colonial Surgeon's official Sanitary Report for 1870.

H. M's. Hospital Ship *Melville*, Hong-Kong,
December 28th, 1870.

"MY DEAR SIR,—As you are about to leave this Colony for a time, I would beg to address a few words to you on the subject of the working of the Contagious Diseases Ordinance, carried out under your inspection. During the years 1849-50 and 1851, I was Surgeon of the *Reynard*, Sloop of War on the China Station, and though unfortunately I am not in possession of my Journal for that vessel, I have a vivid remembrance of the sufferings of the crew from syphilitic disease in Hong Kong. On every occasion when the men had leave on shore, a large proportion of them became affected with the disease, which shewed itself in the form both of hard Chancre, and large Phagædenic sores. Secondary symptoms were also of frequent occurrence, often requiring the patients to be invalided and sent home. The altered state of things at the present time is very striking. *During the year and nine months* that I have had charge of this Hospital, I have not seen a case of regular Hunterian Chancre contracted in Hong Kong, and only a few soft sores which healed readily. Judging from my own experience, I should say that Syphilis has *all but* disappeared from the Colony, and I have no hesitation moreover in attributing this success to your particular method of examination, which I have repeatedly witnessed. The instruments used by you are admirably adapted for bringing into view the parts, including the Os and Cervix Uteri, very quickly, thoroughly and without the least pain to the female. Could a similar system of examination be established in the Treaty Ports of China and Japan, a great boon would indeed be conferred on the Naval Squadron serving in these waters.

Believe me to be, dear Sir,
Sincerely yours,
(Signed) Robert Pottinger,
Deputy Inspector-General.

Dr. Murray, Colonial Surgeon, Hong Kong.

Statistics of Venereal in H. M.'s 75th Regiment from 21st December, 1868, till 21st December, 1870.

Hong Kong, 21*st December*, 1870.

1. Average Strength during the above-named period, 428·5.
2. Different forms of Venereal and the number of cases of each between the above-named dates :—

Chancre, Hard.	Chancre, Soft.	Secondary Syphilis.	Gonorrhœa.	Total.
5	12	10	39	66

The forms of Secondaries were very mild, amenable to treatment, and left no sign of permanent injury.

The above figures speak for themselves, and show the great gain which the enforcement of the Contagious Diseases Act has been to the Government in preserving the health of the men of the Regiment, and I may add that during an experience of 16 years as an Army Medical Officer in all climates, I have not seen a similar immunity. To me it is the more striking as I can look back on the prevalence, and terrible severity of the disease which existed in this Colony in 1857, when "Hong Kong Disease," was a well known bye-word. At times for an entire month there has not been a man reported as suffering from any form of Venereal, thus attesting the thorough manner in which the duties in connection with the Contagious Diseases Act have been carried out, and the efficacy of legislation against this "scourge of humanity" seen in a Colony like Hong Kong whose ever shifting population, native and foreign, must render success unusually difficult.

(Signed) W. Ramsay, F.R.C.S.L.,
Surgeon, 75th Regiment.

◆

Literature.

ZYMOTIC DISEASES (a).

This treatise is the work of a thoughtful observer. It abounds in suggestive reflections, and is refreshing to read after the sterile disquisitions on "disease-germs" and antiseptic medicine, which have, of late, flowed so freely from the press. There is true Medical philosophy in the utterances of Dr. Wolff, as well as much practical observation. Instead of inviting us to do battle against a host of hypothetical disease entities, in the shape of independent microzymes, whether bioplasmic particles, or extraneous animacules and fungi, taking us beyond the realms of strict pathology, he leads us to recognise the so-called zymotic distempers as being essentially correlated and in their intimate nature akin to the non-infectious diseases. "The doctrine advocated in these pages," to use the author's words, "brings the phenomena exhibited by zymotic disease within the range of laws that are well understood by the physiologist and pathologist. It rejects the idea of diseases as special entities, or as the result of peculiar organisms, whose nature and origin are unexplained, and it brings the human body within the action of those great physical laws that govern all other forms of matter. It would be difficult to over-estimate the importance of clearly and distinctly understanding the cause and the nature of zymotic disease—important both in a prophylactic and curative sense. For when the correlation of zymotic diseases shall be fully recognised, the efforts of physicians to avert or counteract the effects of the disease-producing cause will be directed to a single and well defined point; and the recognition of decaying organic matter as the invariable source of zymotic ailment; and of faulty hygienic surroundings as one of the great factors in their diffusion, will show that the duty of guarding society against pestilence should be divided between the physician and the legislator—that whilst the physician indicates the point from which the attack is to be expected, and points out the means by which the evil effects are to be averted, the duty of the legislator is to frame laws that shall place the population under the most favorable possible conditions for offering an efficient resistance."—Pp. 7, 8.

◆

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON (a).

It has fallen to our lot, now on several occasions, to be called on to notice the Transactions of this Society, and each year, we may add, is only increasing the interest attached to the subject generally. Since Dublin began the movement, more than thirty years since, a large number of similar societies have sprung up, but probably none of them have taken the position which London has done. This is of course mainly due to the members of the Society there, by which means they are enabled to go to any expense requisite; in the way of illustrations by plates or coloured engraving, and to produce the handsome volume now before us. Whilst, however, admitting the great value of these societies we cannot shut our eyes to some of their drawbacks. Thus, the very name "Pathological" is almost certain to lead some minds to mistake morbid anatomy for pathology, than which there cannot be a greater, or we must add, more serious error. We very much doubt if pathology, in its true sense, has been advanced at all in proportion with the labour bestowed on the work. To take an example, have we advanced a single step, in the last thirty years, as to the nature of cancer, or the primary cause of its invasion? Has the microscope revealed a single point which can be at once turned to practical account, and which the naked eye could not, or did not long before, detect? We believe not, and for ourselves we may say that in doubtful cases, that is whether a disease be malignant or not, we much prefer the judgment which the naked eye gives, in preference to that obtained from the microscope. The same decision, if we recollect right, was arrived at some years back after a long discussion which took place in the French Academy of Medicine. Besides, too, the use of the microscope seems to us to have engendered a kind of *quasi* knowledge, from which we fear the results must be meagre indeed. We have a host of new names, and yet when we come to read the descriptions of the morbid product, or see them delineated in plates, we do not find the differences in structure which a difference in name would lead us to expect. In the course of the remarks which we may make on the volume before us there will be plenty of opportunities for illustrating our meaning; and we may add that the more we have read of these reports the more strongly is the point to which we have called attention impressed on our mind. As on former occasions we shall now give the briefest sketch of some of the more striking cases detailed in this volume, and make any remarks as we go along, which each may seem to require. The volume opens with an elaborate report of a committee consisting of Drs. Marcet, Wilks, Bristowe, Andrew, and Dickinson, on "Lardaceous Disease." Both time, labour, and expense seem to have been spent on it, and the object was to ascertain by chemical analysis the differences between a healthy liver and one affected with this disease. The result seems to prove that when the liver is so diseased the potash and phosphoric acid, naturally in it, are deficient in a considerable degree, while the soda, chlorine, and cholesterine are in excess. If this be so it will be a great step in advance. But it will require a more extended inquiry to confirm the point. We observe it is the liver of a child that was taken as the standard. Now we think it ought to have been an adult, for in the child the liver is known to be very much larger in proportion than in the adult, and may therefore perform different functions, and be different in its chemical constitution. In this report the chemical work was done by Dr. Marcet, and would seem to be most elaborate and precise. All the details are given.

(a) "Zymotic Diseases: their Correlation and Causation. By A. Wolff, F.R.C.S. J. and A. Churchill. London, 1872.

(a) "Transactions of the Pathological Society of London." Vol. XXII. Comprising the Report of the Proceedings for the Session 1870-71. London: Printed for the Society by J. E. Adlard, Bartholomew close. 1871. Pp. 361.

DISEASES OF THE NERVOUS SYSTEM.

The first case in this division by Dr. Fagge is entitled "Embolism of the Left Middle Cerebral Artery of more than six weeks' standing; Yellow Induration of the Corpus Striatum, with surrounding White Softening." In this instance there was right hemiplegia and aphasia, the patient a girl of 25. We could have wished this case to have been more fully detailed, for there is no notice of the state of the anterior convolutions of the brain, nor of the state of the heart at all. Frequent as has been the existence of right hemiplegia with aphasia, for ourselves we do not believe in their being necessarily connected. It is a case where a single authentic instance to the contrary must upset the hypothesis, and this has been found long since. We may observe, too, that the hemiplegia may exist without the loss of speech, and the latter without the paralysis. The point is one well worthy of further investigation.

No. 2 by Dr. Greenhow is a case of "Diseased Spinal Cord from a case of Motor Ataxy." It may be observed once for all that in these cases the change consists essentially in the coats of the vessels being diseased, and in the nerve fibres being wasted.

No. 3 by Dr. Beck is entitled, "Spindle-celled Sarcoma connected with the Posterior Tibial Nerve." We notice this case because it seems to us to have been a case of neuroma, as described by Professor Smith, of Dublin. If this be so there need have been no removal of the limb; for this was done here. It is stated that the tumour was easily separated from its surrounding attachments, and on the contrary, it is not said that its structure was malignant. The case affords an example, too, of what we have before alluded to, for the microscopic examination tells us literally nothing. The opinion of the ablest amongst us may be erroneous, but we should like to have heard what Mr. Erichsen—for he was the operator—thought of the nature of this tumour.

No. 4 by Dr. Clapton is entitled "Atrophy of the Cerebellum." We notice this case because it seems to us that it could have been more clearly detailed. Any one reading the case would suppose that the state of the cerebellum was the cause of death. Now the woman clearly died from the secondary effects of puerperal fever; in fact, from pyæmia. There were different abscesses found as well as double pleuritis. She had been confined some six weeks before her death. As to the small size of the cerebellum it is to be noted that the brain proper was also under the usual size. The patient was of weak mind.

No. 5 by Dr. Morris, is a singular case where a tumour of the nature of nævus existed in one of the hemispheres of the brain. The patient, æt. 38, had from boyhood, been subject to epileptic fits, which drunkenness had greatly increased, and he had too been insane. Part of the nævus was a vein dilated to the size of half a walnut, and containing blood-clots like what is seen in an aneurism. The part round this swelling had begun to be diseased. The case would appear to be unique.

No. 6 by Drs. Murchison and Cayley is a case of "Paralysis Agitans," occurring in a man of 71, and who died of typhus fever. The account of the state of the spinal cord is accurately given, both from the microscope and otherwise. But we must say that it seems to us there was no necessary connection between the state of the cord and the paralysis, and for this reason that we have read of cases where the same state of the cord existed, and yet there was no paralysis agitans. We consider the cause of this state may possibly be local, that is in the part which shakes. We do not recollect to have seen this view put forward by any one, and yet it has some strong facts in its favour. We know that injuries to nerves may be followed by symptoms entirely confined to the part injured. Thus, punctured wounds of the hands have been followed by twitchings of the muscles, by numbness, by contractions of the palmar fascia, &c., &c. But the subject is too large to enter into here.

No. 7 by T. C. Allbutt, M.D., is on the "Changes of the Spinal Cord in Tetanus." This is an important communication, being founded on the examination of four cases, and going to prove that certain changes—seemingly of an inflammatory kind—always exist in this disease. We believe that we are indebted to Dr. Lockart Clarke in the first instance for these views, should they prove to be correct it would truly be a great step in advance, and render the treatment of this formidable disease much more definite than it at present is.

(To be Continued).

Medico-Legal Intelligence.

DALE *v.* CONSTABLE.—LIBEL CASE.

THIS came on for hearing at the York Assizes last week; the evidence in which was very voluminous, and resulted in a verdict for the plaintiff, by agreement "for certain purposes," which was acquiesced in by the legal representatives on both sides,—the defendant to pay £10 10s. and costs. Now, we cannot help thinking this to be a most unsatisfactory verdict. A verdict by agreement—what does it mean? Anything in fact, "for certain purposes." The case is briefly this:—Towards the end of last year Mr. H. Strickland Constable, who is heir to a Baronetcy on the death of his father, a very old man of fourscore years and ten, and a very wealthy person, wrote and published in pamphlet form "A letter on Vaccination," addressed to G. P. Dale, in which he stigmatised the professional character of the latter gentleman, who is a surgeon in large practice at Scarborough. The pamphlet had an extensive sale, a second edition being called for, but many of these were stopped at the publishers. All that could be called in were returned, but we have one before us, and have no hesitation in characterising it as libellous in the extreme. It is well and cleverly put together, proving its author to be a man of great intelligence and power of expression, but of an over sensitive and highly imaginative nature. The pamphlet complained of is one persistent libel upon the moral and personal character, and the professional knowledge, skill, and honesty of the plaintiff. In it Mr. Dale (styled Brown) is called in to see a little girl (Mr. Constable's). Brown immediately proceeds to re-vaccinate the child, notwithstanding she is covered with a rash, but which he says does not matter. Within fourteen hours she was in convulsions, which lasted more or less for two days: and the case being pronounced scarlet fever was treated accordingly. Having pronounced the case scarlet fever, Dr. Brown "stuck to it with admirable consistency." The suggestion in this part of the pamphlet was a doubt that the illness was scarlet fever: and the assertion was that because Mr. Dale had once said it was scarlet fever, therefore he stuck to it even at the risk of the child's life. The pamphlet also contained the following:—"What," said a medical man to whom the case was related, "did Mr. Brown re-vaccinate a child only five years old when she was covered with a nettle-rash? Then he will never allow that any harm came of it to his dying day. He would think it cutting his own throat; and I have known him many years." It was also stated that during the mania of cow-pox, Dr. Brown "at the spring of the year went about as a roaring lion seeking whom he might vaccinate. . . . . . One day he went fully equipped with the purest lymph, armed to the teeth with ignorance, grasping his lancet, and eager for battle, to operate on the household, but the servant refused to allow him in, upon which, I am sadly afraid, he used language that was not exactly what is called Parliamentary." The writer, in another passage, wanted to know why Mr. Brown pitched upon scarlet fever as the disease, and not upon hydrophobia, or cholera morbus. At page 32 there occurred this anecdote, "Once upon a time Mr. Brown paid one of his professional visits. He sat down by the bedside, and, after making the usual observations, he set to work tapping like a woodpecker, with his middle finger, upon the abdomen, as he supposed, of his patient. At length the oracle spoke, with the fine open pronunciation of the vowels which we are so accustomed to in the northern counties, the following words, 'Greeät distension, very greeät distension here.' . . . What he really tapped was an enormously thick and soft linseed poultice." Finally, the defendant described the medical man of the right sort who was a blessing, and the medical man of the opposite sort, whom, by inference, he meant to say was a curse, and was not a blessing, and he said:—"The first kind usually drugs without poisoning them, reserves stimulants for rare occasions, does not teach his patients to be drunkards by prescribing wine unnecessarily and for the sake of popularity with them——" For the defence it was stated that Mr. Constable thought that the plaintiff was deceiving him and his family, believing that he was putting forth the scarlet fever theory as an excuse for either his own ignorance or negligence. He, however, now found that he had been mistaken, and the best and proper thing for him to do was to ackowledge he was wrong, and to publicly state that he was in error, to retract what he had said, and to apologise for having injured the reputation of a professional man, and to withdraw from the record altogether.

This course was adopted, for which we cannot help expressing our regret. The charges were such gross reflections upon the character of a medical man, that the verdict should have been left to the jury, and no compromise whatever listened to. As it now stands, notwithstanding that the defendant retracted his statements, and tendered an apology, there will be plenty ready to throw mud, and suspicious whispers freely indulged in. In confirmation of which we might mention a report that has already reached us to the effect that Mr. Dale's party demanded £5,000 damages, and, failing to obtain this, brought the present action. This may or may not be true, but a juridicial verdict would have been far preferable to an "arrangement," after several hours trial, and we are sorry that Mr. Dale was otherwise advised.

Medical News.

The Charge of Poisoning a Workhouse Surgeon.—On Wednesday last, at the Manchester Assizes, Hannah Steel, a nurse, was again charged with murdering Andrew Harris, Surgeon at the Workhouse Hospital, by putting poison in the milk he had with his tea on the morning of the 10th January. The trial lasted all day, but the evidence only amounted to suspicion. She had not served his breakfast, and the suspicion was mainly founded on the fact that he had reported her to the guardians for neglecting to report a new case of insanity in the hospital, and caused her to be reprimanded, after which she had said she would give him reporting enough. The jury, after ten minutes' consultation, pronounced a verdict of "Acquittal.

Death from Hypodermic Injection.—An inquest was held last week on the body of a poor woman who died from the subcutaneous injection of half a grain of morphia for the relief of sciatica. She was a dispensary patient, and seems to have been in want of food. This, and the fatigue of walking home, were stated by the Medical witnesses as probably increasing the effects of the drug.

◆

Obituary.

THE LATE DR. GRANVILLE, F.R.S.

A very old member of the Profession was this veteran physician and author, Dr. Granville. Dr. Augustus Bozzi Granville died on the 3rd inst., aged 89. He served as surgeon in the Royal Navy from 1806 to 1829, and was a knight of several foreign orders. He was for many years physician to the Westminster General Dispensary and to the Metropolitan Hospital for Sick Children. Dr. Granville was a great contributor to medical literature, and was the first to introduce into the practice of medicine the use of prussic acid, on which he wrote a Treatise in 1829. He was elected a fellow of the Royal Society in 1817, and was also a member of several other British as well as foreign learned and scientific societies.

Dr. Granville was a ready writer, and has left numerous publications. He was formerly editor of the *Lond. Med. and Phys. Journal*, now many years extinct, but which was a most important journal at the time—the one in fact which prepared the way for all those which now exist.

His graphic illustrations of abortion is a most artistic work, and displays much research. He was one of the first to appreciate the importance of the Sewage Question, on which he wrote in 1836. His little *brochure* "On Sudden Death" is pretty well known, as is the fact that he predicted in a letter to Lord Palmerston the sudden death of the Czar Nicholas. He had for some time retired from professional practice, and spent much time at Kissingen, on the mineral waters of which he also wrote.

◆

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.

Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission, The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Our Food Reports.—The continuation of the series of Special Physiological and Chemical Reports on Farinaceous and other Foods and Extracts, is unavoidably held over to our next.

We regret to be obliged to postpone several important communications, reviews, and other articles.

Prof. Wilson's lectures "On Dermatology" will be continued in our next.

Mr. Critchett's next paper is in type, but the proof could not be corrected in time for this issue.

Dr. R. E.—Do not trouble to return the journals, as we do not require them again. We will make enquiry about the instruments, and let you know immediately.

Communications have been received from :—Professor Alfred Swaine Taylor, F.R.S. Mr. Henry Lee. Professor Erasmus Wilson, F.R.S. Dr. Henry, New York. Sir Howard Elphinstone. Mr. Tichborne, Dublin. Dr. Percy Boulton, London. Dr. Pratt, Newtown. M. A. B., London. Dr. Prout, Brooklyn. Dean Close. Dr. Taylor, New York. Mr. Banks. Mr. Francis. Professor J. B. Simonds. Dr. Ivor Murray, London. Dr. Amadeo, Porto-Rico. Dr. Langley, London. Dr. Hadden, Wexford. Dr. Leared, London. Dr. Morgan, Dublin. Dr. Nevill, Chorley. Mr. Hunton, Stockton. Dr. Peirson, Scarborough. Dr. Lane, Ludlow. Mr. F. Hall, Stillington. Dr. Burnett, Tullow. Mr. Fleming, Larne. Dr. Crichton Browne, Wakefield. Dr. Maturin, Letterkenny. Dr. McCloskey, Londonderry. Mr. Hyslop, Stretton. Dr. Benson, Dublin. Dr. Boxwell, Gorey. Dr. Scott, Donkin, Sunderland. Dr. Crean, Clonmel. Surgeon-Major Rambaut. Dr. French, Monivea. Dr. Going, Mullinahone. Dr. Drysdale, London. Dr. McDonagh, Feakin. Dr. Kerin, Ardfert. The Secretary, Medical Society of London. Dr. O'Reilly, Sligo. Dr. Johnson, London. Dr. Douglas, Warrenpoint. Dr. Clark. Dr. O'Grady, Swineford. Dr. Poyntz, Abbeyleix. Dr. Pascal, Paris. Dr. Fitzgerald, Carrick-on-Suir. Dr. McDermott, Ballaghadreen. Dr. Haslett, Laluy. Mr. Vogel, Leipsiz. Dr. Foot, Mallow. Dr. Mayoley, Bruxelles. Dr. Murdock, Castledawson. Mr. Scott, Antrim Union. Mr. John Bagot, Chamber of Commerce. Dr. Cameron. Mr. Swingbourne, &c.

◆

VACANCIES.

Royal Veterinary College of London. Professorship of Physiology, Therapeutics and Pharmacy. Salary £250 per annum. (See advt.)

Royal Orthopædic Hospital, London. Two Surgeons and two Assistant Surgeons. Honorary. (See advt.)

Birmingham General Dispensary. Resident Surgeon. Salary £100.

Salisbury Infirmary. House-Surgeon. Salary £80, with board.

Manchester Union. Resident Medical Officer. Salary £150.

Westminster Union. Two Medical Officers, one to take charge of the Workhouse Infirmary, at a salary of £170. The other for the Out-door Sick Poor, salary £100.

Camberwell Provident Dispensary. Surgeon. Income from division with five others of the Staff, about £80 per annum.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Origin of Cancer. By Campbell De Morgan, F.R.S. London: J. and A. Churchill.

Plain Directions for Dealing with an Insane Patient. By J. M. Winn, M.D. London: R. Hardwicke.

The Education of the Deaf and Dumb. By W. B. Dalby, F.R.C.S. London: J. and A. Churchill.

Thirteenth Annual Report of the Sussex County Lunatic Asylum.

Remarks on the Metropolis Water supply. By Professor A. S. Taylor, F.R.S.

The American Chemist; Allgemeine Wiener Medizinische Zeitung; Detroit Review of Medicine; Bordeaux Medical Journal; Lyon Médical; Nature; El Progreso Medico; Boston Medical Journal; La Mouvement Médicale.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, March 27.—Royal College of Surgeons of England, 4 p.m. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Monday, April 1.—Royal Institution, 2 p.m. General Monthly Meeting.

Tuesday, April 2.—Pathological Society, 8 p.m. Ordinary Meeting.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 27.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, March 28.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, March 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, March 30.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, April 1.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 2.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Bennett, F. C., M.R.C.S., Medical Officer of the Aldeibury Union, Wilts.

Bennett, J. M., M.D., appointed Consulting Medical Officer to the Liverpool Dispensaries, on resigning as Hon. Medical Officer to the South Dispensary.

Green, F., L.R.C.P.Ed., M.R.C.S., reappointed Medical Officer to the Workhouse of the Settle Union, Yorkshire, at an increased salary.

Hepburn, Mr. R., jun., House-Surgeon to the Dental Hospital, London.

Hind, H., M.R.C.S., Medical Officer to the Stockton-on-Tees Dispensary.

Moses, Mr. W. R., Assistant House-Surgeon to the Kent Hospital.

O'Hanlon, M., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse, Castlecomer Union, Co. Kilkenny.

Osborn, H., M.R.C.P.L., temporarily, Medical Officer of Health for Southampton.

Owen, D. C. Ll., M.B., Surgeon to the Birmingham Eye Hospital.

Strange, A., M.D., Medical Superintendent to the Salop and Montgomery Lunatic Asylum, Bicton, near Shrewsbury.

Sweenie, W. F., M.B., Medical Attendant to the Royal Irish Constabulary at Carrigans and Newtown-Cunningham, Co. Londonderry.

Thornton, P., M.R.C.S., Assistant House-Surgeon to the Bristol Hospital.

Staff Surgeon-Major J. Rambaut, M.D., retired upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

◆

Marriages.

Dukes—Bell.—On the 20th inst., at Upper Norwood, Charles Dukes, M.D., of Croydon, to Maria, second daughter of James Bell, Esq., of Upper Norwood.

Smith—Weeks.—On the 19th inst., at Maidstone, F. W. Smith, L.R.C.P., of Blackman Street, S.E., to Ruth, daughter of the late W. Weeks, Esq., of Maidstone.

◆

Deaths.

Clifford.—On the 17th inst., at High Wycombe, J. Clifford, M.R.C.S.E., late of Windsor, aged 57.

Dwyer.—On the 13th inst., Henry L. Dwyer, M.D., F.K.Q.C.P.I., of Upper Sackville Street, Dublin, aged 67.

German.—On the 18th inst., J. German, L.R.C.P.L., M.R.C.S.E., of Borrowash, Derby, aged 45.

Horner.—On the 16th inst., at Bessborough Gardens, Pimlico, T. Horner, M.D., aged 43.

Stuart.—On the 16th inst., at Porchester Square, Hyde Park, John Stuart, L.R.C.S.Ed., of Roxburgh House, Kelso, aged 79.

Thompson.—On the 19th inst., suddenly, Joseph Thompson, Surgeon, of Nottingham, aged 63.

PURE AERATED WATERS.
ELLIS'S
RUTHIN WATERS,
Soda, Potass, Seltzer, Lemonade,
Lithia, and for GOUT, Lithia,
and Potass.
TRADE MARK CYMRY AM BYTH
CORKS BRANDED "R. ELLIS & SON, RUTHIN," and every label bears their trade mark. Sold everywhere, and Wholesale of R. Ellis & Son, Ruthin, North Wales. London Agents:—W. Best & Sons, Henrietta street, Cavendish square.

MEDICAL.—To be DISPOSED OF, the MEDICAL ESTABLISHMENT of the late Doctor Irwin, Tullow, Co. Carlow. Immediate possession can be given. Rent moderate, and a very good connection.
Apply on the premises, or to Charles Leslie, Esq., Bride Street, Dublin, March, 1872.

FOR DISPOSAL.—A GENERAL PRACTICE, average income £200 per annum, including Poor-law Union Appointments, which may be secured to an active, steady, and gentlemanly man, who would be able materially to increase the present income. For particulars and terms, apply fully to X. Y. Z., at the Office of the Medical Press and Circular, 20 King William Street, Strand, London, W.C.

PRELIMINARY EXAMINATIONS of the COLLEGE OF SURGEONS, MR. J. ERLE BENHAM, (formerly of King's College, London, Author of the Student's Guide), whose pupils have always met with very great success, has commenced to take his CLASSES, and to give PRIVATE INSTRUCTION for the next JUNE Examination. For particulars and syllabus of Testimonials, address to 20 Devereux Court, Temple, or to the care of Messrs. Butterworth, 7 Fleet Street, London, Her Majesty's Law Publishers.

BRITON

MEDICAL AND GENERAL LIFE ASSOCIATION.

CHIEF OFFICES: 429 STRAND, LONDON.

EIGHTEENTH ANNUAL REPORT,

Presented at the General Meeting of Shareholders and Policyholders, held at the Society's House, on Thursday, 21st March, 1872.

THE Directors of the BRITON MEDICAL AND GENERAL LIFE ASSOCIATION have the pleasure to submit to the Shareholders and Policyholders, a report of the proceedings of the Association for the year ending December 31st, 1871.

NEW BUSINESS.

During the year the Directors have received 2,507 Proposals for New Assurances to the extent of £750,390 5s. 10d.
Of these—
131, for assuring £45,424 6s. 8d., have been declined;
526, ,, £149,270 0s. 10d., have not been completed from various other causes; and
1,847, assuring £555,695 18s. 9d., have been carried into effect, and have produced in New Annual Premiums the sum of £20,191 7s. 9d.
Three Annuity Bonds have been granted, the purchase-money in respect of which amounted to £900.

INCOME.

The Premium Income of the Association, after deducting the amount paid other Companies in respect of Reassurances, amounted to—

	£	s.	d.
	£220,313	17	2
The Interest received to	24,525	12	8
The other items to	955	8	10
Making a total Income of	£245,824	18	8

CLAIMS.

431 Policies have become Claims during the year by reason of the deaths of 377 persons, amounting (less Reassurances received) to £156,222 12s. 11d. This amount, in accordance with the usual practice of the Association, embraces all Claims admitted prior to the close of the year.

ACCOUNTS.

The Accounts for the year have been made up in accordance with the prescribed Parliamentary form, and are submitted herewith. The excess of the Year's Income over the Outgoings amounted to £33,018 14s. 4d. increasing the "funds at the end of the year" to £606,149 5s. 9d.

It will be seen from the Accounts that the gross Assets of the Association amounted to the sum of £639,941 17s. 1d. They have been fully examined and certified by the appointed Auditors, and will be found to consist entirely of first-class investments.

The Auditors' Report to the Directors is as follows:—

To the Board of Directors of the BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.

GENTLEMEN,

We have the pleasure to inform you that we have carefully audited the Books and Accounts of the Association, and find the same in perfect order. We have examined all the Vouchers and compared them with the entries in the various Books and have found the same to correspond. We have also carefully examined and inspected every one of the Company's Securities comprised in the Assets Accounts, and have found the same correct and satisfactory. We beg to reiterate our expressions of satisfaction at the careful manner in which the various Books and Accounts are kept, and of the general internal management of the vast machinery of the Association.

We beg to remain, Gentlemen,
Your obedient servants,
HENRY ALCOCK.
WILLIAM BROOKS.
JOHN BROWN.

LONDON, *March 18th*, 1872.

DIVIDEND.

The Directors beg to recommend that a Dividend at the rate of £8 per cent. per annum on the Capital of the Association, as increased by the Bonus, be declared and paid free of Income Tax.

BRANCHES AND AGENCIES.

The various Branches and Agencies have continued to afford active and efficient aid. In Scotland the Branch Board have fully maintained the position of the Association throughout the Northern Kingdom. The Directors also desire gratefully to acknowledge the large measure of support they have continued to receive from the Members of the Medical Profession.

DIRECTORS AND AUDITORS.

Four of the Directors, viz., Mr. Wilson Ancell, Mr. George Chapman, Mr. Millis Coventry, and Mr. Edward James Oliver, retire by rotation, but being eligible offer themselves for re-election.

The Auditors also retire, and offer themselves for re-election.

BONUS.

The next quinquennial investigation of the affairs of the Association, with a view to the declaration of a Bonus will be made, in accordance with the terms of the Deed of Constitution, at the close of the present year, 1872. The Directors approach this investigation with the fullest confidence in regard to the results, and as they feel that at the present moment the public are devoting unusual attention to and taking a deeper interest in the positions of all Life Assurance Societies, the Policy and Shareholders may rest assured that the investigation into the financial condition of the BRITON shall be of the most impartial, complete, and searching character.

CONCLUSION.

The Directors, in concluding their Report, feel they may offer the Shareholders and Members their congratulations on the results submitted. At the same time they desire especially to appeal to their constituents for assistance in the present year, in order that the last year of the fourth quinquennial period may be distinguished in the history of the Association as one of unusual success.

By Order of the Board,
FRANCIS WEBB, *Chairman.*
W. TYLER SMITH, *Deputy Chairman.*
JOHN MESSENT, *Actuary and Secretary.*

LONDON, 21*st March*, 1872.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

COLERAINE UNION.

It appeared that a great number of empties were retained by the Medical Officers of the various Dispensaries, instead of being returned to the contractors for medicine, thus entailing considerable expense upon the Union, which by the exercise of a little care upon the part of these officers would be saved. He suggested that in advertising for tenders for the supply of medicines, that the Guardians should, as the Derry Guardians do, make it a condition, "That no charges be made for jars, bottles, packages, *empties*, &c., which must be returned at the contractor's expense."

Mr. Lyle thought the Medical Officers should be held accountable.

Mr. Hezlet was of the same opinion, but he was afraid that it would be difficult to get them to attend to the matter. He knew that during the three years he had been visiting the Articlave Dispensary Committee, he never saw that a single penny had been acknowledged as the price of returned empties, which had been deducted from the contractor's account.

The Clerk produced the form of tender for medicines, from which it appears that the contractor binds himself to accept of all returned empties. The Clerk said that he thought the plan proposed would be impracticable, unless the contractor resided in the town in which the workhouse was situated; and he thought the clause had been inserted in the advertisement for the Derry Union because there was a druggist resident there.

Mr. Hezlet said all he knew was that in the Dispenary with which he was most familiar he had seen that the Union was charged with the cost of the jars, &c.; but, at the same time, he never saw that much credit had been given on the account for returned empties, because, he supposed, they had not been sent back. Under these circumstances, he thought the Medical Officers ought to be held accountable.

The Chairman was of opinion that the contract bond was sufficiently comprehensive, and would answer all the necessary purposes, if acted up to.

The Clerk having explained that advertisements for tenders had already been published in the usual form,

The matter dropped.

LITTLETON DISPENSARY.

Thurles Union.

The *Nenagh Guardian* publishes the following account of an election for Medical Officers at Littleton. It is hardly necessary to say that it illustrates most forcibly the impropriety of placing the election of Medical Officers in the hands of a tribunal, which subordinates, without hesitation, the interests of the sick poor to all absorbing religious rancour.

On Tuesday last, an extraordinary meeting of the managing committee of the Littleton Dispensary was convened for the purpose of electing a Medical Officer for the dispensary in the room of Dr. John Walsh, the late Medical Officer, who was killed by falling off his horse.

There were two candidates for the appointment—viz., Dr. M. Barry, Thurles, and Dr. V. W. Russell, Athloman, who was acting *pro. tem.* since the death of Dr. Walsh. Great interest was felt on the result of the election, both by the people of the town, as well as of those in the dispensary district, as they considered it to be a religious combat, Dr. Russell being a Protestant, while Dr. Barry was a Roman Catholic. The members of the committee seemed also to have considered it as such, as only one Roman Catholic voted for Dr. Russell, while no Protestant gave his vote for Dr. Barry.

A poll was taken, when there voted for Dr. Barry—10. For Dr. Russell—9.

Dr. Barry was accordingly declared elected, by a majority of one.

Mr. Power proposed that the act of Dr. Russell in voting for himself, he being a paid officer of the Union, and the 22nd section of the 25th and 26th Vict., cap. 82, states that no paid officer of Union can vote for himself, or at all.

Rev. Mr. Burke seconded the proposal, which was passed without a division.

Dr. Russell said he was not a paid officer of the Union, as if he was, he would have charge of the dispensary books, which he had not, because he was only acting *pro. tem.* For instance, when a doctor living here passes a man for the army, his doing so does not make him an army doctor, although he does the work of one. However, the resolution was of no consequence.

Mr. Power said before they dispersed he would ask the Chairman what he meant when, at the *pro. tem.* election, he said he would fearlessly vote for Dr. Russell? He would wish to know of whom was the chairman afraid?

Chairman—I do not remember having made use of the words; but, if I did, it was not half as bad as what you said when you declared this election to be a religious matter.

Mr. Power—I never made use of the words.

Dr. Russell remarked that four members of the committee who promised to vote for him voted for Dr. Barry.

The proceedings then terminated.

A correspondent asks—What party, or to what department should I appeal, in case I feel I am not properly paid for assize attendance. I lately had to attend on Crown business in the county town Carlow, eight miles distance, I had also to attend in Wicklow on like matters, over thirty Irish miles, and was better paid in Carlow than the latter, and wish to appeal.

If the amount of fees ordered by the magistrate and judge is insufficient, the Medical man may appeal to the Under-secretary, Chief Secretary's office, Castle of Dublin, who will decide upon the case. The appeal must be accompanied with a clear statement of the facts, and all orders or summons, under which the Medical man has acted.—Ed.

Table *showing for* **Eight Large Towns, &c.,** *the* **Area,** *in Statute Acres; the* **Population** *in* **1871**; *the* **Annual Rate of Mortality** *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 16*th March,* 1872; *the Total Number of* **Births and Deaths** *registered during the Week, with the Number of* **Deaths** *at certain Ages, and from* **Several Causes**; &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, 16TH MARCH, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered.*	Total Deaths *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . . .	9,745	310,565	39	195	230	27	55	54	2	4	2	...	11	1	5	3	97
Belfast . . .	20,687	182,214	25	150	88	20	9	3	...	...	...	1	5	1	1	...	12
Cork	13,816	90,851	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Limerick . . .	8,509	44,547	18	18	15	2	5	...	...	...	...	2	...	...	...	...	8
Londonderry . .	21,865	30,893	24	17	14	...	3	...	...	...	...	1	...	1	...	...	3
Waterford . .	17,209	30,838	12	21	7	...	3	...	...	...	...	...	...	...	...	...	...
Galway . . .	21,358	19,713	26	5	10	...	5	...	...	...	...	...	...	...	...	...	3
Sligo . . .	30,835	17,175	21	12	7	...	3	...	...	...	...	...	1	...	...	...	1

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Newport	Achill	£100	£16 15 0	633	293	106,423	8,198	April 23	Castlebar, 12 m.

◆

ATHY UNION.

COMPENSATION FOR DESTROYED CLOTHES.

The Clerk read a letter from the Commissioners, in reply to an enquiry made by the board as to the legality of awarding compensation to the wife of a boatman named Smith, whose clothes had been burned by direction of Mr. Clements, town inspector to the Athy town commissioners, on the occasion of his removal to hospital while suffering from small-pox, particulars of which appeared in our columns last week, in which they state that the board would be acting illegally in paying out of the rates for clothes destroyed under such circumstances.

ENNISCORTHY LUNATIC ASYLUM.

A meeting of the Board of Governors of this asylum was held on Thursday, for the purpose of electing a visiting physician.

There were three candidates for the office, namely, Dr. Furlong, Enniscorthy, Dr. Drapes, and Dr. Pigott. Dr. Furlong was proposed by the Right Hon. the Earl of Granard, K.P.

For Dr. Pigott, 5; Dr. Furlong, 12; Dr. Drapes, 13.

On the second poll there voted for Dr. Drapes—15.

For Dr. Furlong—14.

Dr. Drapes was declared to have been duly elected.

CASTLEBAR UNION.

NORTH DISPENSARY DISTRICT.

A meeting was held at Castlebar Workhouse, on Saturday, 16th of March, for the object of appointing a medical officer for the district in room of Dr. M'Dermott lately resigned.

Chairman, James Daly, Esq.

Applications were read from Dr. Orfen, and Dr. Kisby, for the post of Medical officer to the district.

Dr. Kisby was proposed by Mr. Henry Keasney, of Breaffy, and seconded by Mr. James Hughes, of Lavalley, and elected unanimously, at a salary of £110 per annum.

SUPPOSED *POST-MORTEM* PARTURITION.

An inquest was opened last week at Churchacres, near Keadue, in the county Roscommon, on the body of Eliza Maloughlin, deceased, aged thirty-five years. Deceased was exhumed on Wednesday.

It appears deceased was attended in labour by an unqualified woman on Friday morning, the 15th inst., and death took place in about seven hours after.

The doctor of the district and priest were sent for, but too late. According to the medical evidence and the practice and precedents now in force, the midwife was clearly chargeable with a criminal offence, for gross ignorance and extreme violence towards deceased; but from the evidence of a number of witnesses that there was no birth, and no violence used, and from the conflicting nature of the entire evidence,the jury said they could not come to a just conclusion, and called on the Coroner to give them additional medical evidence, which it appears he is bound by law to do under a heavy penalty. Accordingly, Dr. O'Farrell, J.P., of Boyle, was summoned to meet Dr. Swayne of Carrick a second time to consider this case.

Dr. O'Farrell stated he endorsed every word of the evidence given by Dr. Swayne on the first day of the inquest, both agreed that they could not ignore the credible evidence of such a number of respectable witnesses, that the case is one of the most extraordinary and mysterious they ever heard or read of, that medical history does not record a precedent to it. There was no child born or seen by any one, but in exhumation an infant was found in the coffin. The question to be decided, could a dead subject expel an infant twenty hours after death? Both the doctors agreed that there is no record of such an occurrence in medical history, but from the general evidence they believe it must have occurred in this case, and that they believe it possible. A verdict of death during labour from apparent violence and acquitting the midwife was returned.

The Coroner stated he would draw the attention of the Government to the case.

◆

Correspondence.

THE PUBLIC HEALTH LEGISLATION NOW BEFORE PARLIAMENT.

TO THE EDITOR.

Sir,—As perhaps but few of our brethren through the provinces have either the time or opportunity of studying Parliamentary Bills, in which their interests may be much involved, I desire to direct their attention to two proposed measures for sanitary purposes now before the House of Commons. The first Bill is that brought in by Sir Charles Adderley and other members of the Sanitary Commission, whose report, containing some complimentary remarks as to the fitness of the Poor-law Medical Officers to carry out sanitary measures, has been already published in the journal of the Association. The second Bill is that brought in by Mr. Stansfeld and Mr. Secretary Bruce; it is shorter and more concise than the former, which contains no less than 437 clauses. The great bulk of both the Bills is made up with matters with which we, as a profession, have but little to do, and it is only to those clauses in each of them which affect the profession, that I desire to call the attention of the Poor-law Medical Officers.

The sanitary arrangement of both Bills are very similar. The country is to be divided into sanitary districts, governed by Local Boards, to be composed of resident owners and ratepayers. These Boards have the appointment of the various officers, including the Medical Officers of Health, who are to be legally qualified medical practitioners, and who shall be removable by the said local authorities, with the sanction of a central authority, composed of certain State officers sitting in London. The Medical Officers of Health are to be paid out of "The General District Rates," such remuneration as the Local Authority, with the sanction of the Central Authority may appoint." The duties of the Medical Officers of Health are very important. He is, in addition to such local duties as may be assigned to him by the local authority, to study and report to the Central office all things relating to changes in the health of his district. 2nd. To collect from local registrars and others, materials to be combined with his own observations in his reports on the health of his district. 3rd. To supply information on all enquiries to Inspectors on their circuits, and lastly, to certify as to the causes of death, &c. They are also to make Annual Report for Parliament of the proceedings taken under the Act. In addition to these provisions, common to both the Bills, Mr. Stansfeld's Bill provides for the establishment of Hospital accommodation for infectious diseases, and gives the Local Boards the power to order the Boards of Guardians to provide additional medical officers whenever they may be required.

These are the only provisions of the Bills with which we have to do, but they are of sufficient importance to call for the most energetic exertions to protect the interests of the dispensary medical officer. Not one word is said in either of the Bills from which we can form the slightest idea as to the salary or remuneration to be paid for these important and onerous duties, and that they are paid for at all can only be inferred from the clause placing their salaries upon the rates and giving the ratepayers the power to fix the amount. In fact the Bills leave the Poor-law medical officer in the complete power of the guardians and ratepayers, against whom, if he performs his sanitary duties honestly and efficiently, he will of necessity frequently have to make his reports, and makes not the slightest provision for his security of office, or his sufficient remuneration. The report of the Sanitary Commission, upon which these Bills are framed, recommends that the medical sanitary officer shall be made independent of local authorities, and yet this has been overlooked in the preparation of the Bills. The Council of our Association has been closely watching the progress of these measures, but little can be done unless men in the provinces will meet, and by discussing the provisions of the Bills direct public opinion to this omission, which may render a most useful and long wished for measure in a great degree nugatory.

I remain,
Your obedient servant,
E. J. Quinan,
Hon. Sec., Irish Medical Association.

[Since Dr. Quinan's letter was written, a most important measure has been tabled by Lord Hartington, which deals with the same subject in Ireland. This Bill, if it becomes law, will make the Poor-law Board the Central Public Health Authority for Ireland. The measure is set down for a second reading for the 3rd of April, but is not yet in print, so that we are unable to form any positive impression as to its contents, but we may assume that it is as far identical with Mr. Stansfeld's Bill as the peculiar circumstances of Ireland will admit. We shall put our readers in possession of the details of it on the earliest occasion.—Ed.

MEDICINAL TREATMENT OF STRICTURE.

In the *Medical Cosmos* we find the following editorial notice on the medicinal treatment of stricture :—

"The medicinal or chemico-dynamic treatment of stricture of the different passages of the human organism, and especially of strictures near the outlets of the body, is still in its infancy, the treatment of the latter being chiefly mechanical. Among the recent advances of greatest promise in this direction is the successful treatment of organic stricture by electrolysis. With regard, however, to the more purely medicinal treatment of stricture, even of the internal passages, little of standard value has as yet been effected, either in defining the principles applicable thereto, or in determining the practical means for the removal of the disorder. True, a large amount of empirical experience has demonstrated the active power of certain agents for the relief of the affection, particularly of the spasmodic or milder variety, but for the cure of the severer and organic types much remains to be done. In order, therefore, to determine more accurately the correct principles of treatment of all forms of this abnormity, it would be well to first carefully consider its pathology, and endeavour to deduce therefrom the essential indications to be met for its resolution. Passing in review the morbid conditions from the simpler to the more complex cases of stricture, we find certain definite elements of disorder. These are, first, irritation; second, spasm, or undue contractility of tissue ; third, hyperæmia with or without hypertrophy ; 4th, infiltration and swelling from hæmorrhagic, serous, or plasmic effusions ; and fifth, thickening and induration from inflammatory and degenerative action with neoplasmic developments, both homologous and heterologous, and from the most benign to the most benignant in character. Besides these there may be narrowing of organic tubes from extraneous pressure or internal accumulation, as from tumours, glutinous mucus, fibrinous exudation or membranous prolapse, as in catarrh, asthma, croup, intussusceptio, etc., with various analogous matters in intestinal, urinary, and other canals in different parts of the system, complications which we will not specially consider at the present time.

"This very general study of the pathology of stricture leads to the conclusion that the principles for its treatment are in the main the same in all parts of the body, and in all stages and forms of the disorder, whether acute or chronic, spasmodic or organic, or both combined in various degrees of intensity ; and points directly to the indications to be met for its correction, premising, of course, the absence or removal of the primary exciting cause. These are briefly, 1st, to allay pain and irritation ; 2nd, cause relaxation ; 3rd, correct hyperæmia and its sequelæ ; 4th, secure absorption of effused matter ; 5th, resolve swelling and induration ; and 6th, remove obstruction from extraneous complications. These may frequently be fulfilled by combining various agents having anæsthetic, antispasmodic, antiseptic, and resolvent properties, such, for instance, as chloroform, chloral, the alkalies and their compounds, more especially the bromides, chlorides, and iodides of potassium, ammonium, and sodium, with the preparations of sulphur and other well-known remedies of the same general character. But while these exert both a constitutional and topical influence, and often afford speedy relief in acute attacks and temporary exacerbations, they are not always sufficiently potent to correct the systematic derangement and remove the local disorder. For this latter purpose resort has been had to the direct application of such powerful caustics as potash and chromic acid to discuss the abnormal condition and dissolve the indurations, but these are obviously objectionable, inasmuch as they are both unmanageable and too apt to be attended with undue destruction of tissue, as well as with additional trouble and even danger to systemic life itself. Hence the necessity for efficient remedies of a milder character that will answer the purpose with little or no risk of immediate or remote injury either generally or locally, while they may be introduced into such channels as the œsophagus and urethra with comparative safety. Fortunately there is one agent combining the most useful remedial properties required for the general and local treatment of all forms of stricture in all parts of the body, except, perhaps, that dependent upon malignant neoplasms, as of the pylorus, rectum, uterus, etc., though even here it may prove applicable. This remedy is iodoform. It is prompt in action, rapidly diffusible, non-erosive, allays pain and irritation, induces relaxation, resolves swelling, inflammation, etc., excites absorption, increases secretion, and promotes healthy action ; in brief, it is volatile, non-corrosive, anæsthetic, antispasmodic, resolvent, sorbefacient, alterative, and antiseptic, a rare combination of valuable medical properties in one substance, with, however, one minor drawback of a somewhat unpleasant odour when free. It is peculiarly well adapted to both the systemic and topical treatment of stricture of the pulmonary, alimentary, urino-genital, and other channels, in proof whereof illustrative cases might be adduced if space permitted. It is especially indicated to facilitate the mechanical distension as well as organic dilatation of the urethral, uterine, rectal, œsophageal, and other passages. Moreover, in cases of obstruction from tumours, tenacious mucus in air passages, inspissated bile in biliary ducts, intussuscepted membranes, hardened fæces in bowels, albumenoid matter in uterus, sabulous substances in urinary tubes, with fibrinous exudations, and other analogous complications generally, by its power of resolving the primary abnormity and restoring healthy action it will help to relieve the secondary disorder.

"Iodoform may be exhibited in vapour, injection, suppository, ointment or powder, and also in pill by the mouth. If taken too freely internally, however, it causes undue disintegration and relaxation with diarrhœa and depression, but in moderate doses it allays excitement, equalises innervation, and promotes molecular metamorphosis, secretion, excretion, and the general functions of organic life. It may often be given combined with iron and other compatible agents with advantage."

The Glue Bandage for Fractures.

Dr. George Ross, in the *Canada Med. Journal* for Dec. 1871, describes the glue bandage as successfully employed in the Montreal General Hospital. A good article of glue is dissolved in the usual way and a fifth part alcohol added to promote evaporation. The limb is swathed in thin wadding, and a roller of soft muslin applied ; the proper adjustment of the fracture having been made, of course. Then a coating of glue is applied by a brush or the hand. A second and a third roller are applied and covered with glue in the same manner. The limb is then swung so that the glue shall dry. In a few hours the outer layers are dry enough to admit of the limb being removed from the swing, if desirable, but forty-eight hours, or longer, is required for thorough drying. "After the lapse of this time," writes Dr. Ross, "the leg is found to be encased in a perfectly-fitting boot, more solid than the thickest sole-leather, and can be moved in any direction without pain. In none of the cases has there been any complaint of pain from the swelling that we might expect to find occur shortly after a fracture has been sustained. On the contrary, the patients have all expressed themselves as feeling extremely comfortable. As soon then as the bandage has completely consolidated, it becomes necessary to split it down the front from one end to the other. Owing to the extreme hardness of the splint, this is a matter of some difficulty, except in the event of one's possessing a pair of powerful properly constructed bandage-pliers; failing this, however, the simplest plan is to slip a very thin piece of wood beneath it, and then cut on this with a sharp, strong knife. Having thus split the bandage from end to end, e number of holes are bored on either side with a brad-awl, and a long tape being passed alternately through these, it is laced up like a lady's corset. The apparatus is then entirely complete, and may remain without being touched until union is perfect.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 3, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872, by Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture IV.—Specific Inflammation—Exanthematous Affections	289
A Few Practical Remarks on the Treatment of Cataract. By George Critchett, F.R.C.S., Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields	291
On the Use of Ergot of Rye. By John Denham, F.R.C.S., late Master of the Rotundo Hospital	293

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL—	
Tubercular Laryngitis	294
Apoplexy.—Hemiplegia	294
KING'S COLLEGE HOSPITAL—	
Removal of Enormous Fatty Tumour.—Enucleation of Fatty Tumour situated on the Finger	295
Removal of Fatty Tumour	295

TRANSACTIONS OF SOCIETIES.

	PAGE
MEDICAL SOCIETY OF LONDON—	
Temporary and Extensive Loss of Hearing thought to depend on Constitutional Syphilis	296
A Case of Rudimentary Scapula	296
Maternal Impression	296
A Case of Excision of the Knee-Joint	296
Popliteal Aneurism	296
DUBLIN OBSTETRICAL SOCIETY—	
Case of Sudden Death Seventeen Days after Delivery	297

LEADING ARTICLES.

SHAM DEGREES	297
THE FRENCH METHOD OF MEDICAL EDUCATION	298

SCOTLAND.

EDINBURGH—	
The Lady Students	300
Royal Medical Society and Conjoint Examining Boards	300

NOTES ON CURRENT TOPICS.

Royal College of Physicians of London	300
Chelmsford Charities	300
Medical Spiritualism	301
National Ingratitude	301
Workhouse Tea	301
Opium in Australia	301
New Medical Bill in Illinois	302
Dr. Horatio Storer on Female Hygiene	302
What's in a Name?	302
The Astley Cooper Prize of £300	302
Dr. Quain's Lumleian Lectures at the Royal College of Physicians, On Diseases of the Muscular Walls of the Heart	303

LITERATURE.

	PAGE
Proceedings of the Pathological Society of London for 1870-71	304
Clinical Lectures on Diseases of Women. By Sir J. Y. Simpson, Bart. Edited by Alex. R. Simpson, M.D.	304
Notes on Comparative Anatomy. By W. M. Ord, M.B.	306
On Bone Setting (so called) and its Relation to the Treatment of Joints Crippled by Injury, Rheumatism, Inflammation, &c. By W. P. Hood, M.D.	306

FOREIGN MEDICAL LITERATURE.

Selections from French Medical Journals	306
Dr. Kraus on Infantile Syphilis, and Dr. Hermann, of Vienna, on Treatment of Syphilis	306

CORRESPONDENCE.

Abraham C. Swayne, M.D., L.R.C.S.I. on Extraordinary Cases of Alleged *Post-mortem* Parturition	307
Francis M. Luther, M.D., on Recent Case of Locomotor Ataxy apparently cured by Hydrotherapy	307
Medical News	308
Notices to Correspondents	309
Vacancies	309
Appointments	309
Deaths	309

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE IV.

Specific Inflammation—Exanthematous Affections.

MR. PRESIDENT AND GENTLEMEN,—From inflammation of the skin taking its rise in common causes, and pursuing a common course, we turn our attention in the next place to a dermatitis, which derives its origin from a specific cause—a zymotic poison, and which presents phenomena of a special and peculiar kind. These poisons are the agents of the three important exanthematous eruptions, rubeola, scarlatina, and small-pox; also of the eruption of syphilis of the skin, and as there seems good reason to believe, of that other form of pox the elephantiasis.

Of the nature of the poisons themselves, we have very scanty information, our acquaintance with them being limited to the fact that, some are both infectious and contagious, and others only contagious.

Our knowledge of these poisons becomes more certain after they have been introduced into the system; then, we have reason to believe that they enter the blood; that in the blood they set up a process of zymosis, or fermentation, and that the poisonous ferment is conveyed by the blood to every part of the economy. The action of the poison on the skin is manifested by a state of hyperæmia, which varies in tint of colour; a dull crimson in rubeola; scarlet in scarlatina and variola; a dull red or yellowish red in syphilis, and a sombre purple red in elephantiasis. A slight form of exanthema resembling rubeola, but having peculiarities of its own, is termed, from the special nature of its colour, roseola and false measles; and roseola, while it is often difficult of distinction from ordinary rubeola, is sometimes developed under the influence of the poison of syphilis, and then is denominated, syphilitic roseola.

If we compare the pathological appearances of the exanthemata with diseases of common inflammation of the skin, we find the differentiation of the follicle and inter-follicular portion equally distinct in both. The hyperæmiation of rubeola appears in the form of puncta, not unfrequently the puncta are elevated into minute papulæ, and moreover, there is a manifestation of obedience to the law of nerve distribution in the skin.

No. 133 is a water-colour study of the exanthem of measles, showing colour and manner of evolution; on one portion of the skin, the fleckered or dappled appearance of the eruption is seen; in another, as on the face, the patches are more decided in colour and larger, and interspersed with papulæ, while on the arm, the papulæ are also evident, interspersed amongst the fleckered spots.

The colour of the exanthem is carefully imitated in this drawing; in some parts the dotted or punctated character due to congestion of follicles is very apparent; in other spots, the follicles are elevated into distinct papulæ; and everywhere, namely, where there are puncta, and where there are papulæ, there is a tendency to groupage into small clusters or islets, which we commonly denominate corymbi. In reality, in these few points the diagnosis of rubeola is established so far as observation of the skin is concerned; they are—*first*, the crimson colour; *secondly*, the punctated rash; and *thirdly*, the disposition of the puncta in small clusters or little islets, which have been described as crescentic, but which in reality are obscurely oval in their figure. There may be reasons for believing a case of this kind not to be rubeola; under such circumstances, it must be roseola or false measles, or, if the age of the patient and other concurrent evidence tend to lead the mind in a different direction, the case may be a syphilitic roseola. The exanthem must be one or other of these affections, the pathological appearances of the skin being the same in all.

Another inspection of this drawing, shows that the papulæ are more prominent on the face than elsewhere, while the clustering is less distinct; the same explanation is applicable to both these conditions; the papulæ represent a greater degree of congestion than the puncta, and a greater degree of congestion obliterates the distinction of clusters by creating a general uniformity of redness of the whole surface, and this general blending of the distinctive appearances is still further effected by swelling, which is the consequence of congestion. It is a well-established fact, with regard to the exanthemata, that the hyperæmia is always greatest on those parts of the skin which are habitually exposed to the air, such as the face and the hands, because in those regions the cutaneous circulation is habitually the greatest.

Scarlatina is distinguished from rubeola not only by the difference of tint of colour, but also and chiefly by the more general hyperæmia of the skin, and the consequent presence of swelling. Nevertheless, puncta may always be observed in scarlatina, and sometimes a certain amount of papulation, but in variola the papulation is more manifest than in either of the preceding exanthemata, and the sense of granulation or grittiness of the skin communicated to the touch at an early stage of the rash, is regarded as one of the pathognomonic characters of small-pox.

The congestion of the skin occurring in the exanthemata, is very naturally accompanied with serious disturbance of function of the integument, possibly with arrest of nutrition, and one of the consequences of arrest of nutrition, is the loosening of the horny epidermis from the rete mucosum, and its subsequent separation by desquamation. Desquamation occurs in all the exanthemata, but is most strikingly exhibited in scarlatina, wherein it is not uncommon to find the whole of the cuticle of the hands and feet, including the nails, separated in a single piece like the exuviated epidermis of the serpent.

The preparations, Nos. 134 and 135, are specimens of this kind, representing the chirotheca and podotheca cast off from the hands and feet at the breaking-up of the fever of scarlatina.

Variola, or small-pox, introduces to us a new subject of interest; the folliculitis is more aggravated than in rubeola and scarlatina. At a very early period of the exanthem, a sensation of granulation of the skin is communicated to the touch, the evidence of incipient papulation; then follow decided papulæ, and the papulæ by progressive development are converted, firstly into vesicles, and then into pustules. Employing the language of a bygone period of dermatology, we might say that the exanthem of variola is, in the first instance, an erythema, then a papula, next a vesicle, then a pustule, and subsequently, an ulcer; but pathologically we regard these changes as the evidence of the progressive development of the eruption. And we should be perfectly prepared, as the consequence of an arrest of growth, to find the development arrested at either of these progressive points, as actually takes place in those forms of aborted eruption which are termed varioloid.

There is much interest in observing the progressive advance in development of the variolous pock—at first a mere point represented by the congested aperture of a follicle; then a conical papule, the follicle being still further congested; thirdly, a vesicle caused by effusion of liquor sanguinis around the papule, the centre of the vesicle being as it were pinned down by its connexion with the epithelial sheath of the follicle. Effusion now becomes more abundant and active, the vesicle swells by its circumference while it is depressed, or as it is technically termed, umbilicated in the centre, and so the pathognomonic vesicle of variola and vaccinia is produced. Later on the cavity of the vesicle is invaded by pus, the pus accumulates and breaks through the central point of adhesion of the vesicle, and so the arched dome of the mature small-pox pustule is produced. Subsequently the pustule and pus both dry up into an amber-coloured scab which remains for some days embedded in the skin; and when, at length, the scab falls off, a permanent cicatrix is left behind.

At present, unfortunately, we have no illustration of ordinary small-pox in our collection, but the specimens No. 136 and 137 are casts in wax and plaster of the breast of an infant, showing a varioloid eruption which appeared soon after vaccination, and was the cause of the child's death. The eruption commenced on the head and face, and thence extended to the neck and chest. On the chest there were more than one hundred vesicles, presenting the characteristic flattened and umbilicated figure of the variolous pock. They were for the most part discrete, but every here-and-there were confluent clusters of three, four, or five. On the neck the vesicles were confluent; the intervals of skin between the large patches were vividly red, and the whole surface poured out an abundant ichorous discharge.

On the table we have several preparations taken from the general collection, and showing the pathology of small-pox and its destructive action on the skin. Small-pox, as is well known, is not limited to man, and in the present group we find specimens numbered 138 to 144, showing the form taken by small-pox in the sheep, variola ovina. The pock is a broad papule or flattened tubercle, on the summit of which a flattened vesicle containing lymph is developed. The pocks range in diameter from one line and a half to half an inch, with a prominence of one line; they are for the most part discrete, but some few are confluent.

Syphilous Affections.

Unlike the poison of the exanthematous fevers, that of syphilis is transmitted only by personal contact, by contagion alone, and it reaches the individual sometimes in the form of a secretion from a syphilitic sore, sometimes through the normal secretions of the infected person, and sometimes through the agency of the blood itself. The first of these modes of transmission may be illustrated by the production of a primary sore, the second by the development of syphilitic constitutional symptoms without local sore, and the third by the conveyance of the poison to the fœtus in utero, the mother to all appearance being unaffected.

Like other zymotic poisons the virus of syphilis has its period of latency or incubation, during which it is operating certain changes at the point of its entrance, as in the instance of primary syphilis; or it is slowly inducing zymosis in the blood, and preparing for constitutional phenomena which will pervade the whole of the organism. From seven to ten days of apparent safety may pass away before the local effects of the poison shall be manifested in the part which has been exposed to contagion, and nearly the same number of weeks before the zymosis is so far completed as to excite those constitutional changes in the system which are commonly denominated secondary syphilis.

The constitutional or secondary symptoms are, in point of fact, an exanthematous fever, accompanied with general febrile disturbance of the economy, neuralgic pains, sore throat, and an eruption or exanthema of the skin. But here a great contrast makes itself manifest between the phenomena of the true exanthematous fevers and syphilis. The former are regular in their progress, limited as to time, and not prone to recurrence; whereas the syphilitic fever is subject to irregularity in a variety of ways; it is uncertain in its symptoms, uncertain in duration, and liable to repetition, not only at the expiration of several weeks, but at successive intervals for many months and sometimes years.

It is also deserving of note that dermato-syphilis, or syphilis of the skin, feels its way gradually in the integument. At a first attack it makes its appearance as an *erythema*; in a second attack the process of growth is added to the erythema, and it becomes a prominence of lesser or greater dimensions, a *papula* in fact, slight in actual prominence, but ranging in breadth from a line to an inch and even more; while in a third or later attack it will be pustulous or *ulcerous*. Thus, the syphilitic eruptions of the skin naturally arrange themselves into three classes, namely:—*erythematous*, *papulous*, and *ulcerous*, and these, together with a degenerative form, are the *four* heads under which I have grouped the illustrations of dermato-syphilis contained in the College collection, amounting at present to 130 in number.

Erythematous syphilis, that is, dermato-syphilis characterised by redness alone, or redness with desquamation of the cuticle, is sometimes *general* in its eruption; and sometimes *limited* to a portion of the body. As an accompaniment of the syphilitic fever, and a true secondary eruption, it is usually general, and presents itself either as a corymbous exanthem resembling measles, or in small round spots or maculæ from two to six lines in diameter.

Nos. 156 and 157 are drawings illustrating the corymbous or measly form of dermato-syphilis, an exanthem which is also known by the name of *roseola syphilitica.* I have already had occasion to observe that the redness of syphilitic eruptions is dull, in the acute forms approaching to crimson; and in this respect as well as in the corymbous and generally punctated appearance of the rash closely resembling measles, for which it might easily be mistaken. The type of form of an eruption, the pattern if I might so call it, does not reside in the disease, but in the organ in which it is developed, and in this respect the corymbous exanthem of common roseola, rubeola, and syphilitica roseola is identical for all; and it becomes necessary to explore in a different field of enquiry to determine whether such an eruption belong to one or other of these complaints. In a practical point of view the diagnosis is of considerable importance, no less in fact than the decision as to whether we shall prescribe for a consequence of deranged digestion and assimilation, for an infectious fever, or for syphilis. From the same train of reasoning we deduce the conclusion that it is inexpedient to confuse together two such very dissimilar affections as roseola and syphilis, by calling them by the same name, and I venture to suggest that the term dermato-syphilis erythematosa, or erythematous syphilis of the skin, is both more correct and more in accordance with scientific knowledge and truth.

The drawing No. 155 represents a syphilitic eruption of the arm, exhibiting circular spots on which the cuticle is in a state of desquamation, or has already desquamated, leaving a smooth red surface surrounded by an abrupt margin of broken cuticle. The spots range in dimensions between one line and a-half and eight lines, the greater number measuring a quarter of an inch. They present the characteristic *copper colour* of syphilis, and some, which have declined, have left behind them brownish stains.

In reference to this case it may be mentioned that syphilis is essentially a disease of weakened nutrition and sanguification. It would seem as if the blood corpuscles underwent decomposition, and that their colouring principle became diffused through the liquor sanguinis in an altered form, and was thence spread through the tissues. In this manner I should endeavour to explain the phenomenon of altered pigmentation which is so remarkable in syphilis, the muddy and sallow complexion of the skin, and that peculiar tint of colour of the eruption which is generally known as "copper colour;" copper colour being in reality a *reddish yellow brown.* The copper colour of syphilis is not always apparent, and therefore it does not do to rely very strongly on it as a feature of diagnosis. It is often, not appreciable in the earliest eruption, but is better marked at later periods of the disease, when the syphilitic cachexia is more confirmed; and is sometimes very characteristic. Another feature of the eruption evinced by this case is the brown pigmentary stain which remains fixed in the skin for a considerable time after the hyperæmic spots have faded away. And a further evidence of the disturbed nutrition of the skin is indicated by arrest of formation of the horny epidermis, and its consequent exfoliation and desquamation from the inflamed parts. Sometimes the desquamation is general, but in the case No. 155 it was confined to the orbicular spots.

(*To be continued.*)

A FEW PRACTICAL REMARKS ON THE TREATMENT OF CATARACT.

By George Critchett, F.R.C.S.,
Senior-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

(*Continued from page* 179.)

Before we proceed to the consideration of the advantages of the curvilinear, as contrasted with the flap extraction, it may be interesting and useful to describe the method of performing the modern operation or the Graefe extraction, as it is sometimes called. As it is a painful and tedious process, far more so than by the flap wound, it very much facilitates its performance to place the patient under the influence of chloroform. The lids must be fixed open by means of a wire speculum. I prefer the one modified by Professor Noyes, of New York; it has the advantages—1st. That it can be regulated with exactness by means of a screw which is on the nasal side, and is thus out of the way of the operator; 2nd. It does not press upon the globe.

The eye being sufficiently exposed it is fixed by means of a pair of forceps with broad serrated extremities that will take a firm hold of the conjunctiva, and of the subconjunctival tissue. Von Graefe's needle knife is made to enter the anterior chamber, puncturing the corneo sclerotic tissue at a point corresponding to the first dot of the dotted lines in Figs. 2 and 3, it is then passed across the upper part of the anterior chamber, and made to emerge at a point corresponding to the last dot of the curvilinear dotted line in Figs. 2 and 3. If it is wished to perform the true Graefean operation, and to make the entire incision in the opaque fibrous tissue, the line indicated in Fig. 2 must be followed; if the cornea is to be involved in the wound then the line indicated in Fig. 3 is to be followed; when the section is made in the white fibrous corneo-sclerotic tissue a loose fold of conjunctiva has generally to be divided. After the curvilinear section is completed, the next step of the operation is to remove a portion of the iris; this may be done to a moderate extent so as to leave a loop shaped pupil as in Fig. 2A, or it may be cut away as far as the extreme angles of the wound, thereby leaving a much larger and broader pupil—the former is the plan adopted by the Berlin professor and followed by myself, and gives the best optical results; the latter may, perhaps, give greater safety to the operation and avoids the possibility of entanglement of iris in the edges of the wound. The next step in the operation is to open the capsule as freely as possible; this is a matter of some difficulty because the cataract in its capsule is at this period in contact with the inner surface of the cornea, so that in passing the curette into the anterior chamber it is liable to penetrate the capsule at the edge, and close to the wound, and thus leave the anterior surface of the capsule entire and unla-

Fig. 2.

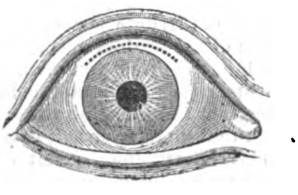
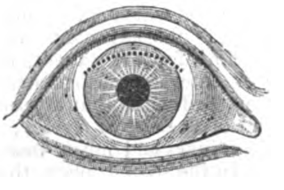


Fig. 3.



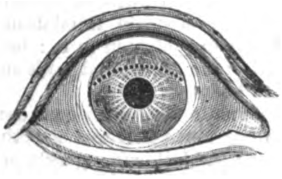
cerated. This, as we shall find hereafter, has an important bearing upon the question of secondary or capsular cataract and explains in a measure the greater frequency of this sequel after curvilinear extraction, than after the more ancient method by the corneal flap.

The next and third stage of the operation is the expulsion of the cataract. This may be accomplished very much in the same way as in the old flap operation. Usually it will pass through the curvilinear section very readily, but if it offer some slight resistance, it may be in consequence of the edge of the cataract impinging against the edge of the section instead of between the lips of the wound; if this occur the spoon of the curette must be gently pressed upon the posterior or upper lip of the section so as to press it behind the edge of the cataract when it is endeavouring to escape, and when it is in some measure entrapped by the sharp border of sclerotic wound, the edge of the cataract being thus brought between the edges of the curvilinear section it will usually emerge very readily under the influence of gentle pressure applied to the lower border of the cornea. If the cataract escape complete and entire the operation is finished; if, however, fragments of the peripheral portion remain behind, it is desirable to remove them if possible by means of gentle pressure; it is more especially important to remove any fragments that lie in or near the wound, as by getting between the edges they may seriously impede union. In spite of every effort it not unfrequently happens that some soft matter remains behind, and when the aqueous humour reforms, an opaque layer will be visible in the area of the pupil; if it be imprisoned between the layers of the capsules, it will remain as a secondary cataract, and will require a subsequent needle operation; if not, it will undergo absorption under the solvent action of the aqueous humour. If the fragments do not escape spontaneously it is better not to endeavour to remove them by the introduction of a spoon into the chamber; you thereby bruise and irritate the edges of the wound, you risk a rupture of the hyaloid membrane, and an escape of vitreous humour; and you often fail in getting away the fragments. It is important before closing the lids finally, to see that the edges of the wound are in accurate apposition, that there is no soft cataractous matter, and no blood clot interposing; a soft compress either moist or dry must then be fixed over the lids with a bandage. It will now be interesting to compare the advantages and disadvantages of the curvilinear with the flap extraction. In stating the case for curvilinear extraction as compared with the flap operation I may mention in limine the safety with which chloroform may be employed; this has the double advantage of robbing the operation of all its terrors for the patient, and of enabling the operator to execute the various stages deliberately, and with precision, and without any spasmodic action of the muscles either of the eye or eyelid; in many cases this is a valuable adjunct and much increases the prospects of success. In the second place, the requisite skill for the performance of this operation can be more readily acquired and the execution of the various stages be accomplished with greater certainty and exactitude than in the flap operation. In the third place, the wound has an inherent tendency to keep in exact apposition, and in this respect contrasts most favourably with the flap, since the muscular contractions and spasmodic movement which must necessarily separate this latter serve to keep the curvilinear section more completely in contact and closed. In the fourth place, and as a further result of the form of wound, the vitality of the cornea is not endangered, and union by the first intention rendered more certain. In the fifth place, prolapse of the iris which was so frequent and so serious a complication of the old operation is rendered impossible. In the sixth place, recovery is more rapid and more sure, and the patient may be safely permitted such an amount of liberty as removes all tedium and penance during the after treatment; a matter of some importance during the restlessness that often accompanies advanced age and an ill-disciplined will. We have thus, as it seems to me, stated six cogent reasons why the curvilinear section is preferable to the flap operation. We will now proceed to consider in what respects it is inferior to that operation.

In the first place it leaves the eye in a less perfect condition both optically and cosmetically than a perfect flap extraction with its small round central pupil. In the Graefian operation the pupil is large, loop-shaped, and excentric, and the curve of the cornea somewhat changed, so as to produce some irregular astigmatism. Although practically this does not entail any important inconvenience to the patient, yet it is a more mutilated and a less perfect organ in the one case than the other, and is more open to censure and criticism on the part of those who may be disposed to find fault. In the second place it is more liable to be followed by a secondary or capsular opacity requiring the performance of a second or needle operation, respecting which I may have more to say hereafter. In the third and last place there is a liability in a certain small average of cases to the occurrence of secondary iritis of a very tedious intractable nature, which produces serious impairment, and even extinction of the sight. This may come on in a week, a fortnight, and even three weeks after the operation; it may close the pupil, and bulge towards the cornea, or it may extend to the choroid, and produce softening of the globe, atrophy and blindness. If this condition once sets in the prognosis is unfavourable. The cause of this secondary traumatic iritis is most probably the bruising and stretching of the angles of the wound, and the injury done to the ciliary nerves during the exit of the cataract. This would seem to be proved by the fact that an ordinary iridectomy is never attended with such unfortunate results, and that the flap extraction enjoys an equal immunity from such sequelæ. Moreover, I have met with more than one case in which the other eye seriously suffered from sympathetic ophthalmia, though I hope and believe this is a very rare complication.

The liability to traumatic iritis after this form of contraction is the most serious indictment that can be brought against the operation and one that has been observed by all who have practised it extensively; it is, however, of comparatively rare occurrence, and will probably become still more rare, as we learn to regulate the incision so as to permit the escape of the cataract without any force or stretching of the wound. In spite, therefore, of these three drawbacks—viz., the mutilation of the eye, the liability to secondary cataract, and the occurrence of iritis, it offers such numerous and important advantages over the old flap extraction, that it has established itself amongst a large majority of ophthalmic surgeons, and is destined to occupy the first rank as a method of removing cataract. This was amongst the last scientific bequests from our revered *confrere* Von Graefe, and it must go far to establish its position to know that, with his immense experience and judgment, he considered the operation as established and to be preferred before all others. Whatever the verdict of posterity may be, after prolonged experience as to its universal applicability, it must, I think, be retained as a most valuable contribution to ophthalmic surgery, as peculiarly applicable to those cases in which flap extraction is clearly contra-indicated, and as relieving both the operator and the patient from much needless anxiety. Highly, however, as I value this method of operating, and frequently as I have recourse to it, yet I cannot be unmindful of its weak points, and of the one serious source of failure; viz., the occurrence of traumatic iritis; and in any case in which this occurred in one eye, it admits of serious question whether some other method should be adopted when the second eye is operated upon. Following up the same train of thought as that which ultimately led to the curvilinear extraction, we may ask ourselves whether there is any plan whereby the objections to the flap extraction on the one hand and to the peripheral curvilinear extraction on the other, can be escaped—the main objections to the former being, as you remember, a liability to prolapse of iris, and non-union of the flap; the main objection to the latter being a tendency to iritis. When in Brussels last autumn I saw an operation performed at the clinique of my excellent friend and *confrère*, Mons. Warlomont, which seems in a great measure to meet this desideratum. It consists in moving the curvilinear section lower down, so as to be entirely corneal. (See Fig. 4.)

Fig. 4.



In performing this operation Graefe's needle knife is employed; it is made to traverse the anterior chamber just above its centre, and to cut its way out by turning the edge gradually forward, so that the curve of the section being of the same shape as in the operation of Von Graefe, shall form a line rather above the edge of the pupil. After the capsule is opened the cataract, however hard and fully formed, will readily escape, leaving a small round normal pupil. Since my return from the Continent I have performed this operation several times both at the hospital and in private practice, and I find it possesses many advantages. In cases where it is undesirable to administer chloroform it is a very painless operation; it is comparatively easy of performance, it inflicts the least possible injury on the eye; the curvilinear form of the wound renders prolapse almost impossible, and favours union of the cornea, the pupil retains its circular form and central position, and its optical conditions are good; that form of traumatic iritis that sometimes occurs in the cornea-sclerotic section is altogether avoided, so that the more serious dangers both of the flap extraction and of Graefe's method are escaped. The chief risks are the liability of the iris to fall forward and attach itself to the curvilinear and central section, and the tendency to suppuration which all corneal wounds exhibit in certain conditions of the constitution. The eye is more irritable and painful, and makes a slower recovery than in the more favourable cases of cornea-sclerotic section, in which the restoration is often remarkably quick. An extended experience is needed before we pronounce a final verdict upon the merits of this curvilinear corneal section, but it certainly possesses some important advantages, and may be adopted just in those cases in which the operation of Graefe may be contra-indicated, as, for instance, where chloroform is inadmissible, or strongly objected to, or where an eye has failed through traumatic iritis, or choroido-iritis. When the subject comes to be calmly considered in all its details, and by the light of an extended experience, it will probably be thought to be unscientific and inexpedient to adopt any one method to the exclusion of all others. The controversy must in all probability chiefly turn upon the question whether the cornea or the white fibrous tissue connecting cornea and sclerotic is the most prone to heal, and can be most eligibly selected for the section. Each of these tissues is liable to dangers from which the other is exempt, so that if we can learn to select the particular form of operation suitable to a certain state of constitution, we shall increase the probabilities of success, or where one method has failed, if we choose the other for the companion eye, we in this way give our patient a better chance, or if we operate on both eyes at the same time we shall use a wise discretion in selecting one method for one eye and the other for its companion. I believe the curvilinear form of section ought in future to supersede the flap, as being more scientific and more prone to heal, but if we would reach the highest average of success we must vary the situation of the curvilinear section in accordance with the peculiarities in the reparative and healing powers of our patient. For those who are prone to suppurative inflammation the fibrous tissue should be selected for making the section; for those who show a tendency to plastic exudations the corneal wound is indicated. I think this recent method may be denominated "extraction by median corneo-curvilinear section." It was originally suggested and performed by Lebrun, of Brabant.

◆

ON THE USE OF ERGOT OF RYE.*

By John Denham, F.R.C.S.,
Late Master of the Rotundo Hospital.

Dr. Denham read a paper on the use of ergot of rye. He commenced by observing that 16 years ago he published a few observations on the use of ergot in the *Dublin Quarterly Journal*, the principal object of which was to show that the injury inflicted on the child in utero by ergot was mechanical, not poisonous. We have been long familiar, he said, with the statement that the continued use of ergot of rye acts as a poison to the animal economy; but, as Phœbus observes, we cannot call it a violent poison, since drachms, and even ounces, are required to destroy small animals, such as dogs, rabbits, and pigeons. He (Dr. Denham) believed the symptoms produced in dogs compelled to swallow ergot were very similar to those the result of exclusive feeding upon one particular substance, as shown by the experiments of Magendie. That ergot of rye was by no means the deleterious poison that some would lead us to believe was forcibly shown by the experiments of Black. He states that he gave 9 lbs. of ergot daily to 20 sheep without any ill effect. Twenty other sheep consumed 13½ lbs. of ergot daily for two months without any bad effect. Thirty cows took together 27 lbs. of ergot daily for three months with impunity. Many of the experiments of Wright, in his essay, 53rd volume of *Edinburgh Medical and Surgical Journal*, tend to the same view. Dr. Denham's object, however, on the present occasion was not to discuss the subject of ergot in its physiological aspect, but rather to bring under the notice of the Association the result of his observations in a practical point of view. He proceeded to say that they had given it again and again in the chronic wards of the Rotundo Lying-in Hospital, as an emenagogue, but with no beneficial results worthy of recording. In some forms of hæmorrhage, such as were often met with some days or even weeks after delivery, where the uterus remained softer and larger than usual, it had been found beneficial; and in not a few where the hæmorrhage was caused by an internal polypus the ergot hastened the expulsion of the polypus; but in cases of hæmorrhage the result of fibroid enlargement either on the internal or the external wall of the uterus, they found no benefit whatever from the use of ergot. The object to which Dr. Denham particularly directed attention in his former paper on this subject was how and to what extent ergot affected the child in utero, and to that subject he now returned. Dr. Beatty, Dr. F. H. Ramsbotham, the late Dr. Hardy, and Dr. McClintock all maintained that the poisonous effect of ergot is extended from the mother of the child. Dr. Hosack and Dr. Migs, of Philadelphia, support the opinion that death is produced by the violent contractions of the uterus upon the child, and the compression and contortion of the uterine vessels consequent thereon. Dr. Chapman states that in 200 cases in which ergot was given it produced no harm whatever, adding, "No one here believes in the alleged deleterious influence of the article in the fœtus." Dr. Denham quoted the description given by Dr. Beatty of the distinguishing characteristics of still-born children to whose mothers ergot had been administered—the general lividity of the surface, the universal rigidity of the muscular system, producing the stiffened limbs and clenched hands in those infants in whom life was extinguished, and the remarkable kind of alternating spasms and palsy which supervened in those that were resuscitated. He pointed out that in the report of the Rotundo Lying-in Hospital published by Dr. Hardy and Dr. McClintock, although they concurred with Dr. Beatty as to the deleterious influence of ergot upon the fœtus, there was no mention of the symptoms described by Dr. Beatty; and he quoted from the report of the same hospital by Dr. Collins, who, he believed, never gave a single grain of ergot to a patient during his mastership, to show that "children will die even without the aid of ergot both before and after birth." Dr. Denman had arrived at the conclusion that ergot, if given between the sixth and ninth month, neither affects the life or health of the mother or child, nor does it bring on labour until the full period of utero-gestation is completed. He did not believe that the giving of ergot would bring on abortion in healthy women, even where there had been some threatening of it, but if the process had really set in then the ergot rapidly hastened it. Their experience of ergot had not, he regretted to say, increased their confidence in it as a remedial agent in *post-partem* hæmorrhage either before or after the expulsion of the placenta; but where, from the previous history of the patient, they had reason to apprehend *post-partem* hæmorrhage they never failed to give ergot in the second stage of labour, and with the happiest effect. It was to Dr. Beatty they were indebted for this valuable suggestion in the treatment of hæmorrhage. Their experience of ergot during the period of pregnancy had led to the following conclusions—1. When given to a pregnant woman even in repeated doses at any other than the full period it produces no effect whatever beyond nausea and loss of appetite; 2. It produces no injurious effect upon the fœtus in utero; 3. Where the process of abortion has commenced the ergot hastens it materially and acts very beneficially; 4. When given in the second stage of labour it often acts beneficially and hastens the labour, but if the labour be not soon completed it is attended with great danger to the child, not from any toxic effect of the ergot, but by the mechanical obstruction it offers to the circulation, and the continuous and powerful contraction exerted on the child. Dr. Denham concluded by referring to the alleged effect of the hypodermic injection of ergotine in stopping bleeding in severe cases of hæmoptysis, epistaxis, and hæmatemisis; and recommended the masters of our lying-in hospitals to give it a trial in uterine hæmorrhage, the most frequent and most fatal of all hæmorrhages.

---

* Abstract of a paper read before the Obstetrical Society of Dublin.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. C. Drysdale.)

(Reported by Mr. Wm. Kipling.)

Tubercular Laryngitis.

Family History.—Thomas M'Intyre.—Father died at 54 years of age by bursting a blood-vessel. Mother died at 56 of a kind of fever. Had three brothers and three sisters; most of them dead. Does not know the cause.

Patient is 50 years of age; married; and his occupation is that of a mechanical engineer.

January 2nd, 1872.—Present attack came on fourteen months ago, with cough, expectoration, and hæmoptysis; and he has been getting worse till admitted here, when his right lung was found to be extensively diseased, patient presenting every appearance of advanced phthisis. Three months ago soreness of his throat came on, which has been getting worse, so as to prevent him swallowing solid food altogether; and he has great pain on the passage of liquids.

On examination of the throat by Dr. Drysdale with the laryngoscope, an ulcer was seen at the right side of the larynx, and involving the greater part of the epiglottis, this being the cause of the above painful deglutition.

He was ordered ol. morrhuæ, ℥ss., bis die; and to have the ulcer painted with iodine and glycerine (ʒss. ad ℥ss.).

February 9th.—His throat feels easier after painting with the above, otherwise much the same, though the throat affection is now the worst symptom.

February 23rd.—As the painting seems to have lost its effect, he was ordered a steam inhalation with a teaspoonful of the following solution in it: bromine, ♏xx., aqua, Oj. Can only take fluids, and milk suits him best. The ulcer seems to be larger.

March 2nd.—Though he got considerable relief from the above inhalation, yet it was not thought to be sufficient; so he had the following gargle ordered: tinct. iodine, ♏v.; aqua, ℥j.; several times a day.

March 6th.—The gargle has done him a great amount of good; but in other respects his other symptoms are much the same.

Apoplexy.—Hemiplegia.

History of Case from her Son.—Catherine Dehain (Jewess), æt. 98 years. Three years ago she was in Holland, was ill there, and when she returned to London her friends noticed her mouth drawn to the left side. Soon after this she was in the workhouse for two weeks with something the matter with her head; said to have been caused by fright. Since then she has been in pretty good health.

January 16th.—Present attack came on a week ago, with vomiting up her food. There was no headache, and she could talk to her friends. She kept to her bed, and last night she lost consciousness, could not talk or hear any one, and passed her urine and fæces in the bed.

She was admitted here January 16th in the above state.

Present Condition.—Pulse, 80, full. Pupils moderately contracted, eyelids closed. Angle of mouth drawn to the left side. She lies unconscious, with cheeks flapping on expiration, the saliva escaping from her mouth. Can put her tongue out when spoken to in a loud voice: the tip points to the left. Loss of speech. Can move her right arm about to her face, but the left is bent, rigid, and lies by her side. Can move her right leg a little, but the left lies motionless.

Sensibility is good in her right arm when pricked with a pin; but does not feel it in the left arm. Right leg moderately sensible, left one not so much so.

A purgative ordered, and ice applied to the head.

January 19th.—Still lies in the above state, and passes her fæces and urine in the bed. Sordes on teeth and tongue. Still puts the latter out when told. Pulse, 116; seems weaker. Most of the food given to her dribbles from her mouth.

January 22nd.—Death.

Autopsy.—Membranes of right hemisphere of brain congested. Vessels on the surface enlarged and full of blood. Vessels in the interior of brain dilated, gape when cut, and engorged. There is a clot the size of a horse-bean in the substance of the right corpus striatum. Scarcely any fluid in the ventricles.

———

Joseph Walsh, admitted January 15, æt. 25; occupation a singer; been of very intemperate habits.

Present attack came on two weeks ago, with pain in his side, cough, and a little expectoration.

Present State.—Feels very nervous; pulse, 128; resp. 40; cough, but scarcely any expectoration; pain in side, greatly aggravated by taking a deep breath.

On Percussion.—The left back is found to be very dull, the dulness extending upwards to about an inch below the spine of the scapula, and extending round in the axilla at the same level; there is also absence of breath sounds where the above dulness is marked; and slight bulging of the chest. The heart is displaced to the right and under the sternum; right side of chest healthy.

Ordered Potass. iodidi., gr. v.;
Spt. juniper, ♏x.;
Aqua, ℥j., t.d.s.

Side to be rubbed with liniment; crotonis. It was proposed to tap the side, but as the patient had great dread of surgical operations, it was deferred to see how he got on without.

February 19th.—Feels better; though there is no diminution of the dulness; side rubbed every other night with the liniment.

February 2nd.—Dulness now only reaches as far as two inches above the inferior angle of the scapula, and the breath sounds are beginning to be heard at the upper part of the dulness; has no pain, and can take a deep inspiration with ease; feels in better spirits, and is greatly improved.

February 9th.—Left, as he heard of some employment, although far from well; pulse, 120.

Remarks.—There seems to be no doubt that this was a case in which no harm could have occurred from the letting out of some of the effused fluid; and it seemed that the patient's health and strength would have been much better on his discharge had he consented to the *little* operation proposed. Drugs are rarely of any great service in getting rid of pleuritic effusion, and with the exception of the rather painful process of cutting off all liquids, there seems no very certain method of rapidly lessening an effusion in the pleurisy, save that of making a puncture with a fine trochar.

◆

KING'S COLLEGE HOSPITAL.

Removal of Enormous Fatty Tumour.—Enucleation of Fatty Tumour situated on the Finger.

(Under the care of Sir William Fergusson, Bart.)

THE following cases of fatty tumour which have lately een operated on are interesting—1st, as showing the rowth such tumours may attain to; 2nd, the unusual ocalities they may be met with in, and 3rd, certain varieies in their mode of growth.

The patient, a woman between forty and fifty, had a rge fatty tumour, situated over the left nates, and occuying the whole of that region. It had commenced to lcerate.

Having been placed under chloroform, Sir William with long straight bistoury made two elliptical incisions of out twelve inches in length, across the longest axis of the mour, which included a portion of skin not exceeding o inches in breadth at its widest part. After this was ne, Sir William proceeded, by a series of manœuvres, ly assisted by Professor Wood and Mr. Henry Smith, enucleate the tumour, and in this his favourite practice, was remarkably successful, until he reached that point the under surface of the tumour corresponding to the berosity of the ischium, where, owing to firm adhesions, was necessary to dissect away the tumour. This being mpleted, the tumour was lifted out. During the operan very little hæmorrhage occurred; all vessels were, wever, carefully tied, and in trimming the parts, the ncipal artery of the capsule was divided and had to be d.

he edges of the skin were then brought together by a mber of sutures; layers of wet lint were then placed over wound and kept together by a large soft towel, which, its turn, was kept *in situ* by broad strips of adhesive ster passed round the limb.

he tumour was then shown to the class; its weight was *nty-four pounds three ounces* and a half, and presented the characteristics of a *fatty* tumour,

ir **William** remarked that, in common with many others, he had supposed that, with the advance and spread of knowledge, it was scarcely possible to believe that people would go on year after year with an increasing burthen such as this. Yet here was a woman who had had this tumour growing for eight years, labouring daily all this time in the fields; and it was only when it had reached its present enormous size, and had commenced to ulcerate on its surface, that the woman contemplated having it removed.

Her general health had not been very good for some time past, and she was subject to asthma; latterly, however, she had improved, and this, together with the nature of the tumour, and her desire to have it removed, had led Sir William to believe, bearing in mind, of course, the hazard attendant on the removal of such large growths, that the operation promised favourably. This was the largest tumour Sir William had ever removed, and he thought it was next in size to the fatty tumour removed by the late Sir Astley Cooper.

Many of the spectators might, he continued, be surprised at the very small quantity of skin he had removed, but if they had noticed the size of the wound soon after the removal of the tumour, with the enormous size of the tumour itself, they could not fail to be struck with the idea of the impossibility of replacing the tumour in the wound as it now presented itself.

A valuable and instructive lesson in operative surgery might be learnt from this—viz., the great and rapid contractility of skin tissue, and the importance of not removing more skin than is absolutely necessary; otherwise you might have, as he once witnessed, great disfigurement. Such a case occurred in a patient, who had had a small tumour removed from the cheek; but the surgeon had removed so much skin that the wound would never unite, and the patient went about with a hole in his cheek.

The tumour just removed had been growing for some eight or nine years and without pain, but, as the class had noticed, *pari passu* with the extent of growth had the subjacent tissue become absorbed, especially the gluteal muscles. In dissecting the adherent portion of the tumour from the tuberosity of the ischium, Sir William noticed the healthy and unimpaired condition of the hamstring muscles, and was careful not to divide their origins.

The tumour, which was somewhat large, was situated on the dorsal surface of the first phalangeal joint of the forefinger; it overlapped the sides of the joint, and extended on to the palmar surface. The history was that it had been growing there for some two or three years past, and until it had attained its present bulk, had caused her no inconvenience. The movements of the joint were uninterfered with by it. The nature of the tumour was supposed to be either an encysted or fibro-cellular growth.

Sir William made a longitudinal incision over the growth, and with the handle of the scapel and one or two touches of the blade enucleated the tumour. A couple of stitches were then put in, and water dressing applied.

The learned Baronet, addressing the class, said, "I think, gentlemen, I may fairly class this tumour 'among the curiosities of surgery.' In an experience ranging over upwards of forty years I have never met a fatty tumour before in this situation. I anticipated meeting with either an encysted tumour with a thickened sac, or a fibro-cellular growth."

By the term "enucleation" Sir William wished the class to understand that it applied to the method he had for some time past practised in the removal of tumours. The bloodless nature of the operation, the non-interference with adjoining healthy tissues, and the ease and rapidity of their removal, have from time to time been clinically illustrated in the Hospital Reports of the Medical Circular from the practice of Sir William Fergusson.

Removal of Fatty Tumour.

(Under the care of H. Smith, Esq.)

The fatty tumour under Mr. Smith's care was situated in the lumbar region, and required careful dissection to remove it, in consequence of its throwing out a number of stellate-like prolongations between the muscles, which rendered the enucleation or "shelling out" of the tumour, as advised by Sir William Fergusson, impossible in this case.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

March 18th, 1872.

Mr. Thomas Bryant, F.R.C.S., President, in the chair.

Mr. W. B. **Dalby** read a paper on

TEMPORARY AND EXTENSIVE LOSS OF HEARING THOUGHT TO DEPEND ON CONSTITUTIONAL SYPHILIS.

The patient, a strong, healthy-looking man, æt. 34, was seen on 28th September. In the previous April he could hear quite well, and since that time had become quite deaf with both ears, and could only distinguish words spoken in a loud tone of voice close to either ear, neither could a watch be heard on contact. Both tympanic membranes looked perfectly healthy, the translucency and natural curvature being unimpaired, the Eustachian tubes both pervious, neither was there any history of catarrh of the middle ear. The vibrations of a tuning fork could not be heard when the instrument was placed on the vertex. He suffered from constant tinnitus. In the previous January he had an ulcerated throat, and when first seen had secondary psoriasis on his body. Iodide of potassium given for five months, and at the end of that time the hearing had returned to nearly its normal condition. The vibrations of a tuning fork could be heard, and the tinnitus had subsided. Mr. Dalby remarked that although greater degrees of, and even total deafness were often met with in subjects of inherited syphilis, and lesser degrees in acquired syphilis, were recovered from under treatment, yet such extremely impaired hearing as was present in this case had not, in his knowledge, been referred to the latter form of disease. Still, in the evident absence of disease of the middle ear, and considering that recovery took place under treatment by iodide of potassium, he considered it both possible and probable that such a cause may have given rise to the nervous lesion in the case.

Dr. **Allen** thought it was an interesting case, but not an unusual effect of constitutional syphilis; he was of opinion that there was disease of the middle ear present. The stapes is bound down to the fenestra ovalis in consequence of chronic catarrh, or specific inflammation. He (Dr. Allen) said that Mr. Toynbee considered these cases due to anchylosis. A rigid, dense, and contracted state of the mucous membrane was a sufficient explanation. In this case there could have been no bony union; there might have been impaction. The vibrations are not transmitted through the fenestra rotunda, there may be little or no change in the membrana tympanum; merely increased concavity. The Eustachian catheter, or Politzer bag generally effected a speedy cure,—cases were given in point: a gentleman who attributed his deafness to syphilis was soon cured by local means.

Mr. **Brudenell Carter** asked Mr. Dalby if the ear enjoyed an immunity from syphilis. He often saw syphilitic paralysis of the muscles of the eye, and this associated with paralysis of the portio-dura, but rarely deafness.

Mr. **Dalby** said that he had not observed this; he thought the case he brought forward was one of constitutional syphilis, and not one of catarrh, and in this opinion Mr Henry Lee joined.

Mr. **Francis Mason** exhibited a child, the subject of congenital malformation of the hands. The mother could not account for the circumstance in any way, either by maternal impression, or otherwise; she had had fourteen children all perfect.

Mr. **Brudenell Carter** mentioned

A CASE OF RUDIMENTARY SCAPULA

where the arm hung down, but by pushing up the elbow, and making the skin tense, she (the patient) could use the limb.

Mr. **Davy** thought that resection might be perhaps done with advantage.

Mr. **de Meric** remarked upon the interest of the subject of

MATERNAL IMPRESSION.

Dr. **Crisp** expressed his conversion to the opinion that there is some ground for believing that maternal impressions exerted an influence on the development of children.

Mr. **Bryant** mentioned a case, in the practice of Mr. Lipscombe, where congenital fistula in ano was transmitted from the father to the child.

Mr. F. J. **Gant** exhibited

A CASE OF EXCISION OF THE KNEE-JOINT

operated on five months ago. The splint was not removed for seven weeks, the longest time he had ever kept it applied. The result was very satisfactory; the patient could walk several miles without a crutch or other help.

The **President** asked what was the condition of the excised parts.

Mr. **Gant** said there was ulceration of bones entering into joint; he would be happy to produce the specimen at another meeting.

Mr. **Davy** asked what dressing Mr. Gant used.

Mr. **Gant** said that the wound was closed with sutures, and covered with lint dipped in carbolic acid lotion; he was careful to remove any clot from the wound.

Mr. J. S. **Streeter** showed the cast of the head of a chimpanzee, illustrating the shape of the ear.

Dr. **Crisp** remarked that the ears of anthropoid apes differed much; he considered that Mr. Darwin had laid too much stress on the shape of the ear in these creatures.

The discussion on aneurism was then reopened; the President bringing forward a specimen of aneurism of ulnar artery, illustrating cure by compression; there was a perfect clot regularly laminated. The patient died of brain disease shortly after treatment.

Mr. **Gant** related two cases of

POPLITEAL ANEURISM

cured by instrumental compression.

Case I.—R. S., noticed swelling and pain (referred to a sprain some weeks before) for seven weeks before admission. The limb was kept bandaged, and the patient in bed for a week, then the tourniquet was applied for six weeks; at the end of which time the patient was got up on crutches, wearing a splint. Re-admitted with aneurism of right popliteal, on March 4th, 1871; was kept in bed for six months with splint applied, wearing the tourniquet for several hours at a time; was then put in starch and discharged; the flow was not completely arrested.

Case II.—J. P., admitted 4th March, 1872; large right popliteal aneurism; Cartes' tourniquet kept applied several hours at a time for one month; patient then put in starch and allowed on crutches; discharged cured, September 13th.

In this case, before the instrument was applied, there was great swelling of the leg, and pain from the knee to the little toe, and tingling in the little toe; these ceased when the aneurism was cured.

Mr. **Davy** thought that greater stress might be laid on the use of temporary ligature in the cure of aneurism. Cline and Sir Astley Cooper had approved of this principle, the latter thinking that if it did not take effect in seventy-two hours it was of no use. Mr. Davy showed a specimen, illustrating temporary application of wire ligature on arteries of dogs. He preferred the use of temporary wire ligature to prolonged compression.

Dr. **Crisp** would prefer pressure. He had predicted many years ago the success of pressure, and his prediction had been a true one. He had also suggested pressure on the sac itself, and below it might be useful. He mentioned the case of Sir R. Dakin, who was cured of carotid aneurism by digital pressure.

Mr. **Christopher Heath** said that the subject of temporary ligature was of importance. The Dublin surgeons had used temporary ligature by means of a compressor after exposition of the artery, the results had not been very satisfactory on the whole. Carbolised catgut appeared to supply a want much felt; it did not cut the coats of the artery, and had not to come away, but appeared to be absorbed and to give no more trouble. He referred to a case in which, in *post mortem* some time afterwards, no trace of ligature could be found. He also mentioned a very satisfactory case which had occurred in his own practice, in which he had used carbolised catgut. As to distal ligature, he showed that in a case of ligature of the innominata artery very satisfactory results had followed—indeed, cure.

Mr. **John Hainworth** remarked that in former times complete occlusion of arteries was thought necessary for cure of aneurism, but the facts brought forward by the President had conclusively shown that this was not necessary. He thought Sir Astley Cooper and Mr. Travers had performed the experiment which had been referred to. He related a case in which the femoral vein had been wounded in applying ligature to femoral artery for popliteal aneurism, seventy-two hours after operation the ligature was removed. The aneurism was cured; a year after, the same patient was treated for popliteal aneurism in other leg, which was also cured by ligature.

Mr. **W. Mac Cormac** thought that proposition 6 was most important. Irish surgeons preferred compression, which though requiring a longer time was very satisfactory. Temporary ligature of vessels, failing other plans of treatment, was very important. Porter's instrument, or, still better, that of Billroth for temporary ligature, was probably the best for the purpose. He inquired what relative share in cure clotting in sac and changes at seat of ligature had in cure. He mentioned a case of popliteal aneurism, in which compression by Cartes' compressor failed, but absolute compression also failed in consequence of development of collateral circulation, owing to a long-continued temporary compression.

The **President** felt strongly the value of temporary compression by ligature; perhaps the carbolised catgut would enable us to do more in that way. He mentioned two cases in which carbolised gut and carbolised hemp had been used, but suppuration followed. He thought that the only means of stopping hæmorrhage, when acupressure was employed, was the formation of a plug in artery.

DUBLIN OBSTETRICAL SOCIETY.

The Society met on the evening of Saturday 16th March.

The President, Dr. **Kidd**, in the chair.

Dr. **Ringland** read a paper on a case of sudden death seventeen days after delivery. The lady had been ten months married, was 26 years of age, and of leucophlegmatic temperament. On the occasion of his first vist to her, some three weeks (?) before delivery, her pulse was 100, and it did not deviate from this during three subsequent visits. Labour commenced at six o'clock on the evening of the 1st of last October; but he was not summoned until the morning of the 2nd, and when he arrived he found the child had been just born. Her pulse was then 120. In a few minutes after his arrival the placenta and membrane were expelled by the action of the uterus. On the following morning when he visited the patient he found a most intolerable stench pervading the room, transcending in offensiveness anything he had ever previously experienced. Thinking the nurse - tender might have neglected to remove some of the soiled articles, he made search through the room but found nothing to account for it, till on raising the bedclothes he discovered that it emanated from the lochial discharge. By washing out the uterus with permanganate of potash, sprinkling it in the bedroom, and opening the window the atmosphere of the room was made sweet. No further treatment was necessary, and the patient was convalescent on the 10th day. Her pulse, which had come down to 100, never varied. On the 16th day after her delivery, her husband being absent, her father and brother remained with her during the entire day, and she then appeared to be in perfect health and spirits. A little before 6 o'clock in the morning she complained of a sudden pain in the calf of the leg, twitched convulsively at the mouth, rom which some frothy matter was expelled, and died in a ew minutes. He expressed his conviction to the relatives hat death was the result of embolism, probably in the pulmonary artery, and they having at once consented to a *post-mortem* examination, he requested Dr. Mapother to make the necropsy, which he did fifty-eight hours after death. The right ung was adherent to the costal pleura, the left being also adherent, and both containing tubercles. The heart was mall, loaded with fat, and its tissue fatty. The pulmonary artery and vessel were filled with a soft clot. The liver and pleen were both congested and friable. The cavity of the uterus was so large as to contain a closed fist, but the walls of it were as thin as those of a bladder. The condition of the organs of respiration were thus favourable to death by syncope. The persistent frequency of the pulse was a remarkable feature in the case. The existence of that condition during the three weeks that he had observed the case antecedent to delivery, led him to the conclusion that it was the normal condition of the pulse, and therefore not requiring special notice after the third day. It was marvellous how she could have lived with the enormous amount of disease that affected her; the lungs adherent, and filled with tubercles; the liver and spleen diseased; the heart fatty; and yet she never complained of any symptom indicative of the enormous amount of disorganisation found to exist. He believed the condition of the heart and lungs promoted the formation of a clot at the bifurcation of the pulmonary artery, and he thought it possible that the softness of the clot might have been caused by the decomposition which set in with great rapidity. The most interesting point was the extreme thinness of the uterine walls, notwithstanding which the organ performed its part without any difficulty. No manual operation had been required to effect delivery; if it had been necessary to resort to it, rupture of the wall would in all probability have taken place, and in such an event, odium would be cast on the practitioner, whilst the real cause would have been the debility of the organ.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, ever
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2
" IF PAID IN ADVANCE 1 0

_ Post-office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS, Baltimore; by Messrs. KELLY and PIET, Philadelphia; by Messrs. LIPPINCOTT and Co.; and DR. BUTLER, post free in advance, £1 6s. about six and a-half dollars, or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 3, 1872.

SHAM DEGREES.

The shameful traffic in diplomas that has so strangely thrived of late in these islands has at length been publicly denounced in a sort of official manner, as the correspondence we published on the subject shows, and has also roused those outside the Medical profession to hearty condemnation. The Rev. Henry Belcher, M.A., of King's College School, has just issued, under the title of "Degrees and 'Degrees,'" a scathing exposure of the infamous traffic in diplomas to which we have so often drawn attention. In this elegantly got up and well written work the doings of the "American University of

Philadelphia" and some other equally disgraceful institutions are fully disclosed, and the causes and remedies of the evil faithfully and fully discussed. As our readers know, we have ourselves made various inquiries into this matter, and we have happily been the means of inducing others to engage in the attempt to unearth as great a swindle as ever was perpetrated. We knew that these pretended institutions, or colleges, or universities, did not thrive only on the credulous and foolish members of our own profession, for we found that schoolmasters, tutors, *et hoc genus omne* readily paid away their money to get the coveted initials after their names which honourable men were content to earn or to dispense with. We shrewdly suspected, too, that the pulpit was disgraced by these shams, though we had not the same means of tracing the facts. The Rev. Henry Belcher conclusively shows that a number of clergymen have not been above the trick of wearing hoods studiously contrived to resemble those of Oxford. Now, why should these men wish to pass themselves off as Oxford men? No doubt plenty of excuses may be framed, and Mr. Belcher, in fact, mentions several he has heard, but, we are glad to find, only to denounce them. Though there has been a brisk trade in "Philadelphian" hoods—of the Oxford pattern—we have no wish to analyse the feelings of the ecclesiastical imposters who strut in them from the altar of the English church, turn to the East to say the Creed, or preach about vanity, faith, and judgment to come. The privilege to wear pretty clothes had better be given at once to every parson in orders, rather than suffer a trade to extend among them which is demoralising to themselves, and must end in covering them with the contempt of all honest men who find them out. However, all this is not our business. As Medical journalists we are most concerned with the issue of sham Medical diplomas, and can agree to leave the parsons to the care of their bishops.

Mr. Belcher, like many others, thinks that the Medical profession is completely protected. In theory this is so, but we all know that numbers of uneducated quacks continue to practice in spite of the law. Indeed, with all the attempts that have been made at legislation, there is scarcely any protection, and it is to the many quacks that these sham Medical degrees have been issued, and not to the regularly qualified practitioners, nearly all of whom would repudiate any transaction such as that which is involved in this purchase of diplomas. The late case brought to trial when this degree was produced is a clear case in point, a chemist having bought it in the hope thereby of palming himself off as a doctor—a hope which he was fortunately prevented from realising.

There is another point to which we would allude. The "American University of Philadelphia" seems to have traded under several names, but all were so arranged as to endeavour to confuse it with the old and honoured University of Pennsylvania; and Mr. Belcher mentions that Americans had themselves been taken in, and paid fees for lectures at the bogus college. It is possible some one in this country may have believed that he was dealing with the original and only genuine seat of learning in the State of Pennsylvania. If so, he would, perhaps, do good service by entering an action against the receiver of his "fees" for obtaining money under false pretences.

Now the Foreign Office has given wide publicity to the fact that a gross swindle is being perpetrated, surely men craving to be dubbed doctor will hesitate to part with their money on the transparent fiction that has heretofore entrapped so many fools.

Let all who fancy they could tolerate the badge of a degree *in absentiâ*, or would like to wear a close imitation of the Oxford hood, first read Mr. Belcher's "Degrees and 'Degrees.'" There they will find the history of the hodmen turned professors at Philadelphia, and more than that, they will also find something still worse, viz., that there are diplomas on sale from so-called Universities which have not any such shadow of existence as that which is to be seen in a deserted house—in fact, that such diplomas are dated from buildings on which even a Philadelphian hodman has not yet expended an hour's labour.

THE FRENCH METHOD OF MEDICAL EDUCATION.

As we have already stated, Lyons will shortly hold a Medical Congress, and so for a time will be, as it well deserves, the centre of Medical movement in France. We shall enter at a future time more fully into the programme of the congress, in the success of which we feel a deep interest. The time is, therefore, very appropriate for furnishing an account of the Medical education as pursued at Lyons. We, therefore, proceed to do so, availing ourselves for the purpose of the recent numbers of our excellent contemporary, the *Lyon Médical*, an invaluable journal which we always read with pleasure, as it recalls our many visits to the second city of France, and keeps up to some extent our intercourse with our professional friends there.

The *Lyon Médical* gives a *resumé* of the system of "Internes" which prevails in France, and of which an abridged translation is sure to be acceptable.

The institution of in-door students is incontestably the best and most useful of which the hospitals can boast. Therein are practically formed the young doctors on whom society mainly depends.

This opinion on the Internes of Paris can be, with great justice, applied to those of our hospitals. At Lyons, as at Paris, the hospital administration is constantly occupied with this great institution, of which the importance increases with the progress of science. To be convinced of this it suffices to read the rules drawn up at different times, from the oldest, directing "the *boy-surgeons* to be in the shop on fixed days to shave those who come for the purpose," up to the regulations of 1816, relative to the functions of the *medical students*, framed "with the double purpose of assuring uniform and regular care to the sick, and also to form and maintain by theoretical and practical instruction the surgeons who become absolutely useful to humanity, and do honour to their country."

These rules, framed with the greatest care, and which may be considered as the act of emancipation of the in-door students, had been inspired by circumstances analogous to those which have just taken place. It was after immense military disasters, and following an invasion, the medical students, dispersed in the ambulances or on the battlefields, had shown, as in our recent misfortunes, more patriotism and courage than discipline. For this reason the Administration cannot conceal from itself that in the long commotions with which France has been afflicted, laxity has been introduced into several parts of the hospital service, and that abuses have even resulted which it is their duty to destroy.

The regulations of 1849 exhibit a progress more apparent than real, for, unfortunately, they are more in the name than in the substance; they affect the in-door students of physic and surgery, but they confirm old arrangements more than introduce new ones. It is these regulations that have recently been called into question.

Let us speak to our readers of these pacific debates, and trace their principal features with becoming impartiality. It is on a special point of discipline that the incident arose.

The Surgeon-major of the Hotel-Dieu, to whom the regulations of 1849 gives the right of surveillance over the students of this hospital, and over the other students not so employed, complains that the duties are not strictly defined, and that no penalty is attached to dereliction of duty. He asks that the rules should be revised and rendered more strict and severe, so as to reproduce a discipline as indispensable for the welfare of the sick as for the dignity of the science.

The General Council for the Administration of the Hospitals at once saw the importance of the matter, and detailed for the inquiry those of its members who were specially charged with the direction of the *Internat;* but in so delicate a question, and one in the same degree interesting to all similar functionaries, the Director-General of the Hotel-Dieu did not wish to be guided by a single adviser; he has put officially the Medico-Surgical Society in a position to advise him.

This Society immediately nominated a Commission, which has devoted two long sittings to the study of the modifications which should be introduced into the regulations for the students.

Questions of discipline, easily solved in the military medical profession, where authority rules and simplifies everything, have an extreme delicacy in civil hospitals, where the in-door student, having reached the term of his probation, is almost a fellow-worker who will soon become a colleague, and it is not surprising that many members should have recommended warning and a reprimand as a sufficient punishment for neglect of duty. However, it should not be forgotten that the evils which arise from the most simple neglect are sometimes too grave not to merit a real punishment.

The penalties in force according to the Lyons regulations, are of three degrees: arrest, suspension from duty, and expulsion.

Expulsion being only applicable to faults brought forward by the Administration, has been unanimously rejected by the Commission.

Arrest has appeared to the majority puerile and impracticable. The example of military hospitals has been cited in its favour, but the analogy is not exact. Arrest is accepted there because it is customary in the army, and it is easy, for this simple reason, that all the doors are well guarded.

Suspension remains, which it is necessary to have courage sufficient to extend, so that it may not have all the advantages of leave of absence.

But all has not been done in a set of rules when a punishment more or less severe has been decreed against this or that fault. How are we to meet the case of those irregularities of which the repetition is so fraught with evil for the sick, and so disagreeable for those in authority? It is against this description of fault that the Commission has adopted, for want of a better, the register of attendance, so much in use in great offices and in learned societies.

In Paris, the register of attendance is nearly abandoned in practice, but not in principle, for in the "Recueil des Instructions Réglementaires des Hôpitaux," we find a threatening notice from the "Directeur de l'Assistance Publique," which puts the careless and negligent in mind that "punctuality is a most important duty, and that if, notwithstanding his warnings, some people do not appear to understand it so, he will, with regret, be obliged to re-establish the register of attendance as the sole means by which he can be certain of the punctuality of each."

These infractions of discipline are incontestably more frequent than they formerly were. This difference, fortunately, is neither to be attributed to the education or to the instruction of the in-door students, whose level has rather raised than fallen; but to a fact entirely material, viz., the substitution of lodgings in town, for a room in the hospital.

It is an observed fact that the regulations are better carried out in establishments where the students reside, than in the Hotel-Dieu, from whence they have been driven by necessity, by want of cleanliness, and the insalubrity of the places. The Administrator-General, struck, as the Commission, with this notorious fact, has given hopes that in projected buildings the Administration would use every effort to have the students lodged in such hygienic conditions as to remove all pretext for absence.

The agreements as to the important duties of the entrance, the guard, and the attendance in the halls of medicine and surgery, has been complete among all the members of the Commission; difference only existed in one point, the most important of all, viz., the general direction of the in-door students.

The Commission held that it was necessary that the students should depend on the head of each establishment, and should only, as a corporation, be subordinate to the Hospital Administration. The head surgeon to the Hotel-Dieu, on the contrary, considered that it was indispensable for the good of the service that the direction of the students, not only of the Hotel Dieu, but of all the hospitals, should be entrusted to him.

When the civil hospitals of Lyons were distinct, and ruled by separate administrations; when the head surgeon of each hospital was therein charged, almost alone, with all the instruction, it was natural that this surgeon should be considered as directly the chief of the students who lived constantly with him, and received at the same time scientific teaching and moral impulsion.

The distribution of the duties, the extra work, the leaves of absence, were then both an attribute and the right of the head-surgeon, who exercised it according to the convenience of the service, and even, as the old rules say, according to the merit or demerit of each.

But according as the hospitals became united successively into a common administration, and that now this administration has become the only one for our seven hospital establishments, this direction of the students of all the hospitals by a single head surgeon is no longer justified. The in-door students, in place of forming a little group for each hospital, form a body of more than fifty students, spread through the hospital body.

The surgeons are also multiplied; they reside less in the hospitals, they live no longer as priests bound by the law of celibacy, and almost cloistered; and they have no longer the right to consider the students as a family, of which the paternal direction should still be entrusted to them. This surveillance, which was formerly simple, has become now entirely illusory, and their jurisdiction is without special advantage to the good of the service.

Before revising the regulations of 1849, the Administration of Hospitals wished to hear on two occasions the representatives of the two opinions expressed by the Medico-Surgical Society. It did not accord to the Surgeon-Major of the Hoted-Dieu all he asked—that is to say, the direction of the students of all the hospitals, neither did it accede to the request of the majority, which claimed a direction purely administrative.

Since its creation the Medico-Surgical Society has been earnestly engaged in modifying promptly and completely the programme of the students' course, so as to equalize, as much as possible in the tests, the elements of medicine and those of surgery. The partisans of the *statu-quo* fear that a more complicated programme might reduce the number of competitors. But what harm would there be in this, if this number, reduced by half, would gain as much in quality as it lost in quantity? The introduction of medicine into the programme is a necessity which must be submitted to, even before the probable proximate establishment of a faculty should require it by law.

The actual present course of the student is a great improvement on the old one; it is entirely due to the initiative of Amédée Bonnet, who preserved during his long sojourn in the Paris hospitals, the highest regard for the in-door student institution; he considered it as an essential part of medical education. Before him the programme of the student contained no test in dissection. Questions of anatomy and surgery, different for each candidate, were orally discussed. As to medicine, it was a treatise, in the compilation of which too detailed notes were permitted on the part of the students. The number of those admitted was unlimited; it was sometimes as great as the candidates in 1835 and 1837. As to the number of the judges, it was twelve at least, assisted by the Administration, almost entire, with the President at its head. For those who admired solemnity they had their wish. In 1837 Amédée Bonnet, who was then but an aide-major, and still young, went straight to the head of the Hospital Administration, Dr. Terme, and as the care of the students would devolve upon him in the following year, he proposed a complete reform in the method of recruiting. He easily obtained, thanks to the energy of his convictions, eloquently expressed, that the conditions of admission would in future be as follows:—

1st. A notice of the number of candidates to be elected, always based on the presumed vacancies.

2nd. A test of dissection.

3rd. A verbal dissertation on anatomy and physiology.

4th. A written treatise on surgery.

5th. A series of practical extemporary questions to replace the illusory test in medicine.

6th. Finally, the reduction of the number of judges, so as to increase their responsibility by concentrating it more.

The Administration of the hospitals, seeing the divergence of the views of those from whom it had asked advice, adjourned in its second conference all modification of its rules. Let us hope that when the moment arrives to submit to a new study all that relates to the student institution, we shall not, as at present, appeal in vain to its desire for the public good, enlightened by a longer experience, and by another enquiry.

This enquiry should not limit itself to modifying the purely local and almost legendary traditions of our hospitals. It should, in a comparative examination of the most perfect hospital, institutions take into serious consideration the progress elsewhere effected. It can be seen then that if the traditions of Lyons have had at one time reasons for their existence, the modern organisation of hospital services in other cities has not been wanting in motives for being carried out.

◆

SCOTLAND.

EDINBURGH.

THE LADY STUDENTS.

Despairing of obtaining the amount of assistance desired at the hands of the University authorities, "the little band" have resorted to legal proceedings against the Senatus Academicus and the Chancellor of the University. The summons, which, with its condescendence, extends over twenty-six folio pages, may be described as a condensation of the speeches and letters of Miss I. Blake, and prays that it may be declared that the University is bound to afford Medical education, and grant degrees to matriculate female students. Whether we are to congratulate or condole with the female students on this progressive step must be left to the judgment of individuals, and will be decided by the view taken of the general question of female Medical education.

The Medical scholarship for women competed for at the recent preliminary examination in Arts has been gained by Miss E. I. Walker, of Edinburgh.

The Hon. Lord Neaves was elected on Friday Lord Rector of St. Andrew's University by a majority of three over Professor Huxley.

ROYAL MEDICAL SOCIETY AND CONJOINT EXAMINING BOARDS.

At last meeting of this society, the following resolution was adopted:—

"This meeting is of opinion that there is no sufficient reason or demand for uniformity of Medical qualification as attainable by one national board for each division of the kingdom, and that improvements in Medical education and examinations will be best carried into effect by the individual or voluntary joint action of the existing licensing boards."

◆

Notes on Current Topics.

Royal College of Physicians of London.

Dr. Burrows has been re-elected President, and that with a unanimity that abundantly testifies to the esteem in which he is held by the Fellows and his peculiar fitness for the post.

If the Government had not studiously evaded every chance of doing justice to the Profession Dr. Burrows would long since have been made a baronet. Here is one more chance for them. Re-election to the presidency of our first corporation might be seized as the occasion of repairing an omission the more reprehensible since Dr. Burrows's labours in Medical politics are well known to the Government.

Chelmsford Charities.

It is not very long since we drew attention to the ungentlemanly conduct of certain parties who, under the pretence of charity, wished to inflict injustice on the Medical men at Chelmsford. We were glad at that time to have the assistance of our local contemporary, and we have now to state that in its last Friday's issue the *Chelmsford Chronicle* publishes a leading article written in a most impartial spirit, but from which we gather that a very great injustice has been done to Dr. Nicholls, and that unfortunately another member of the Profession seems to have placed himself in a position which can do him no good.

The committee, as our readers are aware, some time since resolved to try to get gratuitous Medical service—that is, cut off the paltry honorarium that had usually been voted. To effect this they sent out circulars to the Medical men to ask if they would take the appointment. Only one agreed to this—a fact which, as the *Chronicle* properly points out, should have opened the eyes of the committee. They, however, persevered, and appointed the one who offered to work for nothing as the colleague of Dr. Nicholls, who for years has received the pittance of twenty guineas as an annual vote.

With that want of courtesy which seems to have characterised the committee throughout, these *gentlemen* (!) did not announce to their old and tried officer that they had appointed a colleague, and the trouble has not yet ended. The *Chronicle* condemns the committee, and thinks it acted "unkindly" to both Medical men. We think the term far too mild, and hope that the governors will not hesitate to dismiss with their heaviest censure the incapables who are bringing Chelmsford charities into contempt by a series of petty insults to our Profession.

It would, no doubt, have been a wise course if, as suggested by our contemporary, the members of the Profession had met and come to some unanimous agreement when they were first invited to work for nothing. But the fact that only one man accepted the proposition of the committee speaks well for those addressed, and it is with pleasure we hear from the *Chronicle* that Mr. Carter was anxious to retire as soon as he discovered the position in which he was placed. We hope even now that the committee will soon find themselves without any officer at all except Dr. Nicholls, who has been so ill-used, and who should be enabled by his brethren to teach these self-important committeemen that without the Profession they have insulted they are mere nobodies.

Medical Spiritualism.

The *Australian Medical Gazette* unfolds, in its last issue, a state of Medical morality in Melbourne which it may well say " will scarcely be believed in England."

"Medical 'Spiritualism,'" it says, "is decidedly looking up. At least two prominent members of the Profession in this city, exclusive of a number of small fry, are known to have given in their adhesion to this, the latest and most transparent of shams—the offspring of mental imbecility and cerebral softening. One hospital physician, connected with the Melbourne University, is said to have habitual recourse to the 'spiritual' services of an ex-grocer, now carrying on the business of Medical 'medium' and bibliopolist. The *protégé* of this hospital physician and university magnate is at the present moment advertising the following nostrum—'Spiritus Vitæ—Terry's Ethereal Medical Restorative Medium and Health-producing Regenerator.'

"This ex-grocer, spiritual diagnostician, and therapeutist, claims to be able, by the aid of a lock of hair, piece of garter, or other adjunct of a sick person, without seeing the latter, to prescribe successfully for the most obscure and dangerous diseases.

"Another hospital physician, also connected with the Melbourne University, with better taste, or more gallantry, prefers a feminine 'medium,' possessed of the additional advantages of youth and good looks. We believe it is nothing unusual to see the equipages of a number of Medical men drawn up of a morning before the place of business of a well-known and popular Medical 'medium,' while the owners are inside consulting the great 'spiritist' respecting the treatment and fate of their unfortunate patients. Seriously, we ask, what is the Profession coming to in this colony? Where is this demoralising humbug to end? Melbourne presents the strange spectacle of hospital physicians, filling the responsible positions of examiners and lecturers in the local University, who are doing their utmost to degrade Medical science to the level of 'spiritism.' The thing appears so preposterous, that it will scarcely be believed by the Profession in England. Had a few obscure Medical men given in their adhesion to the contemptible delusion of medical 'mediumship,' it would be sufficiently discreditable. What language is strong enough adequately to stigmatise such conduct on the part of learned physicians, holding high office in the Melbourne University and in the metropolitan hospitals?"

National Ingratitude.

We have often commented on the non-appreciation of the self-denying labours of our brethren, and more than once pointed our moral by referring to the deprivations endured during the siege of Paris by the Medical men sent by the British Government to the seat of war. Our representations have remained unheeded. They only related to *Medical* officers, and were, of course, passed by in the interests of the so-called combatant officers who successfully kept outside danger.

But surely the nation will redress the wrongs inflicted by the Government. These do not merely affect us, for the same spirit has been shown towards others. It is useless to speak in general terms to the present Ministry. We therefore pursue our plan of giving particulars. Will the nation tolerate the following humiliating fact? The Rev. Dr. Smyth got shut in Paris in September, 1870, and of course had to remain throughout the German siege. When food became scarce and the distress great, he provided for 200 poor English from his own house. The House of Lords appreciated this clergyman's conduct, and passed him a vote of thanks.

Thanks even of august bodies do not fill empty pockets, and the siege of Paris must have caused a considerable drain on Dr. Smyth's resources. It may be supposed that the natural conclusion would be, after the vote of thanks, for the Government, as representing the nation, to offer to reimburse the cost incurred in saving 200 fellow-subjects of Her Majesty from starvation.

But if the nation feels that this should be done, it is not represented by those who hold the purse-strings, and Dr. Smyth has not had the slightest recognition of his service from the Treasury. The House of Lords has a bench of Bishops, and if none of them move in this matter, the clergy may be said to be as badly off as the Medical profession, who have so few representatives in the Commons, and not one in the Lords.

We are not surprised; for, as we have said before, the Medical officers who were there *by order* of the Government have been just as ill requited.

Workhouse Tea.

The following letter from the Clerk of the Mountmellick Union was read at the last meeting of the Board:—

"To the Board of Guardians.
"Board-room, 23rd March, 1872.

"Gentlemen,—On looking over the samples selected by the Board on Saturday last, previous to delivering them to the master of the workhouse, I discovered that the sample of tea contained some grains of shot. The shot may have fallen into it through accident, but I think it right to mention the circumstance, as on a former occasion samples were sent on which were private marks that were made use of at the time of selection in favour of the party tendering.—I am, gentlemen, your obedient servant,

"Robert Goodbody, Clerk of the Union."

Opium in Australia.

A local paper states that a farmer near Melbourne has grown this season on his farm the real Turkey poppy, from which he has obtained a quantity of superior opium, value 55s. per pound. It remarks that this industry, if properly carried out, would yield large returns to the cultivators, it being estimated that an acre of poppies would produce at least from 25lb. to 30lb., which at 50s. per lb. would be between £60 and £75.

Dr. Tilt, of London, has been elected corresponding member of the Academy of Medicine of Turin *honori causa*.

New Medical Bill in Illinois.

The present Legislature of Illinois has passed a new bill to regulate the practice of medicine and surgery, which, the *Philadelphia Reporter* says, makes it unlawful for any person to practice medicine or surgery in any of their departments who has not graduated at some Medical college, or who cannot produce a certificate of qualification from some State, county, city, or district Medical society, composed of not less than six members, and who cannot produce a certificate of good character from some court of record in the United States. The same bill provides that all prescriptions shall be written in the English language; prescribes the qualifications for persons who shall be allowed to dispense medicines; and requires all proprietors of patent medicines, before exposing them for sale, to file in the office of the county clerk a sworn statement of the ingredients of which they are composed.

Dr. Horatio Storer on Female Hygiene.

Dr. C. R. Drysdale informs us that in a lecture delivered at Sacramento, April 28, 1871, Dr. Horatio Storer, of Boston, (*Journ. of Gyn. Soc., Boston*, January, 1872), quotes from an article in the *Knickerbocker Magazine*, 1860, as follows:—"An overweening desire for luxury, for dress, fashion, or from simple indolence, sometimes from a desire, which may be laudable, not to produce children to inherit constitutional disease, induces many to take various precautionary measures against conception. We have heard clergymen state that a man should control the size of his family as much as a farmer his flock, and that he should not have a larger stock than he can house and feed: that this was in the power of any one: that the lower classes were overrunning with children, and the poorer the parents the more prolific they become." Dr. Storer thinks that local congestion, nervous affections, and disabilities are the direct and indisputable result of the means commonly employed by the community, who are so ignorant on these matters. It would be important to hear the evidence of other Medical men, *e.g.*, Parisian accoucheurs, on this point, as some Medical politico-economical writers seem to recommend *French* small families and earlier marriage as a remedy against poverty, consumption, and prostitution. Dr. Storer adds, "The same unsparing hand points to the frequency and evil consequences of a certain selfish habit in women, which is, as I have myself elsewhere shown (*Western Journal of Medicine*, August, 1867), while often the result of some sympathetic neighbouring physical excitation, and so not a vice, yet an important element in the causation of other local disease. Unattended by the special source of exhaustion accompanying the habit in the male, it induces nervous irritation rather than prostration, attaining often an intensity of indulgence undreamed of by anxious friends or the attending physician." These remarks of Dr. Storer reveal the ability of the distinguished Boston physician. Our only criticism of them would be, that the author hardly seems to know the arguments of the French-Malthusians in favour of small families, in Europe, at any rate.

What's in a Name?

This adage has recently found an illustration which the original querist would possibly have considered very problematical and remote. There are at the present time two "Victoria Hospitals" in London—one at Chelsea and the other at Victoria Park. The first mentioned is a children's hospital, the other for the treatment of diseases of the chest. The authorities of both these institutions have laid claim to a legacy bequeathed vaguely by the late Mr. Briscoe, M.P., to "Victoria Hospital." Vice-Chancellor Malins decided in favour of the Victoria Park Institution, but its namesake at Chelsea appealed to the Lords Justices. It has been ultimately arranged that the bequest shall be equally divided between the two.

The Astley Cooper Prize of £300.

The next Triennial Prize of £300 under the will of the late Sir Astley Cooper, Bart., will be awarded to the author of the best essay or treatise on "Injuries and Diseases of the Spinal Cord."

The condition annexed by the testator is, "That the essays or treatises shall contain original experiments and observations which shall not have been previously published, and shall, as far as the subject shall admit of, be illustrated by preparations and drawings, such drawings to be added to the Museum of Guy's Hospital, and shall, with the work itself, become the copyright and sole property of that institution." No physician or surgeon of Guy's or St. Thomas's Hospital, in Southwark, or person related by blood or affinity to them, or to any other officer of those hospitals, shall at any time be entitled to claim the prize. All essays, and if in a foreign language they must be accompanied by an English translation, are to be sent to Guy's Hospital on or before Jan. 1, 1874, addressed to the physicians and surgeons of Guy's Hospital; each essay to be distinguished by a motto, accompanied by a sealed envelope containing the name and address of the writer. None of the envelopes will be opened but that which accompanies the successful treatise.

It occurs to us that possibly a question may arise, now that St. Thomas's Hospital is no longer in Southwark, whether the members of its staff are not legally beyond this prohibition. The prize is a valuable one, and as St. Thomas's can boast of some first-rate pens, we shall not be at all surprised to see the question practically tested.

A fourth contribution of £1,000 has just been forwarded to the bankers of the Royal London Ophthalmic Hospital, Moorfields, from an unknown benefactor, under the initials "T. R. C."

Mr. Henry Nalty, son of Dr. Nalty, of Clare Street, Dublin, lately practising in Melbourne, was taken to the Melbourne Hospital suffering from a dose of blistering-fluid which he had taken, it is suggested, in mistake for tincture of gentian. He rapidly sank and died.

The body of the late Surgeon German, whose death occurred at his residence, near Ashborne, in Derbyshire, on the 18th ult., was honoured to its place of interment by a grand military *cortége* with drums craped and the bands playing the "Dead March in Saul." The deceased appears to have been highly esteemed; hence this mark of respect by the militia in the neighbourhood of his residence.

The Mountmellick Board of Guardians, who caused to be compiled the interesting table of the consumption of stimulants in Irish workhouses which we recently published, have, it appears, hit another far more gross and disgraceful blot on the Irish poor-law Medical system, and one to which we have very frequently directed attention. In comparing the contract prices of various tenders for medicine, they observed "upon the great differences between the prices of some articles as proposed by the parties offering to become contractors."

For example, castoreum was offered by Mr. Leslie at 1s. per lb., by Messrs. Hunt and Co. at 10s., and by the Apothecaries' Hall of Ireland at 20s. The Chairman, following the method usually adopted, and on which cheap contractors doubtless calculate, suggested to add up the column for the purpose of finding the cheapest contract. Perhaps the Mountmellick guardians may not be up to the dodge practised in such cases.

When an unscrupulous contractor wants to underbid his rivals, he draws his tender entering a preposterously small price for such articles as aconotine, atropine, castoreum, codeia; such preparations are usually very expensive, but are seldom or never ordered by poor-law Medical officers. By putting them down at a hundredth part of their value, the contractor, while he runs no great risk of being asked to supply them at the price named, is enabled to reduce the sum total of his tender, although his prices for the common drugs may be as high or much higher than that of his rivals, who, if they enter the honest price, must even at the lowest possible rates for ordinary medicines, show a larger sum total.

The only way, therefore, in which guardians, who cannot be expected to be judges of the drug market, can guard the tax-payers and the poor, is to compare the prices charged by the tendering contractor with a reliable drug list, such as McMaster and Hodgson's, or Boileau and Boyd's, taking for comparison the medicines in every day use. It would, in our opinion, be a very judicious step, if the Poor-law Commissioners would send a copy of some such list to each Board about the date when the contracts are under disposal, and thus enable Boards to form a fair judgment of the price of their medicines. If this is not possible it would be better and safer not to contract at all, but to obtain the medicines when wanted, thus paying for what is really required, and not for preparations which no one uses

◆

DR. QUAIN'S LUMLEIAN LECTURES
AT THE
ROYAL COLLEGE OF PHYSICIANS,

March, 1872,

ON DISEASES OF THE MUSCULAR WALLS OF THE HEART.

Lecture I.

Dr. Quain in commencing his first lecture observed that diseases of the walls of the heart have, in the past, been too much subordinated to affections of its valves. Clinical study of the diseases of the walls, however, teaches us that on them depend all the really serious effects of heart disease, while extreme disease of the valves may produce no symptoms so long as the muscular tissue of the heart is adequate to the work it has to do. As the walls are strong and efficient, or as they are weak, dilated, and inefficient will be the phenomena of disease with which we have to deal.

Enlargement of the heart is the first pathological state deserving attention, and is usually due to a combination of hypertrophy and dilatation. After glancing at the history of the subject the lecturer described three forms of hypertrophy with which the cardiac walls may be affected. (1.) Simple muscular hypertrophy, the characters of which are well known. (2.) Connective tissue hypertrophy—a form not yet definitely recognised, although vaguely alluded to by various writers. The connective tissue is greatly increased in quantity, and seen in all conditions of development, surrounding and comprising the muscular fibres. The walls may or may not be altered in colour, but they are increased in thickness and far more dense than in the first form. Its cause is probably a chronic inflammation of the interstitial connective tissue. (3.) Fatty hypertrophy, often confounded with fatty degeneration. The muscular fibres are tolerably healthy, but the fat between them is greatly increasing in quantity and is most abundant towards the outer surface. The other factor in cardiac enlargement is dilatation, the character and common origin of which are well known.

The causes of enlargement of the heart are: (1.) Agencies acting through the nervous system. The influence of the nervous system on the heart is seen in the effects of shock, alarm, anxiety. Constant excitment leads to over action, and this to enlargement. Statistics furnished by Dr. Farre show that during the last twenty years there has been a very marked increase in the number of males between 20 and 45 who die of heart disease, while in the number of males under 20 and of females there has been little change. Other nervous influences lead to excited action, as those reflected by sympathy from other viscera. (2.) Agencies acting mechanically lead to hypertrophy. Increased development of muscular tissue ensues on an increased demand. Such influences are the excessive and habitual exertion—as in many laborious occupations and athletic sports in excess—and obstruction in the circulation either at the heart itself as in valvular disease, in the great vessels as in aortic contraction, or in the distal circulation as in Bright's disease, or in pregnancy. (3.) Agencies acting directly on the nutrition of the heart may cause its enlargement, though these have more frequently the opposite influence. The blood state in Bright's disease may co-operate with the distal obstruction in causing hypertrophy. In adhesions after pericarditis the heart is commonly enlarged from increase, as the lecturer believed, in connective tissue as much as from increase in the muscular element. Cases of cardiac enlargement which are not referable to any known cause, are probably in many cases also examples of the connective tissue hypertrophy. This opinion, Dr. Quain said, previously formed, was completely confirmed by an examination of one of these hearts, of an enormous size, which has been for many years at St. George's Hospital, and was found on examination to present a great increase in the connective tissue.

Lecture II.

In his second lecture Dr. Quain continued his account of enlargement of the heart. He first described the effects, local and systemic, of the three forms of hypertrophy as far as they are known, contrasting the increased power of the first with the practical weakness of the two other forms, in which, though the muscular tissue may be increased, its power is spent in overcoming the obstacles to its free action. He then passed to the consideration of certain special effects of cardiac enlargement. First, its relation to cerebral hæmorrhage. From statistics which we had collected, the following conclusions were drawn:—First, that in cases of apoplexy enlargement of the heart is more frequently present than disease of the cerebral vessels. Secondly, that when the heart is enlarged in apoplexy, the cerebral vessels are as often healthy as diseased. Thirdly, that when both enlargement of the heart and diseased vessels are present, valve disease is found only in two-fifths of the cases. Secondly, its relation to phthisis. Enlargement of the heart was found to be present more than three times as frequently in men dying of phthisis as in women. The duration of life in phthisis seemed greater on an average in the cases in which the heart was enlarged, the percentage of deaths under one year being only half that in cases in which no enlargement was present. Lastly, heart disease seems to have no influence in promoting hæmoptysis in phthisis. Thirdly, its relation to renal disease. The kidneys were diseased in 34 per cent. of cases of heart disease collected by Dr. Chambers. The result is due to the influence of chronic congestion.

After a few remarks on the diagnosis of cardiac enlargement and its causes, Dr. Quain passed on to the subject of treatment. He insisted strongly on the importance of an accurate and early diagnosis and thorough investigation into the action of medicines, by which our faith in physic would become greater and the list of curable diseases be lengthened. In the three forms of hypertrophy we must counteract or remove as few as we can of the causative conditions. In dilated hypertrophy we must lessen the intra-cardiac pressure by diminishing the volume of the blood, and at the same time purify it, by acting on the secretory organs, purging, &c.

Lecture III.

In the third lecture Dr. Quain first described fatty degeneration of the heart. After glancing at the naked eye and microscopical character of the affection, he stated his belief that it was due to a non-vital chemical or physical change in the composition of the muscular fibres. Such a change is seen in the formation of adipocere, especially when we consider it in association with the slow fatty degeneration which takes place in preparations preserved in spirit. There is a remarkable analogy between the character of this process, the formation of oil in olives after gathering, and the slow series of changes which occur in dead vegetable matter which result in its transformation into coal. Wagner's observations on the occurrence of fatty degeneration in albuminous substances within the peritoneal cavity, corroborated by Michaelis, were conclusive, though objections have been raised to them. Still more striking evidence that the process consists of a change in nitrogenous compounds is afforded by the observations of Mr. James Salter on the fatty degeneration which occurs in the pulp cavities of a necrosed tooth. These facts, the lecturer believed, were entirely opposed to the view advocated by Dr. Ormerod, that the fat is a fresh formation, as such, from the blood.

The causes of fatty degeneration are, first, general states of impaired nutrition and depressing adynamic diseases, and secondly, local conditions, especially atheroma of the coronary arteries, and the occurrence of endo and pericarditis. A diseased artery has been found going directly to a local patch of softening. Congestion of the coronary veins may tend to produce it. It is more than twice as frequent in men as in women, and increases in frequency as life advances. The change interferes much with the functions of the organ, its diminishing power being shown in certain nervous symptoms, especially syncope (a common cause of death), and in shortness of breath and attacks of cardiac pain, sometimes of original character. The local signs are those of weakness, feeble impulse, faint sounds, and weak, irregular pulse. These symptoms, occurring in connection with its causative conditions, will enable the diagnosis to be made. In treatment tonics and rest to the heart are the chief means to be employed, and by their aid great improvement may often be effected.

Rupture of the heart was next considered. The size and appearance of the rupture vary much: it may be so small as only to admit a probe, or it may be an inch or two in length. Its character depends on its local cause. The great majority of the cases occur in persons over 60 years of age. The immediate cause of the accident is some increased strain on the heart, usually determined by physical exertion or mental excitement. Fatty degeneration is the local condition which usually is found in association with it. Death sometimes occurs instantly, sometimes is preceded by symptoms of cardiac, suffering, and failure, more or less intense, and lasting for a few hours, or in rare cases for several days. The latter cases have been those in which the process of tearing through was slow, or the rupture was through the septum. In about three-quarters of the cases the rupture is in the left ventricle; the right ventricle, right auricle, septum, and left auricle being affected much less frequently and in the order named. The blood usually escapes into the pericardium, and there separates into clot and serum, the former surrounding the heart. The accident is always fatal. Wounds in healthy hearts have sometimes healed.

Aneurism of the heart may exist within the cardiac wall or project on its outer surface, sometimes to such an extent as to resemble a double heart. The sac is formed by the thinned cardiac walls, the muscular tissue often being greatly lessened, and the connective tissue increased. Sometimes bony plates are found in it. The pericardium is usually adherent. It occurs with equal frequency at all ages, but is much more common in men than in women. Its origin is probably some local degenerative change, inflammatory in nature, permitting dilatation; sometimes an abscess has opened into the heart. It usually occurs at the apex or base, most frequently the former. Symptoms are often absent, and when present are not special, being those of cardiac distress, and would only indicate the nature of the affection in conjunction with special local signs. It is nearly always fatal, sometimes slowly by interference with the heart's action, sometimes suddenly by rupture of the sac.

◆

Literature.

PROCEEDINGS OF THE PATHOLOGICAL SOCIETY OF LONDON FOR 1870-71 (a).

[2nd notice.]

Diseases of the Organs of Respiration.

No. 1, by M. Mackenzie, M.D., is a case of "Constriction of the Trachea, attended by Syphilitic Deposits in the Liver and Kidney." This is an interesting case, and one in which the diagnosis must have been very obscure. The stricture, situated low down in the trachea, was very marked, and seemed to have originated in the healing of an ulcer. It gave rise to very weak respiration over both lungs. No. 2, by Dr. Murchison, is a case of "Diphtheria, with extension of the Membrane to the Bronchial Tubes." After a slight improvement a relapse occurred, the lungs became seriously involved, and the dyspnœa most urgent. In this state the trachea was opened with temporary benefit. The bronchial tubes to their fine ramifications, were found lined with false membrane, and there were several large patches of lobular pneumonia in each lung. We have been induced to notice this case for two reasons. With us in Dublin we think no operation would have been performed; and secondly, we must say the treatment, at least what is detailed, would seem to us to have been too mild The patient, it should be added, was a man of 24, and the attack was a month in developing. No. 3, by Dr. H. Green, is a case of "Aneurism of a branch of the Pulmonary Artery in a Phthisical Lung." No. 5 is an elaborate essay, by Dr. Powell, on the same subject, and both go to prove it is by dilatation and rupture of some branch of the pulmonary artery in a phthisical cavity that fatal hæmorrhage occurs. This, though known for some short time past, is a valuable addition to our knowledge. Whether it be the only cause of hæmorrhage in these cases seems doubtful. In those cases where phthisis is ushered in by hæmorrhage, we consider the bleeding must be due to some other cause. No. 6, by Dr. Moxon, is a "Case to show the Identity of Grey and Yellow Tubercles." We need scarcely say that, owing to the views put forward by Niemeyer, what appear to us very strange ideas have lately been held by many on the nature of tubercle. The grey and yellow have been spoken of as quite distinct. Yet nothing is more common than to find them, as in the present instances, co-existing; and to hold that they differ, simply because they vary slightly in colour, size, or consistence, seems to us a very erroneous view of the subject. When pneumonia occurs as grey or red hepatization, or presenting very opposite degrees of consistency, it still is essentially pneumonia, and no one speaks of it otherwise. Why it should be considered different in the case of tubercle we, on our part, find it hard to understand. But our limits forbid following out this subject farther here. Nos. 7 and 8, by Drs. Murchison and J. R. Bennett, are examples of what is now called "Adenoma." They occurred in females, aged 17 and 21 respectively, and the disease, in each case, chiefly existed in the chest. We confess we think one of these cases at least, that by Dr. Murchison, to have been malignant disease; and we should be glad to have the specific differences—if they really exist—clearly defined.

(a) "Proceedings of the Pathological Society of London for 1870-71."

Diseases of the Organs of Circulation.

This section does not appear to us to contain as much of interesting matter as some of the others. Dr. Peacock gives some cases of "Congenital Malformation of the Heart," as also does Dr. Kelly. Then we have a series of cases of "Aneurism of the Thoracic and Abdominal Aorta." No. 8, by Dr. Crisp, is a rare example of aneurism of the coronary artery of the heart, giving rise to a fatal bleeding into the pericardium. The sac was as large as a walnut, and the heart itself hypertrophied, and in a state of fatty degeneration. No. 11, by Dr. Hawkes, is entitled "Rupture of Aorta, Tumour of Brain." The patient had been insane and epileptic. The tumour, the size of a pigeon's egg, was situated in the left corpus striatum, and seemed to be more a cyst than a tumour, for on being punctured it gave exit to a stream of clear fluid. A large artery fed it, and the coats of the vessel were diseased. The cyst contained calcareous matter, cholesterine, and hæmatine, and the conclusion at which the committee, consisting of Drs. Dickinson and Powell, arrived at was, that it had originally been an aneurism. No. 14, by W. Wagstaffe, is a very rare case of "Tumour in the Septum of the Ventricles of the Heart." It occurred in an infant of only three months old; but we must refer our readers to the details given in the volume. No. 15, by J. Payne, M.B., is a case where cancer was found in the heart and other organs. It seemed also to have formed in the iliac vein. Such a state in the heart is very rare, and we do not recollect cancer having previously been observed in the veins.

Diseases of the Organs of Digestion.

No. 1, by Dr. Crisp, is a case of "Cancer of the Tongue, and simple Stricture of the Œsophagus." We notice this case because the union of the two diseases is very uncommon. Though the œsophagus was much narrowed on a level with the cricoid cartilage, yet it is not stated whether this was due to morbid growth. No. 4, by Dr. Bristowe, is also a case of "Malignant Disease of the Œsophagus," where there existed a free communication between the trachea and œsophagus; but the interest of the case turns on the fact that the disease went on to perforate the common carotid, and so caused sudden death. No. 6, by Dr. Moxon, is entitled "Case of Gout in the Stomach (?) and Phlegmonous Colitis." The author, we think, did right in putting a query after the word "stomach," for the patient, a man of 39, died from albuminuria and diarrhœa, and not from any symptoms due to the state of the stomach, which is described as being thickened in its coats, whilst the mucous membrane was coated with a layer of yellow fibrine, which was adherent. We consider this specimen should have been referred to a committee. No. 9, by C. Murchison, M.D., is a case of "Enteric Fever with Constipated Bowels, proving fatal by Intestinal Hæmorrhage on the 27th day." We quote this remarkable case, even though the author speaks of it as one of many of a similar kind which he had seen. To us it is a very rare one. As the patient was not admitted, however, till the twentieth day of the fever, it is quite possible he may have had diarrhœa previously; and this is an occurrence which we have seen comparatively often. But even then, though the stools may be infrequent, yet their character often shows what is going on; and in the present instance it is specially stated that the motions, when they did occur, were loose and light coloured. The brain symptoms here, too, were so prominent that they tended to have obscured those of the abdomen. Though we speak in this way we can readily understand the difficulty in diagnosis which this case presented; and it is for this special point we have noticed it. Nos. 14, 15, 16, 17, and 18, are examples of gall-stones which made their way externally. They are cases of great practical importance, but are too long for notice here. They are given by Drs. Murchison and Duckworth.

Diseases of the Genito-Urinary Organs.

No. 1, by Dr. Morris, is an example of "Cyst connected with the left Kidney, associated with Medullary Cancer of the Liver, Lungs, and left Kidney." This case is remarkable for the great size of the cyst, which grew from the lower end of the kidney, and occurred in a man of 69. The tumour, when first seen, was the size of a cricket ball, situated below the level of the umbilicus, and to the left side. It caused no pain. As it grew larger, fluctuation became very distinct, and yet, when tapped, nothing but a drop of bloody fluid flowed out. On *post-mortem* examination the cyst weighed sixteen pounds. Though cancerous nodules existed in different organs, they did not seem to have had any connexion with the cyst, and in this respect the case is remarkable. No. 2, by Dr. Trotter, is entitled "Encephaloid Disease of the Kidneys." But it has this point in addition, and it is to us a very unusual one:—The same disease existed in the lungs, and in the upper part of the right a large cavity had formed. The patient was a man of 30, and had had frequent hæmoptysis. We have not before known of malignant disease causing a cavity in this way. No. 3, by H. Smith, M.B., is a case of "Encysted Kidney which reached a great size." We only notice it here, as the tumour was tapped different times. Whether this practice will now come to be a part of the treatment of such cases we cannot say. But it clearly is a question worthy of consideration. No. 4, by C. Murchison, M.D., is a very remarkable case of "Atrophied Kidneys, causing fatal Uræmia in a youth of 18." We wish we could give this case in detail, for it is one of great practical moment. But our limits forbid. We may just mention that he died of symptoms of uræmic poisoning, and that during the four days preceding his death, the temperature was constantly below that of health. The fatal symptoms seemed to commence when the patient had all the appearances of good health, nor could any previous illness be ascertained.

With this case we end our notice of this volume. For though much valuable matter remains, the cases come chiefly within the province of the surgeon. We may state briefly, however, that there are in addition some very interesting cases of enlarged spleen; of Addison's disease; of affections of the skin; the eye; and of diseases of the lower animals; together with a number of cases of tumours connected with bone. On all of these microscopic examinations have been made, and very excellent engravings are given. We indicate these points for the purpose of inducing our readers to study the volume for themselves. They will find in it much valuable information; or if they seek any special point of morbid anatomy, a well digested index will at once direct them to what they want.

SIMPSON ON DISEASES OF WOMEN (*a*).

The third volume of the works of Sir J. Y. Simpson is fully as interesting as its predecessors, which we have already noticed. We have great pleasure in testifying that the present professor of midwifery at Edinburgh has done his share of this enterprise well. The edition is now thoroughly well known, and we have given each volume its meed of praise. We need therefore only say that this is uniform with the others, and once more congratulate Messrs. Black for giving so good a library edition to the profession. Many of these lectures appeared in a weekly contemporary in 1859 and 1861, and were then studied with the greatest care by the present reviewer, who is delighted to find them re-published in this volume. It seems that they were then published from Dr. Simpson's notes, the proof-sheets being corrected by Sir James. It is well that the note taken at that date should be the edition of this volume. Some other lectures taken by Dr. Black also appear in this volume. Lastly, ten out of the fifty lectures of which this volume consists are now published for the first time. They were delivered at Edinburgh by the illustrious professor, and are now produced from the editor's notes taken at the time, with the aid of some notes of Dr. Wall Black's, and also the author's lecture-notes. We thus have a fairly equal and readable work with a guarantee for its accuracy almost as great as that which the author was in the habit of putting forth during his life in a somewhat similar manner, and if he is now, alas, beyond the reach of proof-sheets we must remember that those who have laboured to render him faithfully were possessed of that intimate knowledge of his views which personal association and personal service conferred. If we do not enter fully upon an examination of these new lectures, it is because we accept them as the author's, and know that they will be eagerly read in all directions. While thanking Dr. Simpson for placing them within our reach, we will only add that he has conferred an additional favour on his uncle's numerous pupils and admirers by the full table of contents and index which enable the reader at once to refer to any point on which he may be peculiarly interested or desirous of ascertaining our late master's views.

NOTES ON COMPARATIVE ANATOMY (*b*).

This handy little book is the syllabus of Dr. Ord's course at St. Thomas's Hospital. As such it is to be highly commended, for it contains just those things a student most wants. It is assumed that the reader has a fair acquaintance with human anatomy. He is there presented with a survey of the animal kingdom so thorough that it represents three courses of the author's lectures, in each of which one-third of that subject of study is more fully elucidated than the other two-thirds.

We cordially recommend this concise work to all about to study comparative anatomy—a subject which should be more appreciated at our Medical schools.

BONE SETTING (*c*).

The author having had the opportunity of learning all that a very successful "bone-setter" practised, carefully studied the whole, and has laid before the Profession a very interesting book as the result of his investigations. All those who know what bone-setters pretend to do should read Dr. Hood's volume, which is written in a charming style, and does credit to both his heart and head.

Foreign Medical Literature.

SELECTIONS FROM FRENCH MEDICAL JOURNALS.

(Translated for the Medical Press from *L'Union Medicale* by Dr. Joseph Duggan, L.K.Q.C.P.I., Turloughmore, co. Galway).

Observations on a Case of Poisoning from Phenol.

By M. Rendue.

About six o'clock in the morning a man swallowed, in mistake for wine, an uncertain quantity of a solution of phenic acid, prepared for the disinfection of public urinals; he was shortly afterwards affected with nausea, cold sweats, and loss of consciousness; some magnesia was then given to him. At eleven o clock, a.m., coma set in, with tracheal and stertorous breathing, and all the symptoms of imminent death. Artificial heat and sinapisms were applied; at five o'clock, p.m., the temperature was observed above the normal; coma, with muscular relaxation, insensibility, contracted pupils, and tracheal *râles* then took place. Pulse 120, inspirations 48; death closed the scene at seven o'clock in the evening.

Autopsy after thirty hours.—The body exhaled the odour of phenol, without signs of putrefaction, dark superficial eschars were observed in the stomach, and along the course of the œsophagus. The kidneys and liver had completely undergone the fatty-granular degeneration.

DR. KRAUS ON INFANTILE SYPHILIS, AND DR. HERMANN, OF VIENNA, ON TREATMENT OF SYPHILIS.

By C. R. Drysdale, M.D., M.R.C.P., Phys. Met. Free Hosp., Lond.

The Vienna school is at present much occupied in the discussion of the nature and treatment of syphilis. Dr. Kraus, editor of the *Wien. Allge. Med. Zeit.*, in the issue of March 5th, observes that he believes that a newly-born syphilitic child may infect its own mother (which I doubt greatly), and that he thinks that all such infants should be brought up by hand, and not given to any nurse (in this last I agree). Great cleanliness is requisite in treating syphilitic children. Local treatment consists in the touching of lips, anus, &c., with a hair pencil dipped in a solution of caustic of some kind. Calomel, says Dr. Kraus, is undoubtedly the best remedy for syphilitic children. Corrosive sublimate and iodide are bad. Only in very, very uncommon cases, when diarrhœa or vomiting exists, is the use of ointment of mercury useful, and 0·30 grammes are to be rubbed in in various parts. He mentions that Monti says that an unction is unsuitable for the delicate organisms of children. Kraus says that preparations of iodine do not suit suckling children. In this I entirely disagree with him, as I have found one-grain doses of iodide of potassium succeed well in many cases. Calomel is to be given in doses of one-fifth of a grain four or five times a day for a fortnight, and then lactate of iron in small doses.

Dr. Hermann, of the Wieden Hospital, in the same journal of the 27th February, says—"I could fill a volume with all the ways and means taken by the opponents of my experiments." These gentlemen used every means to put a stop to his non-mercurial treatment of syphilis in the Wieden Hospital. That such attempts have not succeeded he attributes to the fact that in the syphilitic section of the hospital the time taken for the

---

(*a*) "Clinical Lectures on Diseases of Women." By Sir J. Y. Simpson, Bart. Edited by Alex. R. Simpson, M.D, Edinburgh: A. and C. Black. 1872.

(*b*) "Notes on Comparative Anatomy." By W. M. Ord, M.B. London; J. and H. Churchill.

(*c*) "On Bone Setting (so called) and its Relation to the Treatment of Joints Crippled by Injury, Rheumatism, Inflammation, &c." By W. P. Hood, M.D. London; Macmillan and Co.

cure of the disease is one-third shorter than in the other hospitals of Vienna, and that this division of the hospital has given a lesson to all who care for evidence against mercury, by its 25,000 cases which have been successfully treated there. Dr. Hermann proposes then that a systematic carrying forwards of experiments on the nature and treatment of syphilis be instituted, and that statistics be collected in the three large Viennese hospitals for the next ten years. By this means, he maintains, the question of syphilis may be solved, and a rational diagnosis and treatment attained to; mercurial poisoning will be less frequent, and an attempt will be made to solve the problem of prostitution.

◆

Correspondence.

EXTRAORDINARY CASES OF ALLEGED *POST-MORTEM* PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose, for publication in your excellent journal, an account of an inquest at which I attended, and which, being in my mind both interesting and unique, requires no apology from me for presenting it to your numerous readers.

Truly yours,
ABRAHAM C. SWAYNE, M.D., L.R.C.S.I.
Carrick-on-Shannon,
March 25th, 1872.

On the evening of Thursday, the 14th March inst., Eliza Maloughlin, the wife of a farmer residing near Kilronan, and the mother of seven children, was seized with the pains of labour. The midwife (an untrained one) who had attended her in all her previous confinements was sent for, and was with her soon after. She continued in attendance during the night and until about twelve noon on the following day, when the sick woman called out for the "priest and doctor." They were both sent for, and arrived in the course of two hours; and on their arrival they were informed that Eliza Maloughlin was dead, and that she died undelivered. It subsequently appeared that neither gentlemen saw the deceased. On the following Sunday, the 17th, the deceased was interred, contrary to the advice of the police, in Kilronan graveyard (which, by the way, contains the remains of Carolan, the last of the Irish bards). In the meantime information was conveyed to T. P. Peyton, Esq., one of the coroners for Roscommon, and he decided on holding an inquest. Accordingly on Monday, the 18th inst., a jury assembled; the body was exhumed, and was duly inspected by them. The coroner directed me to make an examination. I proceeded to do so, under the full impression that the woman was undelivered. On raising the shroud in which the body was enveloped I was much surprised to find a well-developed male infant lying on and parallel to the lower limbs of deceased, with the head towards the feet of the latter, and the feet of the infant about eight inches from the vulva of supposed mother. The cord and placenta were attached to the infant, but entirely unconnected with the mother. On examining the mother, who appeared to be a large, well-made woman, of about forty years or so, I found the uterus prolapsed, and a large rent extending from the os for about five inches through its body. The abdomen was much distended, apparently with gas. The conclusion I then came to as the result of my inspection was, that the deceased had died from the effects of rupture of the uterus, and that there had been forcible delivery during life. I gave my evidence accordingly. The inquest was adjourned until the following day, when further evidence was given, and at which I was not present. Six apparently credible witnesses swore positively that the woman died undelivered; that the body was washed after death; that she was then undelivered; that she was placed in her coffin undelivered; and one witness swore that after deceased was coffin'd, she (witness) was sitting near the coffin when she heard a dull rumbling noise proceeding from inside the coffin, and that this was followed by a gush of blood through the latter. This latter evidence, however, does not appear to have been corroborated by the other witnesses who were in the room at the same time. The evidence being thus very conflicting, a further adjournment took place for the purpose of having a *post-mortem* examination and additional Medical evidence. The inquiry was resumed on the following day, the 18th inst. The body, which had been re-interred, was again exhumed, and a *post-mortem* examination made by me, in the presence and with the able assistance of Dr. O'Farrell, of Boyle. This examination threw no further light upon the case so far as the apparent injury to the womb, or the fact of the deceased having been recently delivered were concerned; but some doubt having been expressed that the part protruding from the vulva was not really the uterus, the *post-mortem* rendered it unmistakeable that it was.

On reconsideration of all the circumstances of the case—the strong evidence as to the non-delivery before death, the great gaseous distention of the abdomen, the noise heard in the coffin followed by a gush of blood, the position of the infant in the coffin, with the cord and placenta attached—a strong doubt was engendered in my mind as to the correctness of my first impression, and on being re-examined at the adjourned inquest, I stated so, and gave it as my opinion that delivery might have occurred in the coffin after death, caused by the great pressure of confined gas, but I added, that I never heard or read of a similar instance of *post-mortem* delivery. Dr. O'Farrell was also examined, and the substance of his evidence was much to the same effect. The jury returned a verdict in accordance with this evidence, and thus terminated for the present a most extraordinary investigation, which, in a medico-legal point of view, involves in its results some points of surpassing interest.

I hope the matter will be discussed at the meeting of some learned society in your city.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your number of the 27th inst. I read an article headed "Supposed *Post-mortem* Parturition," which calls to my recollection the case of a woman who was in labour on the 23rd October, 1862. The doctor was sent for, but on the road to see her he was informed the woman was dead and undelivered. Her husband solemnly and confidentially told me afterwards that she, as customary, was, after death, "washed, laid out, and waked for two days," and when going to coffin her, on removing the covering, the child was found in the bed. Should you consider this worthy of a place in the MEDICAL PRESS please insert it. The husband is alive, and can verify the above.

Your obedient servant,
F. J. DILLON LANIGAN,
Medical Officer Ballymore Dispensary.
Ballymahon, 28th March, 1872.

RECENT CASE OF LOCOMOTOR ATAXY APPARENTLY CURED BY HYDROTHERAPY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having been recently staying at Mr. Barter's hydropathic establishment at Blarney, I used to question the patients in the baths, as to the benefits they were deriving from it. One case, which I thought of more than ordinary interest, was that of a gentleman who was cured by a short sojourn there, of locomotor ataxia. Though he had consulted some physicians of repute, and was doubtless treated by them "secundem artem," galvanism being one of the remedies employed, as recommended by Althaus, yet for three weeks he continued to get worse. He did not know the name of his disease, but the symptoms from which he suffered were unmistakeable—loss of sleep, loss of memory, black spots floating before the eyes, imperfect vision, walking like a drunken man though sober, obliged sometimes to feel his way. If he stood erect and shut his eyes, would pitch headlong; suffered from excruciating neuralgic pains. Taking Turkish baths for a week relieved him greatly. When I saw him he seemed cured after a month's treatment. I omitted to ask what other hydropathic treatment he was subjected to. He was married and temperate. I see this disease has become common in Paris since the siege, and M. Galezowski recommends cold douches on the vertebral column. He also prescribes phosphorus, an old remedy for tabes dorsalis.

FRANCIS M. LUTHER, M.D.
Cappoquin, March 21st, 1872.

Medical News.

Apothecaries' Hall, London.—At a Court of Examiners held on Thursday, the 28th ult., the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. George Bosson, (University College); George Augustus Davies, (University College); Walter Atkins Grogono, (London Hospital); William Harvey, (St. Bartholomew's Hospital); Thomas Jones, (Guy's Hospital); Augustus William M'Donogh, (Westminster Hospital); William Robert Smith, (St. Bartholomew's Hospital); Edward Richard Spencer, (University College); and Joseph Augustus William Wardale, (University College). And at the same Court, Messrs. George Frederick Fenton, of King's College, and Frank John Shersby Smith, of Guy's Hospital, passed the primary professional examination.

A Deadlock at Suez.—The *Pall Mall Gazette* publishes the following from a correspondent in Egypt:—Just now the authorities at Suez are puzzled about a question arising out of the decision of the Medical Conference held at Constantinople in 1866. The one principle which underlay that assembly was to sacrifice any number of people to the eastward of Suez to save those on the westward of that locality from the mere contingency of disease. The arrangements eventually adopted were, that pilgrims coming by sea from Mekkah by Jiddah, or from el-Medînah by Yambo, whenever a contagious disease existed in either of those places, should first be deposited at el-Wegh, a small port devoid of verdure and resources, on the Arabian coast, not far south of the Gulf of Suez, and there purge themselves of the last supposed taints of disease. The Egyptian Government were to send to this barren spot the necessary supplies. Ever since the commencement of the arrangement, the reputation of el-Wegh has gone on increasing in horror in people's minds. During the first year's trial of the place, the arrangements were so defective that numbers of the pilgrims died from exposure, want, and disease, and a very strong feeling about the result was expressed at Constantinople. It is very well to make necessary rules, but then those for whose special benefit they are intended, should take care that they are humane and reasonable in their operation, and not such as those which the pilgrims—among whom are many women brought up as tenderly as our middle-class women—are made to feel. It is stated that a little cholera still lingers at Mekkah. The Board of Health at Alexandria —which like all such institutions usually does too much or too little—decreed in consequence the detention, for the appointed term of quarantine, of all the pilgrims this year at the accursed purgatory. Instead of going thither, the Turkish ships provided themselves with a certificate of the clean and wholesome state of Mekkah, under the seal of the Sherif of that town, one 'Abdallah Pâsha the son of the late Ibn-'Aôn, and a fine fellow in his way, and armed with this document came, at the urgent solicitations and, as it is said, threats of the pilgrims on board straight to Suez, there cast anchor, and in spite of the Viceroy and all his officers—who, by the way, have shown some timidity in dealing with the Pâdishâh's ships—and all the Consuls-General, Consuls, and other Kâfirs in Egypt and out of it, refused to budge, and there they are at this moment, after five days' telegraphing and re-telegraphing between Suez, Cairo, and Constantinople. Besides the Turks there is an Englishman, with his ship, the *Elphinstone*, of Bombay, who politely replies to every remonstrance that he is waiting to follow the Turks, adding that several of his company's ships are coming up after him. The arrangement contemplates many ships being employed in bringing the pilgrims to El-Wegh, from whence they are to be taken on by Egyption Government 'Azîziyyah steamers, which would have the profit for carrying the pilgrims from El-Wegh the detested, to Constantinople, by the pleasant way of the Gulf of Suez, the Canal, and the Mediterranean, a far more pleasurable route than by that dry, bare line of Arabian coast which intervenes between the ports aforenamed and the dangerous and reef-enclosed port of el-Wegh. There must be an undercurrent moving in all this, inasmuch as the Viceroy is said to have averred that the Grand Vizier had authorized him to remove all the Turkish vessels, and yet the vessels refuse to move. The number of pilgrims on board the ships in the Suez harbour amounts to 2,500.

The Health of the Navy.—A statistical abstract of the health of the navy in the year elapsing between July 1st, 1870, and June 30th, 1871, just issued, proves to us that but for the loss of the Captain, the death rate of the total force would have been only 8.8 per 1,000, and would have been lower than that of the preceding twelve months by 1.5 per 1,000. The total death-rate actually was 18.9 per 1,000. Owing to the prompt and energetic measures adopted for the protection of the vessels on the home station, the sailors suffered very little from small-pox. The comparative absence of yellow fever from the North America and West Indies station had the effect of reducing the death-rate of the squadron stationed there, as compared with the preceding twelvemonth to the extent of 15.6 per 1,000. Although the sick-rate was higher on the West Coast of Africa and Cape of Good Hope station than on any other, it was only to a trifling extent higher than that of the previous twelve months, when it was the lowest on record. The short service system which is now adopted with reference to this station continues to work most advantageously, and but for the necessity which occasionally arises of exposing ships' companies to malarious influences in river service, the station under the present system would lose much of the notoriety for sickliness with which it has justly been credited.

Poplar Hospital for Accidents.—The annual meeting of the governors and supporters of this institution was held last week. The report, after dwelling on the great need for an hospital of this kind in the immediate neighbourhood of the docks, where so many serious accidents occur, and the absence of accommodation for the treatment of these cases in this part, stated that the working of the hospital during the past year had been satisfactory. During the year 1871, 2,512 out-patients and 262 in-patients were treated at the hospital, being a total increase of 483 over the number in the preceding year, and in the first ten weeks of 1872 there had already been admitted 21 in-patients more than in the corresponding period of 1871. The mortality for the year 1871 was 14, and three persons were brought dead to the hospital; of those 14, 5 died within a short period of their admission, and eight before the close of the following week, so that the actual mortality had been extremely small. No death had arisen from this hospital from erysipelas or pyæmia, which often caused such fatal results in the larger institutions. The financial position of the hospital was not very encouraging, although the number of patients admitted was much larger that the previous year. The subscriptions for the year had only been £1026, including £126 from the working men in the neighbourhood, and the donations amounted to £900, while the total expenditure was £2300.

◆

Malignant Small-pox Treated with Sulphur Fumigations, and Sulphurous Acid Internally.

F. Hjaltelin, M.D., Chief Physician of Iceland, Rekjavik, says: Every summer, and even early in the spring, Iceland is generally surrounded by many hundred French fishing-vessels, which, to tell the truth, are never welcomed by the Icelanders; this spring, these vessels were still more dreaded than ever, because accounts had been received of a malignant small-pox raging over the unhappy French country.

In the beginning of April last, several French vessels came into the harbour of Rekjavik, and in some of these a third part of the crew had been seized by the small-pox, and some had died. A quarantine was at once erected in the neighbourhood of our town, and, as the chief physician of the island, I had to treat the sick sailors, and see that the quarantine regulations were strictly followed. Many of the patients brought into the quarantine had the confluent small-pox, and were in great danger. I treated them all in the same manner, viz: on the plan of disinfection, advocated by me a long time ago. Sulphur fumigations were used in the sick room, and a mixture of sulphurous acid in water was given internally. The result has been most satisfactory, and I shall give a full account of the cases treated, in Dr. Dobell's Reports this year. As no cases of small-pox have, after the lapse of thirty days, occurred among the Icelandic population, either in the town or its neighbourhood, I entertain the hope that the disease may be looked upon as stamped out by the aforesaid precautions. The people have been vaccinated and re-vaccinated, as a matter of course, and this may serve to protect the Icelandic population from this dreadful malady.—*Boston Medical and Surgical Journal.*

NOTICES TO CORRESPONDENTS.

TO OUR SUBSCRIBERS.

Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

"QUACKS AND QUACKERY."

To the Editor of "The Medical Press and Circular."

Sir,—I send you the letters of a man (Sutton) in Poland Street pretending to be M.D., and selling Dr. Marshall Hall's chlorate of potassa. I have been deceived by respectable chemists who *now* promise to have no more dealings with him. I omitted to look up the *Medical Directory* and was deceived by his name not being among the quacks enumerated in Courtenay's treatise. This Sutton is a most consummate quack, swindler, and discreditable rascal, which I have found to my cost. If the letters can be of service to expose the fellow, as you have so manfully done his compeers of the same class, kindly use them for the public weal, and for the credit of your honourable Profession. I give you my name in confidence.

Yours truly,

Quondam Duped.

⁂ We observe that this fellow Sutton uses the names of some of the most distinguished members of the Profession for the purposes of deception, and by these means he not only succeeds in throwing off their guard the victims be entraps, but even deceives chemists, as in the present instance, thus making respectable firms the vehicle of conveyance to all parts of his miserable nostrums. We are nearly heartsick of exposing these fellows, so long as the legislature refuses to take up the matter. For as soon as we show them up in one name, they quickly change it with their address, and they are lost for a time. For the credit of the Profession, however, we cannot refuse the lash for this fellow, and we promise our correspondent, who occupies a good position in society, to return to the subject so soon as we shall have acquainted ourselves with his voluminous correspondence.

To the Editor of the "Medical Press and Circular."

Sir,—I am compelled to wear glasses (gold frame) which very much *indent* my nose. Can you suggest a remedy, as I have applied in vain to an optician.

Yours, &c.,

Specs.

[Perhaps the spectacles are fastened behind the head by too short an elastic band; perhaps the side legs are too short; perhaps the frames are very heavy. These are the usual causes of our correspondent's complaint.—Ed. M. P. & C.]

Dale *v.* Constable.—In our report of this case last week, we are requested to correct a slight inaccuracy. Mr. Constable is the second son of Sir George Strickland Cholmley, not the elder as reported.

Post Cards.—After the 31st March, official post cards will be sold to the public in packets only—the smallest packet containing 12 cards, and the larger ones 24, 36, and 48, and so on. The price of a packet of 12 cards will be 6½d., and the larger packets will be charged in the same proportion. Single post cards will no longer be sold. Arrangements will shortly be made for impressing with a halfpenny stamp, at the office of Inland Revenue, post cards other than official post cards, subject to certain restrictions.

The Infant Life Protection Bill.—In reply to several correspondents we explicitly state that our article was strictly accurate, written from careful attention to the debate throughout. The insinuation of a contemporary is unworthy of a respectable periodical, but of a piece with the manner in which a journal calling itself British is persistently given to unfair play. As we happened to be present throughout the debate we know what transpired, while the pretender to accuracy only depended on the abstracts in the daily papers.

Dr. R.—The instruments have not yet been received. As soon as they come he will write.

Dr. B. Taylor's letter arrived just as we were going to press.

Our Food Reports.—The continuation of the series of Special Physiological and Chemical Reports on Farinaceous and other Foods and extracts, is unavoidably held over to our next.

VACANCIES.

Birmingham General Dispensary. Resident House-Surgeon. Salary £100.

Stafford Infirmary. House-Surgeon. Salary £100.

Central London Ophthalmic Hospital. Assistant Surgeon. Honorary.

Beckett Hospital, Barnsley. House-Surgeon. Salary £130.

Royal Veterinary College of London. Professorship of Physiology, Therapeutics, and Pharmacy. Salary £250 per annum. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Experiences of a Regimental Surgeon in India. By C. A. Gordon, C.B., M.D. London: Baillière, Tindall, and Cox.

On some Points of Comparison between the French and British Soldier. A Lecture delivered before H.R.H. Prince Arthur, K.G. By C. A. Gordon, C.B., M D. London: Baillière, Tindall, and Cox.

Annals of Cholera from the Earliest Periods to the year 1817. By John Macpherson, M.D. London: Rankin and Co.

Photographic Clinique of the British Hospital for Skin Diseases.

How to Cook. By T. L. Nichols, M D. London: Longmans.

Concerning Sewage. By F. H. Danchell, C.E. London: Simpkins.

Archivo Medicino ed Chirurgia; Australian Medical Gazette; Medical Temperance Journal; New York Medical Journal; Allgemeine Wiener Medizinische Zeitung; The Shield; Boston Medical Journal, &c.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, April 3.—Obstetrical Society of London, 8 p.m. Dr. Newman, "On a Case of Delivery per Vias Naturales, in which the Cæsarean Section had formerly been performed."—Dr. Barnes, "On Dysmenorrhœa, illustrated by Retention of Menstrual Fluid." And other papers.

Thursday, April 4.—Harveian Society of London, 8 p.m. Mr. Victor De Méric, "On Discharges from the Male Urethra."

Monday, April 8.—Medical Society, 8 p.m. Ordinary.

Tuesday, April 9.—Royal Medico-Chirurgical, 7.30. Ballot.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 3.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations, 1¼ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

University College Hospital.—Operations, 2 p.m.

St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.

London Hospital.—Operations, 2 p.m.

Cancer Hospital.—Operations, 3 p.m.

Thursday, April 4.

St. George's Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

University College Hospital.—Operations, 2 p.m.

Royal Orthopædic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

West London Hospital.—Operations, 2 p.m.

Friday, April 5.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal South London Ophthalmic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 6.

Hospital for Women, Soho square.—Operations, 9½ p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 2 p.m.

Monday, April 8.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Mark's Hospital.—Operations, 2 p.m.

Metropolitan Free Hospital.—Operations, 2 p.m.

St. Bartholomew's osHpital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 9.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.

Guy's Hospital.—Operations, 1½ p.m.

Westminster Hospital.—Operations, 2 p.m.

National Orthopædic Hospital.—Operations, 2 p.m.

Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Andrew, J., M.D., F.R.C.P.Ed., Medical Secretary to the Royal Public Dispensary, Edinburgh.

Evans, E. T. R., M.R.C.S.E., House-Surgeon to the Salford and Pendleton Royal Hospital, Salford, Manchester.

Johnston, W. B., M.D., Medical Officer to Rotherhithe Workhouse, Medical Officer for District No. 4, and Public Vaccinator for District No. 3 of St. Olave Union, and Surgeon to the 4th Administrative Batt. Surrey Rifle Volunteers.

Moinet, F. W., M.D., Physician to the Royal Dispensary, Edinburgh.

Morton, J., M.B., M R.C.S.E., Honorary Medical Officer to the Royal Surrey County Hospital.

Rickards, A., L.R.C.P.L., M.R.C.S.E., Medical Officer to the new Workhouse at Armley, Bramley Union, Yorkshire.

Shearman, W. M., M.R.C.S., District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.

Smyth, J., M.D., Medical Officer, &c., for the Clane and Timahoe North Dispensary District of the Naas Union, Co. Kildare.

Taggart, W. J., M.D., L.R.C.S.Ed., Medical Officer, Public Vaccinator, &c., for the Antrim Dispensary District of the Antrim Union.

Vaughan, J., L.R.C P.Ed., Medical Officer, &c; for the Labasheeda Dispensary District of the Killadysert Union, Co. Clare.

Deaths.

Paterson.—On the 22nd ult., at Buxton, suddenly, Robt. Haldane Paterson, Surgeon, of Brigg, Lincolnshire, in his 68th year.

Mulloy.—On the 23rd ult. (of small-pox, contracted whilst in discharge of his duties), Mr. E. J. Mulloy, Resident Pupil, Cork Street Hospital, Dublin, aged 22.

Prichard.—On the 23rd ult., W. Prichard, M.D., of Patrick, near Glasgow, aged 51.

Smith.—On the 24th ult., H. Smith, M.D., of Lancaster Road, Westbourne Park, aged 32.

Webster.—On the 26th ult., after a long and distressing illness, at his residence, 73 Upper Gloucester Place, Dorset Square, London, George Webster, F.R.C.S., aged 68.

NEWPORT UNION.

ACHILL DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The COMMITTEE of MANAGEMENT of the Achill Dispensary District will, on the 23rd day of APRIL, 1872, proceed to elect a properly-qualified Medical Officer for the Ballycroy portion of the above Dispensary District, at a Salary of One Hundred Pounds a-year, exclusive of Registration and Vaccination Fees.

The District comprises the Electoral Divisions of Ballycroy North and South, the Island of Innishbiggle, in the Achill Electoral Division, and the Townlands of Tonregree East and West, Cushlecka, Owenduff, Cuillalougban, and Dooghbeg, in the Corraun-Achill Electoral Division.

Tenders, accompanied by Testimonials, Diplomas. &c., to be forwarded to JOHN CARR, Esq., Mweelan, Achill, Newport, Co. Mayo

The personal attendance of Candidates is requested on the day of election.

The Committee is also desirous of receiving applications for a LOCUM TENENS, from 25th March to 23rd April, 1872, at a Salary of Three Pounds a-week.

By Order,
D. BROWNE, Clerk of Union.

Board Room, Newport, 20th March, 1872.

COUNTY OF MEATH INFIRMARY.

ALTERATION IN DAY OF ELECTION OF AN APOTHECARY.

THE ELECTION OF AN APOTHECARY will take place on FRIDAY, 5th of APRIL, at Twelve o'clock.

T. FITZHERBERT, Treasurer.

TRIM GAOL.

COUNTY MEATH.

The BOARD OF SUPERINTENDENCE will, at their next Meeting, SATURDAY, 13th APRIL, 1872, at the hour of One o'clock, proceed to elect a person or persons thoroughly qualified in every respect to act as

PHYSICAN or SURGEON and APOTHECARY to this Prison.

The Officers holding these appointments will be required to reside in the town of Trim, and to give daily attendance at the Prison. The joint salary is fixed at £85 per annum—to the Physician or Surgeon £70, and to the Apothecary £15 per annum.

Applications, with statement of qualifications and copies of Testimonials, to be sent to the Local Inspector, on or before Thursday, 11th April. Candidates must appear before the Board on the day of election, and produce original Testimonials and all other necessary papers.

CHARLES BURTON, Clk., Local Inspector.

Board Room, Trim Prison, March 22, 1872.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The SUMMER SESSION of the SCHOOL of SURGERY will commence on MONDAY, the 8th of APRIL.

The following are the Courses of Lectures:—

Materia Medica	Mr. MACNAMARA.
Botany	Dr. MINCHIN.
Practical Chemistry	Dr. W. BARKER.
Midwifery	Dr. SAWYER.
Medical Jurisprudence	Dr. DAVY.
Hygiene	Dr. CAMERON.

The Fee for each Course of Lectures is Three Guineas, except for Hygiene, which is free.

MEDICAL CLASSES, SUMMER SESSION. To Gentlemen preparing for first and final Examinations at London, Edinburgh, and Dublin. A Physician, Surgeon, and Demonstrator of Anatomy, is forming Morning and Evening Classes in the following subjects:—

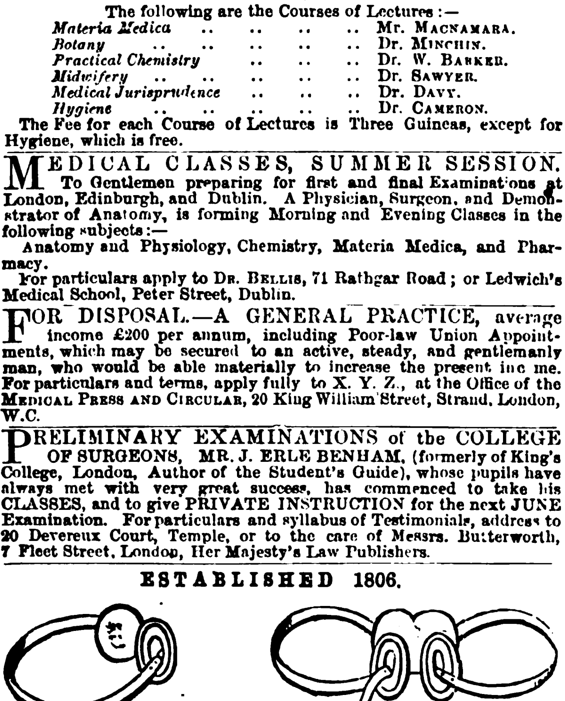
Anatomy and Physiology, Chemistry, Materia Medica, and Pharmacy.

For particulars apply to DR. BELLIS, 71 Rathgar Road; or Ledwich's Medical School, Peter Street, Dublin.

FOR DISPOSAL.—A GENERAL PRACTICE, average income £200 per annum, including Poor-law Union Appointments, which may be secured to an active, steady, and gentlemanly man, who would be able materially to increase the present income. For particulars and terms, apply fully to X. Y. Z., at the Office of the MEDICAL PRESS AND CIRCULAR, 20 King William Street, Strand, London, W.C.

PRELIMINARY EXAMINATIONS of the COLLEGE OF SURGEONS. MR. J. ERLE BENHAM, (formerly of King's College, London, Author of the Student's Guide), whose pupils have always met with very great success, has commenced to take his CLASSES, and to give PRIVATE INSTRUCTION for the next JUNE Examination. For particulars and syllabus of Testimonials, address to 20 Devereux Court, Temple, or to the care of Messrs. Butterworth, 7 Fleet Street, London, Her Majesty's Law Publishers.

ESTABLISHED 1806.



SALMON, ODY, & CO.,

292 STRAND, LONDON, W.C.,

Patent Truss Manufacturers to his late Majesty William IV.

Elastic Stockings, Kneecaps, Leggings, Belts, &c.

Directions for Self-Measurement and Price of the above forwarded on application by letter.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S., &c., (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 432. In a new suburban district of the METROPOLIS, a well-established PRACTICE with open surgery; receipts upwards of £500 a year; patients good middle class; midwifery £1 1s. and upwards; no horse or carriage required; corner house in a capital situation, with private entrance to surgery; a thoroughly efficient introduction can be given. Ill-health the sole cause of leaving.

Y 434. In a pleasant suburb of a large town, a PRACTICE realising £400 a year, and capable of almost unlimited increase, by a young, well qualified, and active gentleman. The vendor is retiring from practice. There is at present a public appointment, to which the successor might succeed. A small premium would be accepted for a short but efficient introduction.

Y 435. WARWICKSHIRE. An unusually favourable opportunity to succeed to a well-established PRACTICE in a pleasant locality, is open for negociation. The practice has been held by the vendor upwards of five years, and can, it is believed, be entirely transferred to a suitable gentleman. The receipts average £500 a year; appointments at present produce £100 a year, but could be immediately doubled; the house contains 13 rooms, with coach-house, stabling, good garden, and paddock; the whole held on a very beneficial arrangement; patients good middle class; very few bad debts. As a pecuniary investment, the transfer is unexceptional.

Y 438. SANITORIAN PARTNERSHIP. In a most eligible district there is an opening for a junior, with high qualifications accustomed to good society. The house was built specially for the purpose, and is perfectly adapted for the highest class of patients; it stands in its own grounds of upwards of an acre, contains upwards of twenty bed-rooms, and is within easy access of London. In addition to the revenue from the establishment, there is a small but increasing medical practice, with easily worked appointments. With a suitable gentleman easy terms would be made, but no one need apply who has not £1,000 at command.

Y 437. OPEN SURGERY and retail returning £9 a week, situate in a principal thoroughfare in LONDON suburbs, N. Connection old-established, and capable of almost unlimited increase. There is no out-door practice at present; (several similar investments affording excellent openings to gentlemen commencing practice, are on hand).

Y 436. High class PRACTICE within ten miles of London. Established about half a century, held by present incumbent seven years; average actual receipts during last three years over £1,000 a year; the practice being entirely amongst the upper class is easily conducted, and requires no assistant; midwifery £1 1s. to £5 5s.; with extras for subsequent attendance; average charges £1 1s. for three visits. The successor must have been accustomed to the best society. There is an excellent residence, containing twelve rooms, with large garden, stabling, paddock, &c. Furniture may be taken at valuation if required; highest references can be given, and the fullest investigation courted. Banker's or solicitor's reference required.

Dr. Langley's Quarterly List of selected Practices and Partnerships for April is now ready, post free on application.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

THE IRISH LOCAL GOVERNMENT BILL.

The Irish Local Government Bill, which we alluded to in our last issue, has been printed and is in our hands. We anticipated last week that it would aim at the same objects, and adopt, as far as the special circumstances of Ireland would permit, the English Bill recently introduced by Mr. Stansfeld. If it had done so it would have called upon the Poor-Law Medical men of Ireland to discharge important and arduous duties as local Medical officers of health, and would involve questions of the very greatest importance to their interests. In anticipation of this appropriation of the provisions of the English Bill to the Irish uses, the Irish Medical Association has for some weeks sat in anxious consideration of the recommendations of the Royal Sanitary Commission, and the provisions of Mr. Adderley's Public Health and Local Government Bill of last year; and Dr. Quinan's letter of last week give expression to the anxiety of the Council of the Association as to the mechanism of the forthcoming Bill. They were aware that it was proposed in the English Bill to put much increased labour on the Poor-Law Medical officers, and, in painful recollection of the audacious imposition by the Government of gratuitous duties upon the Medical man, they felt a well-earned apprehension that the Irish Poor-Law Medical man might be made the bearer of all sorts of onerous work with very inadequate remuneration.

The Bill has come out, and if it has relieved the mind of the Profession of this apprehension, it has also removed any impression that the Marquis of Hartington means to adopt any very revolutionary sanitary programme for Ireland. In fact, the Bill does nothing but change the name of the Poor-Law Commission to that of Local Government Board; add to the Commission the Chief Secretary and Under Secretary, and vest in them all the sanitary powers now exercised by any Body in Ireland.

It is obvious that the new Board cannot hope to carry out the multifarious duties which will devolve upon them without a largely increased staff, and we imagine that all the details, which are made the subject of distinct clauses in the English Bill, will be dealt with by simple regulations and orders of the new Board. To enable them to do all necessary acts, make all necessary regulations, and appoint and pay all necessary officers, power is given by a subsection of Clause 3 of the Bill "to appoint in writing such inspectors, auditors, clerks, messengers, and other officers as the Board may, with the sanction of the Treasury, determine, "and all such officers shall be paid out of monies provided by Parliament," *i.e.*, out of the Consolidated Fund. A subsection of Clause 4 also makes valid a rule, order, or regulation made by the Board when duly signed by the responsible officers.

The Council of the Association will watch anxiously the intentions and acts of the Board, and we shall report to our readers when a move in which they are interested becomes known.

◆

MEDICAL WITNESSES IN CORONERS' COURTS.

A correspondent favours us with the following copy of a letter sent to Mr. Kelly, Coroner for the Barony of Loughinshallin, co. Derry, by Mr. Gregg, Clerk of the Peace for the county, after Spring Assizes, 1872:—

MEDICAL WITNESSES INQUESTS.

The Grand Jury having directed that in all cases the dispensary doctor of the district in which the inquest is held should be the medical witness first called to attend such inquest, and having refused to present at the Spring Assizes, 1872, the fees for medical witnesses in cases in which this requirement was not complied with, an appeal was made by two of the coroners to the Judge to ascertain whether such order of the Grand Jury was binding on them.

Ruled by Mr. Justice Lawson that the order of the Grand Jury was altogether right and reasonable, the dispensary doctor being, from his position and standing, the most suitable medical witness to be called on in the first instance; and that the coroners were bound to comply with this requirement, and should not deviate from it without giving a sufficient reason to the Grand Jury.

Ordered that all cases in which medical witnesses are required at inquests, the coroner shall, in the first instance, call on the dispensary doctor in which the inquest is held.

(Signed) H. Harry Bruce, Foreman.

We have already given expression to a strong opinion on this subject, and we have expressed a very decided approval of the object of the Derry Grand Jury. The intention and spirit of the Act of Parliament in declaring that the coroner shall call in the services of the medical practitioner residing "at or near the place" of the death is obviously that the evidence of the medical man who shall have a personal knowledge, not only of the circumstances of the death, but of the previous health of the deceased, shall be secured.

This being the object of the law, it is wrong to draw a hard and fast line in favour of the dispensary surgeon, and if a private practitioner be better acquainted with the cause of death than the dispensary officer, he should certainly be called upon for testimony.

If, however, the death has occurred without the previous attendance of a medical man, and if nothing but expert evidence can be had, it is, we think, quite proper that the practitioner officially connected with the district should be sent for.

It is no defence whatever for the coroner to say that the jury can call for the evidence of the local medical man. Inquest juries are ignorant and stupid, and know nothing about such matters, and if they did, it would be quite unjustifiable to call in the right witness at second hand to give the evidence which another and the wrong person has been already paid for.

POOR LAW MEDICAL RELIEF.

Dr. Rogers, President of the London Poor-law Medical Officers' Association, addressed an important meeting of the Worcestershire Chamber of Agriculture the other day on the subject of poor-law medical relief. He traced the history of the poor laws from the commission in 1832-3, and having referred to the statistics showing the expenditure under this head in England, he went on to allude to this country. Up to 1851 the system of medical relief in Ireland had been most unsatisfactory. In the famine and fever of 1848 the medical officers were swept away, and it became incumbent on the Government to adopt some system. By the Medical Charities' Act the whole country was divided into 719 dispensary districts, with 1,045 stations, some districts having two or more stations. At that date the total outlay for the poor in Ireland was £1,199,678, or 1s. 7d. in the pound, of which £54,289 was spent in medical relief. At the end of seven years the gross relief had fallen to £513,614, or 8¼d. in the pound, medical relief having increased to nearly £100,000. Medical relief in Ireland did not make the recipient a pauper; and the result was that while in England there were 784,906 out-door poor and 157,704 in-door, there were only 50,257 out-door to 288,953 in-door poor in Ireland, the rate per head for out-door poor in England being £4 5s. per annum; in Ireland less than £1; in-door poor, England, £9 11s. 8d. Ireland £2 10s. 8d. In England the medical officers were compelled, by the poverty of their resources, to send many of the sick poor into the workhouses, thus converting those places into huge hospitals. The result of the working of the two systems was shown by the contrast of the Irish with English towns. In Belfast, where the population was 144,629—eighteen medical officers; cost of drugs, £1,508 6s. 3d.; salaries of medical officers, £2,397; gross relief, £25,009; with the conterminous unions of Newcastle and Gateshead, where the population was 170,377—medical officers, 15; salaries, £1,212 (out of which they had to find drugs); gross expenditure, £60,500; also Cork—population, 147,572; 22 medical officers; drugs, £1,407 1s. 4d.; stipends of medical officers, £2,430; gross relief, £35,846, with Bristol and Clifton—160,714; medical officers, 11; salaries, £1,210; gross relief, £70,414. As to the rural unions, he took Thomastown, in Kilkenny. Its population was 21,000; it spent £92 in drugs, £650 for salaries of medical officers, and £3,800 was the amount of the gross relief. Contrast that with Risbridge, in Essex. There the population was 17,000; nothing was spent for drugs; £374 was paid for salaries of medical officers, but this was made up by paying £10,000 in gross relief, or just three times as much as in Thomastown. Again, contrast Lismore, in Tipperary, with Woodbridge. The population of Lismore was 20,000, its area 97,000 acres, the cost of drugs £111, salaries of medical officers £795, gross relief £3,600. The Woodbridge Union had 22,000 inhabitants, was 82,000 acres in area, nothing was spent for drugs, £549 salaries of medical officers; but the gross relief amounted to £10,000, or just three times as much again as the Irish Union. In county Kerry the population was 305,000, the acreage 1,500,000, amount expended in medical relief £7,400, gross relief £35,000. The population of the Worcestershire Unions was 306,000, acreage 480,000, medical relief £4,468, gross relief £88,000. Taking the population of England and Wales at 22,000,000, the cost of medical relief was £282,000, gross relief £7,673,000; Scotland—population 3,200,000, medical relief £33,784, gross relief £931,274; Ireland—population 5,500,000, medical relief £133,000, gross relief £817,772—being for gross relief 6s. 11½d. per head in England, 6s. 0¾d. in Scotland, and 2s. 11¾d. in Ireland; and that medical relief constituted the twenty-seventh part of the gross outlay in England and Wales, and in Scotland, and one-sixth part in Ireland. A return showing the gross mortality in a series of years, and the mortality from preventible diseases brought out the fact that while 1 in 43 of the population died yearly in England, 1 in 44 in Scotland, only 1 in 60 died in Ireland; and whilst zymotic or preventible deaths in England constituted one-fourth of the total mortality, and 1 in 190 of the population, Scotland one-fourth, and 1 in 194 of the population, in Ireland it was but one-fifth of the total mortality, and 1 in 308 of the population, and that the correspondence of general and zymotic mortality in England and Scotland was evidently due to the same cause—deficient medical relief. They would observe that England and Scotland, with equally faulty medical arrangements, had a corresponding death rate, and that Ireland, which had an admirable system, had not only a lower death rate, but—what to the British ratepayer was perhaps of equal importance—a lower rate. This was not always the case. Up to 1852, fever was the opprobrium of the islands. Those who were old enough to remember the time when Irish labourers came to this country for harvest work, could remember that there was always a constant dread of their infecting a neighbourhood with fever. But all that had passed away, and why? Because of the wise provisions suggested by the wise heads of those who carried the Medical Charities' Act through the House of Commons. If a scheme framed after the Irish Medical Charities' Act should be carried into effect, he need not tell them that it would cause some additional outlay. He calculated this at £310,884 on medical officers' salaries; £128,000 for drugs and appliances, such as trusses; and £94,000 for the rent of dispensary buildings. The total of these amounts would reach to about £532,000, or an addition to what was now being paid of about £250,000. But if he had proved anything he had proved that additional outlay for medical relief would be speedily recouped by a diminution of sickness, a diminution of the death rate, and of other causes which produce pauperism. Dr. Rogers expressed himself in favour of the removal of the burden from the ratepayers to the Consolidated Fund. He had long held that the rates for the relief of the poor should not be thrown upon a portion of the community. This was more especially true of sanitary measures, and for the following reasons, which he had tabulated, he held that the entire cost of medical relief should be thrown on the Consolidated Fund. 1. Because the incidence of local taxation was unequal and limited. 2. Because the character of modern pauperism was migratory, and had nearly ceased to be parochial. 3. Because sickness cannot be localised; for these epidemics which strike first and hardest the poorer classes extend from them to those above them on the social scale, and were also liable to and did spread over large tracts of country. 4. Because such epidemics, when occurring among the poor, were entitled to at least as much consideration as when occurring among cattle—the ravages of cattle plague had been met by a rate thrown over a whole county—especially as the health of the poor, and their preservation from such epidemic outbreaks, was a subject in which the whole community was vitally interested. 5. Because illness among the poor in one part of the country required the same skill and outlay on medicines, to treat it successfully, as in another. 6. Because the principle having been conceded of part payment from the Consolidated Fund, no valid objection could be advanced why the whole should not be thus paid. He had hitherto appealed to them on financial grounds. He thought he might also appeal to them as Christian men to assist in bringing about better treatment of the sick poor.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871*; the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 23*rd March,* 1872*; the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES ; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 23RD MARCH, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	9,745	310,565	31	211	187	27	29	32	2	7	...	1	8	1	8	10	35
BELFAST . . .	20,687	182,214	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CORK . . .	13,816	90,851	15	28	26	9	6	3	...	1	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	22	29	19	3	8	...	...	...	...	...	1	...	1	..	6
LONDONDERRY . .	21,865	30,893	27	16	16	...	6	...	...	...	...	1	...	...	...	...	7
WATERFORD . .	17,209	30,838	30	12	18	2	7	...	...	...	...	...	...	1	1	1	12
GALWAY . . .	21,358	19,713	8	5	3	...	1	...	...	...	...	...	...	...	...	1	...
SLIGO . . .	30,835	17,175	21	10	7	...	3	...	...	...	...	...	...	...	...	...	6

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Newport	Achill	£100	£16 15 0	638	293	106,423	8,198	April 23	Castlebar, 12 m.
Edenderry . ..	Johnstown ..	£100	£[illegible] 14 0	516	136	19,270	2,754	April 12	Enfield, 11 m.

◆

MOUNTMELICK UNION—MARCH 16.

THE MEDICINE CONTRACT.

THERE were three tenders to supply medicine to the workhouse and dispensaries, from Mr. Leslie(present contractor), Messrs. Hunt and Co., and the Apothecaries Hall. *The great difference between the prices of some articles as proposed by the parties offering to become contractors, excited much surprise. For example "castoreum" was offered by Mr. Leslie at* 1s. *per lb., by Messrs Hunt and Co., at* 10s. *per lb., and by the Apothecaries Hall at* 20s. *per lb.*

Mr. Cullen said that he saw it brought out in some of the Dublin unions that some medicines were offered at low prices because they were not much required.

Chairman—By adding up the columns, you can find out which is the cheapest.

Mr. Cullen—That would not do, Mr. Chairman, but if the clerk find our the medicines most required by the medical officers of the union, and then take the prices of cash from these tenders, by putting them one against the other you will find which is cheapest.

Has there been any complaint during the year against the present contractor ?

Mr. Cullen—I suppose we will have a full board on this day fortnight ; and as the clerk could not to day make out this list, if we postpone this contract till then we can be fully informed.

Major Carden—There is such a wonderful difference between their prices, one cannot easily understand how it is. In one column on two of the tenders the price is nearly double the other.

Mr. Cullen's suggestion was adopted.

THE STIMULANTS.

The following was read by the clerk :—

"To the Chairman of the Board of Guardians.

"SIR,—In compliance with the order of the board of the 17th February, and received by me on the 23rd of same month, calling on me to account for the difference and expenditure for maintaining the sick and infirm paupers under my charge being nearly £600 more in the year 1871 than in 1858, I beg to state that in the year 1858 there were in the house on 29th September, 265 paupers, 96 infirm. In the year 1871 there were in the house 319, infirm, 157. In the month of August, 1868, a more generous diet was recommended; an addition of 1¼ lbs, of meat each week to all on the infirm class was sanctioned by a board order. There was also an addition made to the qnantity of tea by the allowance being altered from one ounce of tea to every five pints of water, instead of as before to six pints, the sugar in proportion. This, of course, would make a very considerable alteration in the gross consumption between the two years. In 1858 there were no separate wards for lunatics and idiots. In the last year there were two additional for this class, who, from the nature of their malady, require a more generous dietary than ordinary paupers. In 1858 the attendants were not so numerous as the circumstances of 1871 required. It was found necessary to increase the allowance to these also, and probably a further increase will be absolutely necessary this year and next. In 1858 brown bread was a good deal used. In 1871 no such thing. The class of infirm paupers, I consider, in 1871, being not alone much more numerous, but in a much enfeebled condition. In consequence of the operation of out-door relief, which gave the option to those of that class who were able to leave the house, to do so, consequently leaving none but those incapacitated by bodily infirmity to remain. and as a matter of course more liable to the occasional administration of stimulants to their ordinary diet. On looking over the records of the two years, I find that in 1858 stimulants were very little used, the nature of the cases not requiring them. In 1871, I have already stated that the yearwas one of great severity with regard to the type of fever which existed, which I have already referred to in my report to the committee presided over by Major Carden. I beg to state that I consider the alteration in the diet of the inmates above alluded to was of the most material benefit to the poor. The board should bear in mind that the year 1858 was one of plenty, and that the prices of provisions of every kind have considerably increased since then. As Mr. Cullen's statement threw the entire responsibility of the increased expenditure on me, which was calculated to create a very unfavourable impression on the minds of the board and public at large, I trust the above explanation will have the effect of disabusing his mind on that head. Having had the confidence, I hope, of the board for a period of twenty-one years, I trust that at this time, when pestilence is staring us in the face, the board will permit me to act as I have hitherto done in the discharge of my duty as their medical officer, and not throw any obstacles in the way of administering such dietary and stimulants to the sick as I may consider requisite and necessary.—I remain, Sir, your obedient servant,

"16th March, 1872." "Joseph Clarke."

HEALTH OF DUBLIN.

In the Dublin Registration District the births registered during the week ending 23rd March, amounted to 211. The average number in the corresponding week of the years 1864 to 1871 inclusive, was 184. The deaths registered during the week was 187. The average number in the corresponding week of the previous eight years was 183. Thirty-two deaths from small-pox were registered during the week against 54 in the preceding week. There were no deaths registered as having occurred in Cork street Fever Hospital, the South Dublin Union Workhouse, or the Mater Misericordiæ Hospital. Two deaths from small-pox (city cases) occurred in the North Union Small-pox Hospital. Five deaths from small-pox were registered in Belfast, and 3 in Cork. In the Dublin Registration District 8 deaths from fever were registered, viz.:—3 from typhus, 3 from typhoid, and 2 from simple continued fever. Seven deaths resulted from scarlet fever, 2 from measles, a like number from croup, and 1 from whooping-cough. Thirteen children died from convulsions. Bronchitis caused 20 deaths, and pneumonia 3. Six deaths were referred to apoplexy, and 4 to paralysis. Heart disease proved fatal in 6 instances, and aneurism in 1. Twenty-five persons fell victims to phthisis, 1 to mesenteric disease; and 2 to hydrocephalus. Four persons died from cancer. Six deaths were referred to accidental causes.

CATHARTICS FOR ALBUMINURIA.

Dr. Moore, at the last session of the New York Medical Society, related a case where the condition of *albuminuria* was removed by the cathartic treatment. He had previously advocated cathartics, especially Epsom salts.

Dr. Benedict gave the history of a case of similar character; the patient had been going rapidly downward, and he had almost given her up, when he heard the recommendation of Dr. Moore, and immediately gave her the remedy, and found relief from her dropsy and the difficulty of breathing she had experienced. In the course of six or seven days the dropsy had ceased, and the traces of albumen were less marked. She omitted the salts for a time, and was taken care of by a physician of Utica, who treated her differently. Her symptoms returned, and again Dr. Benedict treated with the salts, and found marked relief, but she was finally worn out and passed away.

Dr. Campbell had two cases, one of which had been treated after Dr. Moore's plan. Sulphate of magnesia he thought had driven away the presence of albumen, but severe headache had continued; in the seventh month she had been taken with convulsions; he had put her under the influence of chloroform for three or four hours, and he had given all the sulphate of magnesia she could take; she continued through the day unconscious and no convulsions, and the next day seemed to be improving, but some shock occurred. The test showed two-thirds albumen; coma occurred; one hand and foot were not used by the patient; artificial delivery followed, when she sank and died in a comatose condition.

Dr. Mowris inquired whether this treatment had been successful after scarlet fever, and Dr. Moore replied in the affirmative.

GARBAGE FOR SPIRIT-DRINKERS.

It is reported, says the *Medical and Surgical Reporter*, that distillers are experimenting with a process for making spirits from fermented garbage. This repulsive matter is placed in water-tight vats and boiled for several hours, the grease is then carefully skimmed off for soap-making purposes, and the remaining mass is fermented and distilled. The refuse is used as manure. It is stated that a barrel of garbage yields three pounds of soap grease and four gallons of proof spirits.

A NOVEL HYPNOTIC.

Dr. Cowran, in his *Medical History of the Himalayas*, speaking of a native tribe in the northern district of the peninsula, says, when a mother goes into a field to work, or is otherwise unable to take her child with her, she selects some sheltered spot near a stream, in which she places a little straw for a bed for her infant, and then directs, by means of a piece of split bamboo, a current of water, of from one to two or three inches in diameter on its uncovered occiput and temples. This produces a soporific effect, which generally lasts as long as the water continues to flow. The sleep is said to be very soothing, and children who have been much subjected to its influence are known to have been unusually free from the annoyances incidental to the period of dentition.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 10, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872. By Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture IV.—Specific Inflammation—Exanthematous Affections 311
Eye Diseases and Injuries. A Course of Lectures delivered in the City of Dublin Hospital. By Archibald Hamilton Jacob, M.D. Dub. Univ., F.R.C.S.I., Ex-Ophthalmic Surgeon to the City of Dublin Hospital.—Injuries to the Eyelids 313
Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. V.—Causes of Mortification Consequent upon the Obstruction of Arteries.......... 315
Flap Operation for Vesico-Vaginal Fistula. By E. D. Mapother, Surgeon to St. Vincent's Hospital, late Examiner in Surgery, Queen's University 316

Surgery of the Franco-Prussian War 317

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland—
Injury of the Foot 319
Flap Operation for Vesico-Vaginal Fistula 319

PAGE

LEADING ARTICLES.

The Small-pox in Dublin 321
The Claim of Irish Surgery to a Decoration.......... 322
The Public Health Bill.......... 322
French and British Soldiers 323

NOTES ON CURRENT TOPICS.

Diamonds 324
A Temperance Movement in France 324
Canada for Girls 324
Army Medical Department, Past and Present 324
Health of Dublin 325
Fever and the Sewers 325

SCOTLAND.

Edinburgh—
Death of Dr. William Henderson....... 326

LITERATURE.

On the Mechanism of Accommodation for Near and Distant Vision. By R. E. Dudgeon, M.D. 326
Third Clinical Report of the Rotunda Lying-in Hospital for the year ending 5th November, 1871. By George Johnston, M.D., Master of the Rotunda Lying-in Hospital 328
A Guide to the Examination of the Urine. By J. W. Legg, M.D. 328
Worms: a Series of Lectures on Helminthology. By T. Spencer Cobbold, M.D., F.R.S. 328

PAGE

FOREIGN MEDICAL LITERATURE.

Clinical Practice of Professor Dr. Spatzenegger of Salzburg, 1870-71.......... 328
Acute Inflammation of the Serous Bursa 329
of the Ischium.......... 329

CORRESPONDENCE.

John Gay French, M.D., F.R.C.S. Lond., on Treatment of Small-pox.......... 329
C. B. Taylor, M.D., F.R.C.S.E., on Special Report of Discussion on Statistical Results of the Contagious Diseases Acts.. 330

MEDICAL NEWS.

Royal College of Surgeons of England .. 330
Apothecaries' Hall of London 330
Poor-law Conference at Leeds 330
Miss Jex Blake 331
Medical Education of Women as affected 331
by their Political Status 331

OBITUARY.

Jonathan Letterman, M.D. 331

Notices to Correspondents 332
Vacancies 332
Appointments 333
Marriages 333
Deaths 333

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

Erasmus Wilson, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE IV.

Specific Inflammation—Exanthematous Affections.

An interesting example of erythematous syphilis is shown in drawings 146 and 147, which represent that affection in an infant eleven months old. The disease was first manifested at the age of six weeks by excoriations of the mucous membrane of the mouth, angles of the mouth, nose, and eyelids, by aphthæ, hoarseness, and mucous accumulation in the bronchial tubes, trachea, and nares. Three months after this attack, the eruption made its appearance in the form of small circular spots, which increased quickly in size and became blended into blotches of considerable dimensions, slightly elevated, distinctly circumscribed, and gently rounded at the margin. A few of the original spots remained isolated and formed circular discs somewhat depressed in the centre; an example of one of these latter spots is seen on the left buttock. The mother of the child was free from any syphilitic symptoms, but had suffered two miscarriages and occasionally from vaginal discharge and sore throat, the latter being attributed to catarrh. She was a healthy-looking young woman of twenty-six, and her husband, to all appearance, equally healthy.

In this illustration we have presented to us a phenomenon which I have already had occasion to note in ordinary erythema, a serpiginous force, a tendency to creep by the circumference into the immediately adjacent tissues, a propagation by contiguity, as shown by the depressed area in the centre of one of the circular spots. And this observation leads us onwards to the specimens numbered 158 to 163, and distinguished as annulate erythematous syphilis or dermato-syphilis erythematosa circinata. In these latter specimens, which, with one exception, are casts in plaster, the serpiginous tendency of the tumid erythematous blotches is strikingly manifested and the opportunity is given to the student of tracing the gradual development of the blotches, the rings, and their borders or limbs.

The circinate form of erythematous syphilis in a retrograde stage, when the prominence of the skin has subsided and only a dull circle of redness remains, is also exhibited in the model, No. 519, and the centrifugal development of the circles is further exhibited by the ring within ring of two of the spots.

Erythema is also the form of syphilis which most commonly takes place in the palm of the hand, and is characterised by redness, desquamation, and frequently, by chaps or fissures. Judging from the first view of the morbid appearances, the disease might be taken for an eczema. But it generally happens that one hand only is affected, and there is an absence of eczematous history. Moreover, when closely examined there are none of the vesicular cells of eczema; there is no exudation, consequently there are no exudation crusts, and the desquamation consists of normal epidermis. Again, there is a clear tendency on the part of the disease to recovery in the centre, and advancing growth towards the border; and a history of many weeks, sometimes months and years, without change. This pathological state of the skin corresponds in appearance with that of the "psoriasis" of Willan and Bateman, and the affection is very commonly denominated "psoriasis syphilitica."

Another element of differential diagnosis between syphilis and other affections of the skin, more especially eczema, is the absence of pruritus. A hand in the pathological state which I have just been describing, would, if it were eczema, be intolerable from its itching; whereas, in dermato-syphilis there is none. This symptom, therefore, is very important in the differential diagnosis between dermato-syphilis and all other diseases of the skin, and very seldom proves delusive.

The drawings, 148 and 149, are a good illustration of the kind of syphilis which I have just been describing. The centre of the palm is recovering its normal structure, the rest is roughened by fragmentary desquamation of the cuticle. In some of the grooves of motion, particularly those of flexion of the fingers, are bleeding fissures, and an active state of the disease is visible at the wrist. The left hand was unaffected, but there were present on the penis two orbiculate patches, consisting of a furfuraceous area and prominent desquamating annulus. The patient was 49 years of age; he had never, to his knowledge, had chancre; fourteen years back he suffered under symptoms resembling secondary syphilis, namely, eruption of the skin, sore throat, and neuralgia; the eruption got well in six weeks, but the ulcerated sore throat, with occasional neuralgic pains, lasted for a year. On recovering from these latter symptoms, syphilitic erythema, with desquamation, appeared in the palm of his hands and annoyed him for six years. Then the hands returned to their healthy state; but a few months later the disease reappeared in the right palm, which it has now occupied for six years. It began as a small desquamating spot, and increased and spread by the circumference until it pervaded the entire surface of the hand.

Nos. 150 and 151 are plaster casts of the hand, showing the same form of disease, the principal pathological features of the affection being desquamation of the cuticle of the palm, a well-defined inflammatory border, and a tendency to recovery of the normal state in the central area.

Nos. 152, 153, and 154 exhibit another example of the diffused form of erythematous syphilis, occupying the sole of the foot, the integument is vividly red, the epidermis in a state of constant desquamation, and the inflamed skin fissured here and there with deep cracks. The prolonged duration of the disease, namely, ten or twelve years, is also an important pathognomonic character in aid of its diagnosis.

Dermato-syphilis always presents a circumscribed boundary; and a defined border may therefore be looked for as a pathognomonic character of that disease. In the examples of palmar and plantar syphilis which we have just been examining, the serpiginous growth of the disease and its well marked border are both conspicuous, as well as a tendency to the subsidence of the morbid process in the centre of the diseased patch. But there is another phenomenon in connexion with palmar syphilis which is still more pathognomonic, namely, the circinate growth of the disease which we have already had occasion to observe in Nos. 158 to 163. This circinate growth is shown in specimens 164 to 170, in all of which a slightly elevated and distinctly marked circle is visible. In the centre of the ring the integument has recovered its healthy appearance, and the ring itself is sometimes uniform and sometimes nodulated from elevation of the epidermis; the epidermis being fissured every here and there, and partially separated, showing the deeply red congestion of the skin underneath.

Thus, in erythematous syphilis we have seen illustrated by the objects before us:—simple hyperæmia in clustered patches, sometimes uniform in tint of colour, and sometimes punctated; hyperæmia in small orbicular spots without elevation; hyperæmia in slightly prominent spots like erythema papulosum, sometimes blending into irregular blotches, sometimes growing by the circumference and becoming depressed in the centre; and sometimes spreading out into well defined rings, having a border of greater or less breadth, and a circular area in which the skin is returning to its normal state. Again, we have seen erythematous syphilis of the palm of the hand, sometimes irregular in its figure, and sometimes bordered by a well-marked ring wherein the morbid process is active, while the area of the ring has recovered its healthy aspect. Erythematous syphilis may therefore present itself under three different forms,—fixed, migratory, and circinate, as we have already seen illustrated in common erythema.

Papular Syphilis.

Having thus passed in review our illustrations of hyperæmia without prominence or erythematous syphilis, we will now direct our attention to *hyperæmia with prominence.* In simple corymbous hyperæmia consequent on syphilis, we have already noted two shades of redness; for example, a general and apparently superficial blush and a deeper redness occurring in dots, which we know to result from hyperæmia of the follicles; the differentiation between papillary congestion and follicular congestion is thereby made manifest. And if we follow this differentiation a little further we shall find the red dots or puncta gradually lifted up until they give rise to small conical prominences or papulæ. We may sometimes note this process in an ordinary case of syphilitic roseola; in the midst of a cluster of dots there may be one which has grown up to the dimensions of a pimple; and as this kind of growth has taken place in many of the clusters at the same time there exist a considerable number of papulæ distributed over the surface of the body; and more in some regions where circumstances favour their growth, than in others. As a rule the first exanthem of the syphilitic fever is simply hyperæmic without further change; the congestion lasts for some days, and then gradually subsides and fades away. But a recurrence of the syphilitic fever after a few weeks will always be attended with a prominence of the congested follicles, and the case has become one of a prominent eruption, of papulæ, or papular syphilis, meaning by that term not any difference in the nature of the cause, but simply a difference of manifestation of the disease. Pathologically the first impetus of the fever has produced dilatation of the capillaries, and has left behind it a susceptibility to being acted upon again in a similar manner; while the second impetus not only results in dilatation of the capillaries, but is accompanied with transudation and increase of bulk of the intervascular cell-structures.

The mechanism of the production of a syphilitic papule is therefore very simple, and the mechanism of its growth is merely a continuation of the same process. In every papular eruption of the skin there are always some papulæ which are larger than the rest; and some regions, such as the face, in which the papulæ are larger than elsewhere. A second attack of papular eruption will always be composed of papulæ larger than the first; and so we are led onwards from small prominences scarcely one line in diameter, to others measuring more than an inch; the former we term papules, the latter tubercles, although the pathological constitution of the objects is the same, and for want of a more appropriate term, I have thought it desirable to include both under the head of "papular syphilis."

It must not be inferred, however, that nothing is taught by the size of the prominence; the tubercle means duration, and represents a more chronic character in relation to the disease.

In the College collection the prominent or papular form of syphilitic eruption more than doubles the erythematous form, and nearly doubles the ulcerous form, and is both amply and accurately illustrated; our specimens being sixty-one in number, and ranging from No. 171 to 225, with the addition of six new models recently arrived from Paris.

Nos. 171 and 172 are casts in plaster and wax of the arm of a young man, a West Indian, 27 years of age. Every follicle is projected outwards so as to form a pimple. The specimen is perfect as an illustration of the papular form of syphilis. In consideration of the multitudinous aggregation of the papulæ, the case seems deserving of the subjective title of "conferta" dermato-syphilis papulosa conferta; and a closer inspection informs us that the average size of the papulæ is one line, while a few scattered at intervals among the rest are more prominent and larger, and measure two lines in breadth.

Contrasted with this crowded arrangement of the papulæ, the specimens Nos. 173, 174, and 175 exhibit a disseminated or scattered form of the papular eruption.

The papulæ are isolated, and in No. 173 they range in diameter between one line and nearly three, that is, a quarter of an inch, the majority of the papulæ being intermediate in size, between those extremes. This model also brings to our notice the fact of the existence of desquamation in papular syphilis as well as in erythematous syphilis, and the process by which it is accomplished. When the papule reaches maturity, the cuticle which covers it cracks around its base, and gradually separates and breaks away from the circumference to the centre. Hence, a very common appearance of the papules when in a state of desquamation is a loose edge of cuticle resembling a frill which encircles the base, and a thin lamina on the summit, which is the remnant of the desquamation.

No. 175 is a lithographic drawing which exhibits the papular form of syphilis on the face; the papulæ, always large in that region, are remarkable for their prominence. Some have undergone suppuration at the summit, and some are surmounted by an exudation crust of yellow or greyish colour, and thick and spongy in texture.

Nos. 176 and 177 are drawings of the back of the same patient, a young woman, aged twenty, showing the variety of forms which the same eruption may assume in different regions of the body. Here, for example, may be seen isolated and disseminated papulæ, papulæ in clusters on an erythematous base, and broad, flat, orbicular papules isolated and disseminated, for which the term tubercle seems more appropriate than papule. These tubercles are slightly convex on the surface, and "lentiform" in figure, their greatest breadth being four lines, that is, the third part of an inch.

The models No. 520 to 523 represent in a very striking manner the papular form of dermato-syphilis, the manner of its distribution, the modifications which it undergoes in relation to region, and the variation in figure of the eruption itself.

In No. 520, representing the breast and shoulder of a woman, there may be seen small and large papulæ, the former disseminated, or aggregated and crowded together in clusters, the latter of the kind denominated lentiform tubercles, isolated and scattered, and ranging in size between a quarter and half an inch in diameter. Another phenomenon is seen in this case, which is somewhat peculiar, namely, the aggregation of the minor papulæ around the scattered flat tubercles, as though the larger masses acted the part of foci of development to the smaller papulæ. One other point, deserving attention in this model and illustrating the follicular origin of the papule, is the appearance of the eruption around the nipple.

In the model No. 521, the back of the same patient, the papulæ are aggregated into three considerable groups around an equal number of large lenticular tubercles, and disseminated over the rest of the surface. The aggregated papulæ are in a state of desquamation, and some of the scattered papulæ are surmounted by vesicular points.

Thus it will be seen, that quite at the outset of our study of the papular eruption of syphilis, we encounter secondary changes of structure that establish a link with other subdivisions of the disease. In the erythematous form, we made acquaintance with slight general prominence, the follicular prominence of papulæ, and a vestige of the exudative process which constitutes the true significance of desquamation. So, in syphilis of the papular kind, we find among the earliest of the secondary pathological processes, desquamation, vesiculation, and pustulation, besides the accumulation of exudation crusts. In the West Indian patient, No. 171, showing an aggregated papular eruption, many of the papulæ were converted into purulent vesicles previously to their subsidence. In No. 521, a certain number of the scattered papulæ became vesicular in their retrograde process, and in No. 175, several of the papulæ were surmounted with thick and spongy exudation crusts.

Models 522, 523, 524, and 178, all illustrate papular syphilis more or less encrusted, the incrustation in the three former, approaching more nearly to a loose and spongy cuticle like that of lepra, than to an exudation crust composed of dried exudative matter. No. 522 is a model of the face of a woman. The eruption is scattered most abundantly on the forehead and around the mouth, and in the latter situation shows a tendency to confluence in lines and small groups. In this model may also be seen very strikingly the copper-coloured stains which are apt to be left behind in the skin, on the subsidence of all syphilitic eruptions.

No. 523 represents the back of the same patient; the papulæ are larger than on the face, and are variously distributed over the surface. Some are disseminated, others aggregated and corymbous, and others coherent, sometimes in lines as around the mouth, and sometimes in rings as though in anticipation of the circinate arrangement of the papulæ. In most of the models, as well as in this, the progressive development of the eruption may be followed, beginning with the simple papulæ, and ending with the desquamating papulæ and final copper-coloured or brownish stain.

Model 524 represents the face affected with papular syphilis, the papulæ being clustered around the eyelids, nose, and mouth, and extending from the forehead to the chin. The papules are of large size, their medium breadth being a quarter of an inch, and a considerable number reaching half an inch in diameter. The greater part are surmounted by a thick spongy crust of epidermis, and in several situations the papulæ form a rugged confluent mass. Moreover a moist exudation issues from between the wrinkles of these rugged masses, suggesting the approach of the ulcerative period of the disease.

Model 178 is another example of an eruption of small and large papulæ, thrown out upon the face and neck; on the forehead they are large and discrete, and on the neck they are small and confluent; around the apertures of the mouth and nares, and extending to below the chin, the integument is inflamed and thickened by infiltration, and the surface nodulated with papular and tubercular prominences, while at the openings of the nares and in the grooves at the base of the alæ nasi, are seen brownish yellow incrustations, denoting the presence of exudation.

◆

EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL,

BY ARCHIBALD HAMILTON JACOB, M.D. DUB. UNIV., F.R.C.S.I.

Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

(*Continued from page* 225.)

INJURIES TO THE EYELIDS.

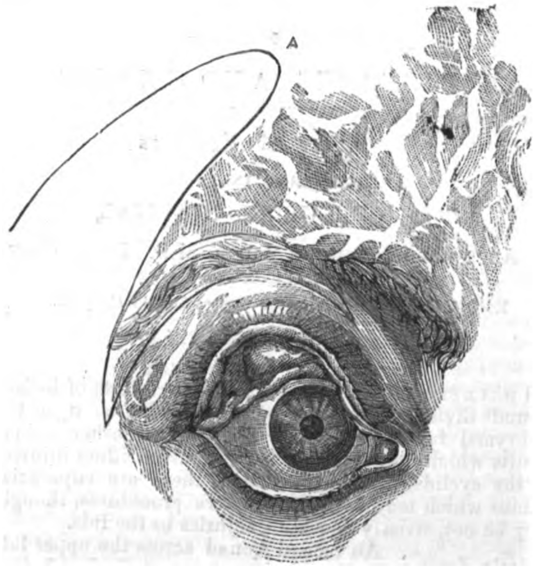
I HAVE explained in my last lecture the effects of incised wounds dividing the eyelid or the canaliculus upon the lachrymal functions. There are, however, other serious results which may arise from apparently trifling injuries of the eyelids; and, in addition, there are superficial lesions which may require operative procedures, though they be not, strictly speaking, injuries to the lids.

Ptosis from Injury of the Levator Palpebræ or its Nerve.

An incised wound across the upper lid even though it may penetrate barely beneath the skin, may result in temporary ptosis or drooping of the lid, which, if neglected at the time, may become a permanent and very serious deformity to the appearance of the patient, and may quite destroy the usefulness of the eye. This effect may arise in the one case from severance of the *levator palpebræ* muscle, and the same result may arise in a deeper penetrating wound from division of the branch with which that muscle is supplied by the third nerve. It would, therefore, be remembered as an element in the prognosis of an apparently unimportant cut in the upper eyelid or brow, that the closure of the eye by the swelling after the injury may become a permanent blemish. Ptosis from division of the nerve cannot occur except by a wound which pierces the orbit, and it is therefore an unusual consequence of injury about the orbit.

Treatment.—Early union of the incised edges of the lid is usually all that is required to avert the occurrence of ptosis from injury, for in such case a union of the muscle takes place, if not complete, at least usually sufficient to secure the use of the lid. Even in the case of a divided nerve it may be confidently hoped that a connexion between the divided extremities will be established after a time, and that power will return to the paralysed muscle. If, however, the wound be neglected in the first instance until the opportunity of uniting the divided muscle has passed away, nothing can be done except to shorten the integument of the lid by removing a slip sufficiently large to bring the edge of the lid clear above the pupil, an operation which will be described in the chapter on ptosis. Such operation usually produces a very unsatisfactory result, and the surgeon should therefore make every effort to produce union of the muscle in the first instance, for should he fail to do so, no subsequent operation will effectually remedy the deformity.

Burns and Scalds about the Orbit. These are common accidents arising usually from scalding steam, injury by corrosive liquids, especially in cases of vitriol throwing, or by gunpowder explosions. Commonly the eye is injured or destroyed, and sloughing of the cornea, and adhesions of the inside of the lid to the ocular conjunctiva take place, which I will tell you of presently. If the burn be severe, it will leave as in other parts of the body a contractile cicatrix which will almost inevitably cause an extreme degree of eversion of one or both lids, sometimes to the extent of leaving the eyeball totally uncovered, and consequently the subject of chronic ulceration and inflammation. I exhibit a drawing of such an injury from the treatise of Stellwag.



Treatment.—If the substance of the skin be destroyed, it is almost hopeless to avoid an amount of contraction of the cicatrix which will cause ectropium. Every effort should, however, be made to confine the cicatrization to the surface of the skin, and to preserve the palpebral fold. If there be no injury to the eyeball itself, or the palpebral conjunctiva which might lead to the formation of adhesions between them, the lids should be closed and kept so continuously, in order to maintain the greatest space between the lid and the cheek.

There will, of course, be much greater danger of such contraction when, as in the case of gunpowder explosions, foreign bodies are lodged in the structure of the skin, and for this reason, and to prevent the healing in of the granules of charcoal, each separate grain should, if possible, be picked out while the wound is fresh.

Should the cicatrisation, however, despite these precautions, cause ectropeon, a plastic operation by the transplantation of a skin flap (as marked in the illustration), or one of the operations for ectropeon hereafter to be described, must be resorted to, not only to remove the deformity, but to give to the eye a covering, without which it will inevitably be lost from exposure to air and dust.

Amaurosis from Concussion of the Eyeball or Orbit. Amaurosis may be caused by blows outside the orbit. As the spine or brain may suffer disorganising injury by the simple shock of violence without absolute rupture, so the optic nerve may be permanently paralysed by indirect concussion. Amongst the commonest causes of this injury are strokes on the temple or on the eyeball itself from a racket ball, or blows inflicted on nurses by the child in their arms unexpectedly raising its head. Thus may result instantaneous amaurosis, which was formerly attributed to an injury of the frontal nerve, but is now regarded as the result of a molecular alteration in the nerve substance. Von Carrion says the so-called traumatic amaurosis without objective symptoms is sometimes caused by an insignificant blow on the eye (Testelin), again by pressure exerted on the globe (Beer), or by a fall upon the forehead, or a leap from a height (Secondi). The third kind, which has been generally described as *amaurosis trifacialis*, appears in the greater number of cases that exhibit inorganic changes, to be ascribed not so much to irritation of the fifth pair as to a simultaneous concussion of the eye or nerve, and injury of the affected facial branch. It is frequently attended with dilatation of the pupil—either of the whole or a part—and may or may not present under ophthalmoscopic examination appearances of retinal injury. Mr. Haynes Walton does not concur in this view, and says,—"For the last twelve months I have submitted to a careful ophthalmoscopic examination in the accidents of this class which I have had to treat. In all I have found marked physical changes, the effect of violence which could be pointed to as the direct disturber of sight. Amongst the physical changes I have met with are detachments of the retina, and laceration of it posteriorly; extravasation of blood, especially in the vitreous humour; dislocation of the crystaline lens backward."

Although I should always hesitate to accept theories which cannot be supported by known facts, I cannot concur in Mr. Walton's opinion, having myself examined more than one case in which complete blindness existed, yet no lesion of the eye-ball was visible. I have lately had a patient under my care who was struck partly amaurotic from a blow of a snowball on the forehead, but, as I have said, his retinæ presented no lesion, and his symptoms of general paralysis point to the cerebrum as the seat of the injury.

If the loss of vision be immediate and complete, the paralysis or disorganisation of the nerve may be diagnosed; and in such case, if the blindness persist for more than a few hours, relief is almost hopeless, but if any interval, however short, existed between the blow and the blindness, hope may be entertained that it is due to extravasation of blood either on the optic tract or within the eyeball (the latter condition being, of course, visible with the ophthalmoscope), and that on the absorption of the clot vision may be partially restored.

The recollection of the existence of this lesion should make the surgeon careful of his prognosis when the retina is obscured by extravasation into the eyeball, because he may find if he succeed in removing the effused blood that the patient is permanently blind.

Treatment.—The treatment of amaurosis from concussion is negative and is commonly directed to the absorption of compressing clots, if such are supposed to exist. This is a rare consequence of such orbital injury, and its existence should only be suspected when the blindness has followed some interval after the injury. If there be good reason to assume that it exists, the usual absorbent treatment will be indicated.

The safest treatment under all circumstances will be the administration of mercurial alteratives, iodide of potassium in bark, mercurial in unctions to the forehead, and, if inflammatory symptoms are developed, leeching to the temple.

(*To be continued.*)

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

No. V.—Causes of Mortification Consequent upon the Obstruction of Arteries.

When a portion of skin is frozen it turns white, and when great heat is suddenly applied it does the same. Strong nitric acid placed on the surface of the skin, or the mucous membrane, will leave the centre of the slough which results in a dirty white colour. In such cases it is reasonable to imagine that there may be an actual want of blood in the affected part, and in some cases of spontaneous gangrene the same may in all probability occur.

The following remarkable case is recorded by Mr. Chevalier, in the 13th vol. of the "Med. Chir. Transactions."

On Friday night, September the 5th, 1823, Mr. T. M., æt. 32, received a blow in his left groin from the shaft of a van against which he rode with great violence. At the time of the accident he is stated to have lost about a pound and a half of dark coloured blood, and to have been taken up senseless; in about half an hour I found him sensible, but exceedingly pale and restless, and complaining of great pain in his leg and foot. His pulse 120 and feeble. The external wound was about three inches long, and parallel to Poupart's ligament, on removing the coagulated blood the femoral artery and vein were exposed for upwards of an inch of their course, the former vessel pulsating forcibly, the latter fully distended, there was now only an oozing of venous blood. My finger passed readily into a cavity extending for more than two inches, directly backwards, on the inner side of the great blood vessels, and on a level with the origin of the profunda, for about the same extent, towards the anterior superior spinous process of the ilium, and for three inches between the integuments and the fascia on the inside of the thigh. I considered it impossible to heal the wound by the first intention, it was loosely lined with lint and its edges slightly approximated.

September the 6th, 10 a.m., Mr. Heaviside, Mr. Guthrie, and myself attended with Mr. Lightfoot; the patient has had some sleep and his mind is calm, he has felt no pain excepting that peculiar and distressing sensation in his foot, which he distinguishes from common pain. His pulse 130, very small; he has lost all feeling in the lower half of his leg, which is cold, pale, and cadaverous. *No pulsation* is to be felt in the arteries of his injured limb; towards evening a distinct difference of temperature was observable at about four inches above the left knee, and the *cadaverous coldness* had extended a little higher up the leg. He now thought he perceived the warmth of the hand applied to his ankle, he said "he had more life in his leg," he has slept a little and seemed refreshed.

September 7th, pulse 120, and fuller; the *cadaverous coldness* extends as high as the insertion of the ligamentum patellæ, and a slight degree of discolouration is now beginning to appear around the limb at this part. In the evening the pain in his leg was much increased, he distinguished to what part of his foot the warmth of my hand was applied for a few seconds, but at the first applying it he felt nothing. The tibial and peroneal muscles had still some power to move the foot: pressure in the ham produces intense pain in the skin. From this time it will be sufficient to mention generally the changes that took place.

On the 8th he was ordered to take at night, twelve of Magendie's Gouttes calmantes which not procuring sleep he took fifteen the next evening, and on the 10th he took twenty-five, which dose he continued daily until the 20th, when he was ordered to take five more on account of the violence of the pain which he suffered chiefly in the morning.

On the 12th it was judged necessary to give him the infus. cinchonæ which was changed for the decoction on the 14th. At this time (the ninth day from the period of the accident) the discolouration occupied the same extent as before mentioned, except that it had spread a little on the inside, having throughout become gradually of a deeper hue. He still perceived the warmth of the hand applied over the metatarsal joints or to the heel, and a vein on the inner side of the foot appeared on the 11th to swell below pressure. There was hitherto no vesication nor any sign of the approach of inflammation at the margin of the discolouration, except great tenderness. There was a very faint yellowish tinge on the knee, which to the touch seemed colder than the thigh. The calf was more sensible to firm pressure than it had been, and its hue, which was like that of a bruise but not livid, when dispersed by firm pressure did not return, so that, on the morning of the 14th, I recognised the pale spots made by the pressure of my finger the preceding evening. Just above the ankle the skin was *pale*, the ankle itself and the foot having gradually assumed a *deep transparent colour*, not unlike that of new mahogany, and which did not disappear under any pressure. The toes were dried and shrunk, they were also paler than the ankles and their substance was transparent, their appearance being precisely that of similar parts dried and immersed in turpentine; they, however, never lost their cuticle, which is stated by one author always to be lost previously to the vesication of parts suffering dry gangrene.

After the 15th of September the patient's pulse had risen to 110 and upwards, his spirits frequently failed, he became costive, and he had a complete pyrexial attack every afternoon, during the hot stage of which in general, though occasionally at other times upon making some necessary exertion, he lost daily an ounce or two of blood from the wound.

On the 18th he had suffered considerably for three days, from febrile irritation and from costiveness; the medicines prescribed succeeded, however, this day in relieving him, and he was ordered to take three grains of the sulphate of quinine with a fluid drachm of the tincture of cinchonæ in each of his draughts, of which he took six in the twenty-four hours. The wound, which till lately had gone on in all respects exceedingly well, was now glassy and discharged unhealthy matter, patches of discolouration appeared above the femoral condyles, there was an increase of heat below the knee, and some few vesicles with an increase of redness were observed around the margin of the old discolouration. The whole leg was somewhat tumefied but not emphysematous, and he took a much longer time than formerly to distinguish when the warmth of the hand was applied to the foot.

On the 20th the wound had resumed a granulating surface, and it retained from this time a healthy appearance, continuing, however, to discharge daily a small quantity of blood. One piece of lint introduced on the night of the accident into the bottom of the wound, having been till now entangled in the granulations came away this day, and firm pressure being made around the wound it was followed by a small quantity of healthy pus, streaked, however, with sanies (*a*).

Tuesday, September 23rd. Mr. Heaviside, my father, (who had attended since his return from the country on the 9th), Mr. Guthrie, Mr. Lightfoot, and myself being present, a coagulum of blood as big as a walnut, and beginning to have its surface broken by putrefaction, was this day pressed up from the depth of the wound. There followed immediately a quantity of dark coloured blood, and upon this being sponged up, an alarming hæmorrhage commenced. The blood flowed with great force from several orifices, into a cavity capable of containing two ounces or more, extending to the head of the femur, and to the triceps and opening into the external wound. After an arduous operation the bleeding vessels were secured, but the patient was exhausted. He sunk and died at midnight.

Dissection.—The arteries were all impervious in the neighbourhood of the wound, but the inguinal, the femoral, and the profunda veins, were found separated by ulceration, and terminating by open mouths in the depth of the wound. These vessels had all been tied, so that the patient died from constitutional debility, the effect of an intemperate life, of the injury in his groin, and of the loss of blood previous to that of the operation, with that of about a pint and a-half, which escaped rapidly while it was being performed; the muscles of the leg were rather livid when first exposed, but not at all disorganised. It is remarkable, that although there were some traces of florid blood in the anterior tibial artery, the femoral was found distended below the seat of the wound, with blood of the deepest modena hue; the colour of the calf of the leg had become very much darker since yesterday morning.

In a case such as that above described, there are unusual causes of obstruction to the transmission of the blood through the arteries, and it may fairly be presumed from the want of pulsation in the arteries, and from the coldness of the affected part, and other symptoms, that in such a case, a deficient supply of arterial blood is a principal cause of the mortification. But the vast majority of cases in parts affected with gangrene, afford the strongest contrast to the appearances here observed.

Sept.	R oo .	R. Toes.	L. Ham.	L. Calf.	L. Ankle.	L. Toes.
10	69° F.	90° F.	70° F.	—	—	66° F.
11	69° F.	—	90° F.	75° F.	—	69° F.
12	74° F.	—	90° F.	80° F.	—	72° F.
13	—	—	95° F.	81° F.	—	71° F.
14	—	—	96° F.	82° F.	80°	70° F.
15	—	—	96° F	82° F.	80°	70° F.
16	—	—	96° F.	75° F.	71°	68° F.
18	—	—	100° F.	75° F.	71°	63° F.
19	—	—	95° F.	85° F.	72°	—
21	64° F.	—	—	—	72°	—

The gangrened part is commonly of a deep livid colour evidently surcharged with blood, which it has not the power to propel. This is equally true, whether there be a mechanical cause to the return of the blood, as in cases of strangulated hernia, or whether no such apparent cause exists. In either case, the deep livid congestion precedes mortification, and this is a condition quite compatible with obstructed circulation in the affected part, but utterly inconsistent with a deficient supply of blood. But it will be asked, Do not the cases in which a ligature has been applied to an artery in cases of aneurism show that obstruction to the flow of blood through a large artery is often followed by mortification in the limb which it supplies? To this it may be replied, that it is a remarkable fact that mortification in such cases has only occurred when the ligature has been placed between the aneurism and the heart, and where consequently any softened fibrine or other morbid products, which the aneurismal sac may have contained, have had an opportunity of becoming mixed with the blood of the limb upon the distal side of the ligature, and of producing their effects upon the nutrition of the parts there situated.

To this subject I shall revert, only observing at present, that in thirty-three cases of aneurism collected by Paul Broca, where the ligature was placed on the distal side of the sac, no instance of mortification occurred.

(*a*) From the 10th of September, the fifth day after the accident, the temperature of the injured limb was measured by means of Fahrenheit's thermometer, and the results were as in the following table. It appears that the heat of the toes continue nearly the same, being always a little less than that of the chamber, whilst the heat of the ankle, exceeding that of the room, varied considerably.

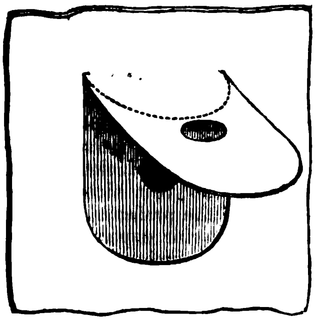
◆

FLAP OPERATION FOR VESICO-VAGINAL FISTULA (*a*).

By E. D. **Mapother**,

Surgeon to St. Vincent's Hospital, late Examiner in Surgery, Queen's University.

Some months ago, Dr. Kidd, while consulting about a vesico-vaginal fistula, suggested to me a mode of operation so ingenious and effective that I determined to adopt it when I met a suitable case. On the 10th of last month my former pupil, Dr. Kelly, of Ballinrobe, sent me for operation at St. Vincent's Hospital, a young woman in whom a vesico-vaginal fistula had formed four months, the patient having been forty-eight hours in labour. The distressing features of the disease, such as the soaking of all clothes with urine, and the excoriation of the thighs and nates, were fully developed, and round the anus sebaceous outgrowths had sprung out to a great size, and had been encrusted with phosphates and fœtid matter. The anterior wall of the vagina when exposed by the aid of the duckbill speculum, was found to be perforated by a round hole about one quarter inch in diameter. The excoriations having been healed, and the sebaceous outgrowths repressed by the use of carbolated oil, and the bladder and urethra having been accustomed to the wearing of a catheter, I operated after the following manner, my colleagues and Drs. Kidd and Roe assisting me.



"The woodcut will indicate the nature of the operation, the dotted line showing where the flap is cut off, and the shaded space being the bed which the remaining flap, when drawn well down, completely fills."

A shaped cut was made with an ordinary scalpel round the fistula through half the thickness of the vesical wall of the vagina, and the flap thus marked out was easily dissected upwards with the scalpel and forceps. The wall of the bladder now bulged back, and urine flowed freely through the corresponding half of the fistula. The vaginal flap being pared off by scissors put above the fistula in a semicircular way, the remainder of the flap easily came down to the lower edge of the raw space, owing to the elasticity of the vaginal wall. It was then secured by four iron wire sutures put in by the tabular needle, and twisted by the finger. The catheter was kept in six days, and not a drop of urine came away except through it. That with wings at the eye is convenient, but a No. 6 male catheter opening into a soda water bottle is very suitable. It was then left out and the

---

(*a*) Read before the Surgical Society of Ireland.

woman micturated voluntarily every two hours. Next day finding the fistula completely cured, the sutures were cut and removed. To-day, sixteen days after the operation, as the patient was micturating quite naturally, she left hospital.

The operation is admirably suited for small fistulæ, that is, up to one-third inch in diameter, and they are the cases most difficult to cure by any freshening, paring, or splitting of the edges. The flap from the vaginal surface of the septum when drawn down the hole in the vesical surface offers an effectual barrier to the passage of the urine. I trust that Dr. Kidd, who has many successful and no unsuccessful cases, will favour us with some remarks.

◆

SURGERY OF THE FRANCO-PRUSSIAN WAR.

Of the many *ambulances* established to meet the emergencies of the siege of Paris, there was none more efficiently conducted than that in the *Ecole des Ponts et Chaussées*, in the Rue Saints Peres. That establishment was one of several set on foot by, and conducted at the expense of, the *Société de la Presse*, their organisation being due to the energy and talent of M. Ricord, their surgical details to the no less eminent Paris surgeon, M. Démarquay; and now a report by M. A. Cousin, one of the surgeons of the ambulances, "Histoire Chirurgicale des Ambulances des Ponts et Chaussées," furnishes us with a number of particulars, a short record of which cannot be other than interesting to our readers, and especially to those who follow the Profession in the army.

When the results of the battle of Sedan had rendered a siege of Paris inevitable, the committee of the *Ambulances de la Presse* set to work to organise a number of fixed and moveable ambulances, with a view to supply as far as possible the deficiency of regular hospitals, to meet the requirements of the coming emergency, and having at great cost succeeded so far, the ambulances thus extemporised, were placed at the disposal of the Minister of War. The administration of the *Ecole des Ponts et Chaussées* in the Rue Saints Peres, was the first to offer all its disposable resources for the purpose in view, namely, the care, professional and otherwise, of the severely wounded, and throughout the time of siege and bombardment of the capital, that institution was the seat and centre of action of all belonging to the "Society of the Press," as well as of very important surgical proceedings under the very eminent gentlemen who conducted its professional details.

The building itself was at first looked upon as well suited for its intended purpose, consisting in a great measure of a series of separate rooms on each side of a wide central passage, each room well lighted, and the whole readily kept warm by means of a *calorifiere*, but as might have been predicted, and as the result proved, this construction was fatal to not a few of its inmates. One large room in this building was set apart for patients treated by M. Guérin, by the occlusion of air from wounds, the remainder being occupied by patients under the direct care of M. Démarquay himself. Several surgeons gave their assistance under this able chief, the duties of nurses being performed by the *Freres de la Doctrine Chrétienne*, and *Sœurs de l'Esperance*. At first the number of beds for patients was fifty-six, all occupying rooms on the upper floor; after a time, however, fourteen additional were placed in a large apartment on the ground floor, and perhaps, as events proved, it would have been well had this increase not taken place. Opened early in September, 1870, this ambulance received its first patient on the 24th of the same month; it continued to be occupied by wounded till 1st February, 1871, on which date its inmates were moved to a large hut hospital erected for them at Longchamps. Between those dates, 278 cases of wounds were received; of these sixty-two died, these being arranged as follows according to months: namely, September, twenty-six admitted and no deaths; October, thirty-five and four; November, ninety-three and eight; December, forty-five and thirty-two; January, seventy-seven and sixteen; and February, two and two; thus indicating very clearly the progressive rate of mortality in accord with the defective conditions, alike physical and moral, in which the troops found themselves placed as the siege went on. Thus, in the three early months of the siege food was apparently abundant, and of good quality, the soldiers still entertained hopes of deliverance, and the wounded had not yet become so numerous in Paris as to overcrowd the hospitals and vitiate the atmosphere around the places where they were accumulated, and now almost all the wounded recovered. No sooner, however, did insufficient and poor food, depressed *morale*, the discouragement of defeat, and great accumulation of wounded become added to the tediousness of siege and bombardment, than the rate of mortality increased to a ratio absolutely frightful; nor could the death rate have been kept even at the figure it had reached, namely, thirty-nine per hundred per month, had not a considerable number of the wounded been removed into the huts prepared for them at Longchamps.

On the very important question of operation *versus* conservation, we have, as might be expected from M. Démarquay, some valuable lessons. It was his practice only to operate in those cases in which, after consulting with M. Ricord, conservative surgery offered no hope of success. Unhappily, the results of operations practised were melancholy in the extreme, as may be seen from the following tables:—

SUPERIOR EXTREMITY.

Operations.	Prim.	Sec.	Total.	DEATHS. Prim.	Sec.	Total.
Excision of the shoulder	—	1	1	—	1	1
Amputation of the arm	—	1	1	—	1	1
Resection of humerus	—	2	2	—	2	2
Excision of the elbow	1	—	1	1	—	1
Excision of the forearm	—	1	1	—	1	1

INFERIOR EXTREMITY.

Operations.	Prim.	Sec.	Total.	DEATHS. Prim.	Sec.	Total.
Amputation of the thigh	2	—	2	2	—	2
Excision of the knee .	3	—	3	2	—	2
Amputation of one leg	—	1	1	—	1	1
Amputation of two legs	1	—	1	1	—	1
Resection of the tibia .	—	1	1	—	1	1
Excision of ankle joint .	—	1	1	—	1	1
	7	8	15	6	8	14

In this table we have a death rate of fourteen in fifteen operated upon, and yet it is said, that fearful as it is, a similar ratio was attained in several of the best ambulances in Paris, during the same eventful period.

Conservative surgery has, in the instance of the *Ambulance des Ponts et Chaussées*, given a result scarcely less deplorable than that of the operations, twenty deaths having occurred in twenty-eight cases where this method of treatment was practised. M. Cousin, however, with good reason, draws attention to the circumstance, that injuries of similar nature and degree of severity, from which recovery took place in the early period of the siege, terminated fatally in the later period of its duration. Another point which it is fair to notice is, the fact that, in consequence of the very high reputation as a surgeon, enjoyed by M. Démarquay, none but cases of great severity were sent to the ambulance under his care, so that this, added to the circumstances of a besieged city already mentioned, may be said to have almost entirely destroyed the chances of recovery in a person gravely wounded.

The complications or secondary affections recorded as having supervened among the wounded, were relatively small in number. The most frequent of all was pyæmia, and it is considered worthy of remark, that in every case where death occurred by this affection, the existence of osteo-myelite was revealed in *post-mortem* examination; similarly purulent effusions in the pleura were found, as well as metastatic abscesses, chiefly occurring in the parenchyma of the lung. There were several cases of *diphtherite* and hospital gangrene, but in none did death appear to be directly attributable to either of those affections. One case of tetanus occurred, and it was fatal. One also occurred from gangrene of the whole limb, from the division of the left femoral vein by a bullet. Secondary hæmorrhages only took place in two cases, and in neither from an important vessel.

Dressings of Wounds.—The mode of dressing in most common use was, during the early days of a wound, irrigation, or the application of light compresses soaked in water alone, in alcoholised water, or with carbolic acid; and the results are described as having been very satisfactory. Fractured limbs were placed upon splints *gouttieres*, and as soon as their condition admitted, were immobilised by means of plaster, or silicate of potass apparatus, according to the method of Professor Hergott, of Strasbourg. The dressings employed were carefully changed according to requirements. They consisted of glycerine, alcohol pure or with carbolic acid or camphor, coal-tar soap, tincture of arnica, &c., but none of these gave results worthy of mention. Recourse was had to chloride of zinc, perchloride of iron, or styrax, or potassic tartrate of iron. Ricord's solution (*a*), in cases where the surface of wounds began to become coated with false membrane, or when hospital gangrene threatened to show itself in the wounds. In bathing wounds, irrigators were used in preference to *sponges*, which often became agents of contagion notwithstanding the greatest attention to cleanliness. Solution of permanganate of potass was almost exclusively employed as a disinfectant to wounds, and with a success which did not attend any of the other agents used with that object. Various anti-putrid and disinfecting powders were also employed, but without remarkable results. The liquor of Libavius (*b*) was used in some instances to disinfect the atmosphere of the wards.

With regard to wounds of particular regions of the body, several details are given, from which we extract the following:—

Head.—Nineteen cases, of which eight with fracture of the cranium, and seven deaths. The only case in which recovery took place is very remarkable. It was that of a young Saxon who had been wounded at the battle of Champigny. A chassepôt bullet had traversed both orbits from left to right, destroying the left eye and dividing the right optic nerve. Blindness was complete. He became attacked by severe fever with cerebral complication; debility was extreme; bed-sores supervened, and for a long time recovery seemed hopeless; nevertheless, on being removed to the huts at Longchamps, he so far improved that after the siege was over, he was sent back to Germany.

Of the wounds of the head the most severe were those caused by shells. The subjects of such injuries who were not killed on the spot, or died in the Ambulances Volantes were usually admitted in a comatose state, and it was seldom indeed that they survived a few days.

Face.—Nine cases, two deaths. The relative benignity of this class of wounds, even when most horrible in appearance, has been remarked, while an observation has been made in the *Ambulance de la Presse* that those implicating the lower jaw are more dangerous to life than those affecting the upper. It deserves to be mentioned that, in both the fatal cases considerable injury to the bones had taken place, and that in both death occurred by pyæmia. In one the lower jaw had been fractured; in the other the frontal sinus had been opened by the missiles.

Neck.—Four cases, two deaths. These injuries, generally of a severe nature, were comparatively insignificant in the patients admitted into the *Ambulance des Ponts et Chaussées* one only being of importance. In it a bullet had traversed the neck immediately behind the larynx, forming a pharyngeal fistula by which the patient was fed during several days. Recovery rapidly took place.

Chest.—Thirteen cases, nine deaths. All those that penetrated the cavity presented an extreme gravity, and seem to have been unusually fatal in the *Ambulance of the Rue Saints Peres*, as seven out of eight of this nature admitted ended in death, the survivor having only the upper part of both lungs implicated. The two other cases to complete the nine, being those of multiple injury, and both dying from pyæmia.

Abdomen.—Two cases, one death. The patient who recovered having been only injured in the parieties. It was considered at the time very remarkable that only two cases of this class of wound should be admitted; but the circumstance was believed to be accounted for by the fact of the extreme fatality attending them, so that the persons thus injured for the most part succumbed upon the field.

Back.—Six cases, two deaths. These occurring in the only men in whom the spinal column was injured, both of them dying within twenty-four hours in horrible agony.

Pelvis.—Two cases, both recovering. One of these had a special interest. Martial, a soldier of the 90th line regiment, received his wound on 30th September, 1870, the bullet entering the right hip, traversing the pelvis, destroying the recto-vesical partition, and making its escape on the internal posterior aspect of the middle of the left thigh. Severe hæmorrhage took place upon the field of battle, and the patient was brought to hospital in a desperate condition. For a long time the fæces and urine escaped by the wound, but after four months of

---

(*a*) Eau distillée 200 grammes, tartrate ferrico potassique thirty grammes, mix. Charpie soaked in this solution, is recommended by M. Ricord, to be applied twice a day to phagedænic ulcers. [illegible] is used at the Lourcine Hospital, of a strength of a 100 of tartrate [illegible] of water.

(*b*) Chloride of tin.

great suffering, during which his life was several times placed in great danger, he recovered. On the 12th December he was able to retain command over his urine for two hours at a stretch.

Genital Organs.—Two cases, neither of which of special gravity. In both the cavernous body was implicated; great swelling took place, but by the application of evaporating lotions this subsided, and favourable recovery took place.

(*To be continued.*)

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, MARCH 15TH.

The President of the College, MR. WHARTON, in the Chair.

DR. B. FRANCIS MCDOWELL exhibited a specimen of a comminuted fracture of the humerus, the result of an accident which occurred on the 18th of February last. The subject of the fracture was a man, aged 67, who was admitted to Mercer's Hospital on the 18th of February at half-past one o'clock in the morning. He was not able to ascertain how the injury had been received in consequence of the man having been drunk at the time he was admitted, but he believed, from the nature of the fracture, it must have been produced by direct violence. He was in a very collapsed state when admitted, and was also suffering from great difficulty of breathing, the result of bronchitis. The fracture was put up in a Weiss' angular apparatus with a scored splint upon the inner aspect of the arm. All their efforts to preserve his life were unavailing, and he died in four days afterwards from the effects of the bronchitis, together with the shock which accompanied this very bad fracture. The bone was very much shattered. It was fractured transversely at the junction of the upper and middle thirds, and from this there was a longitudinal fracture running up into the joint. There was also a triangular portion of bone completely detached, and a fracture might be seen within the capsule of the joint encircling the anatomical neck of the bone. His object in bringing the case forward was to point out the great care necessary in dealing gently with the limb in cases of this nature; for if any violence were employed it was easy to see how the axillary artery might be punctured, and a traumatic aneurism caused which might cost the patient his life.

Dr. McDowell also brought before the Society a case of

INJURY OF THE FOOT,

observing that as these injuries accompanied by fracture of the bones of the foot were comparatively rare, he thought it might be interesting to exhibit the specimen. He believed this was the first accident that had occurred in connection with the tramways. A young gentleman, 15 years of age, was coming home from school on the 20th of last month, when he swung on to the rail of the tramway car, and on letting go he missed his footing and in endeavouring to save himself fell under the left wheel of the vehicle. The result was that the wheel passed over the right foot. An oblique mark might be observed along the side of the boot, and the boot itself, which was a very strong one, was burst on its outer side. The boy was able to limp home and he was attended for four or five days before he (Dr. McDowell) saw him. When he saw him he found the foot and leg red and swollen; there was a compound fracture and a compound dislocation of the metatarso-phalangeal articulation of the great toe, together with considerable laceration of the soft parts. These latter were all in a state of slough, and there was a considerable amount of smell from them, the dislocated and broken bone could be seen protruding: he told the friends that it would be necessary to remove this. On the next day he had a consultation with Dr. Butcher, and he removed the head of the metatarsal bone. There was no incision to be made owing to the condition of the parts, and he had no difficulty in removing the bone; there was nothing to be done except to divide the transverse ligament that attached the metatarsal bones together, and with a bone forceps remove about half an inch of the bone. The boy was extremely irritable and nervous, and they were afraid of traumatic gangrene setting in or possibly tetanus. He was afterwards put up in a McIntyre's splint to keep the foot steady. Since then healthy granulations had sprung up and he had been going on favourably. The result of the operation was, that as the great toe was saved the foot was perfectly symmetrical. One of his objects in bringing the case forward was to point to the importance of removing the denuded bone as soon as possible after the accident. The irritation caused by a dislocated and fractured bone in this neighbourhood might produce or increase the tendency to tetanus—indeed, he had seen a case in which that complication attended a somewhat similar accident.

DR. MAPOTHER gave a description of a

FLAP OPERATION FOR VESICO-VAGINAL FISTULA,

which will be found at page 316.

MR. G. H. PORTER said that six months ago he had the pleasure of seeing this operation performed in the Coombe Hospital by Dr. Roe. It was a very small fistula, the opening indeed so small that it was with great difficulty it was discovered, and Dr. Roe had to resort to the plan of injecting the bladder with milk in order to detect the little aperture. He operated in the way described by Dr. Mapother, and he (Dr. Porter) never saw anything more complete than the cure. The operation was performed with the ordinary scalpel and forceps, but it struck him at the time that the knife must be exquisitely sharp. The great point in the operation was the cutting of the little flap, and the soft surfaces were apt to recede from the operator if his knife was not sharp. In that case the flap was secured by wire sutures, and he not only saw the case afterwards when it was perfectly healed, but he had received a letter from the gentleman who had sent the woman to hospital stating that she was perfectly well and in the enjoyment of excellent health.

DR. KIDD believed it was the experience of all men who had operated much on fistula, that next to a large fistula where nearly the whole septum was gone, the most difficult fistula to cure was a pin-hole one. In his own experience he had found it extremely difficult. He had had more failures in operating on pin-hole fistulas than in cases in which the entire septum was gone. Dr. Marion Sims described a case of a woman remarkable for courage and endurance, on whom he had operated twenty-nine times for vesico-vaginal fistula before he succeeded in curing her. There was a patient in the Coombe Hospital some time ago, whose endurance was not so great. She had a very large vesico-vaginal fistula. He operated on it and cured it with the exception of a pin-hole. He operated on her thirteen times afterwards, and she left the hospital uncured. A great many ways had been devised for treating pin-hole fistulas. One difficulty in operating was that we were tempted not to pare enough. Again, it was difficult after operation to bring the parts together without having a fold or crease in the line of apposition. But there was something more in it than that, for the same difficulty occurred with other fistulas. He had had that exemplified in a case of artificial anus, where it was brought down to the size of a pin-hole, and he never was able to cure it. The late Dr. Banon had invented an instrument for the treatment of these small pin-hole fistulas, a sort of hook with prominent points which he drew towards him. That instrument had diminished the difficulty of treating these cases, but he (Dr. Kidd) had had a good many failures with it. The idea of the flap operation described by Dr. Mapother was, he thought, original to him (Dr. Kidd), but it was so simple and apparent a matter that it was not worth making a boast about. So far it had been exceedingly successful. He had operated seven times by this flap method, and had no failure. Dr. Roe operated in one case in the Coombe Hospital which succeeded, and this case by Dr. Mapother made the ninth successful instance of the operation. He saw in a late edition of Sir Henry Thompson's book "On Stricture of the Urethra," that he described in a foot-note a somewhat similar operation on the male subject. He said that M. Alliot described in 1844 a method of making a flap and drawing it down over the seat of the stricture, and in a recent number of the *Dublin Quarterly Journal*, Dr. Barton described a case in which he applied this operation successfully to the male urethra. He did not, however, claim it as his own.

There was but one exception to Dr. Mapother's description. He thought when they drew the flap down over the opening, that the thin inner surface was folded upon itself. The flap was composed of the vesical portion of the septum, leaving the coat of the bladder, and when they drew down the flap upon the fistula the inner portion became doubled upon itself, and thus they had not only the flap over the opening, but two broad raw surfaces brought in contact and held together without any suture. There was, therefore, a complete barrier against any escape of urine.

Dr. Roe said that the plan suggested by Dr. Kidd, and which he had tried successfully on the patient sent to him by Mr. Porter, was only applicable to small fistulas, and would not succeed in large ones. The splitting operation which was suggested by the late Mr. Maurice Collis was found to be most successful in large cases, and he did not think this could ever be substituted for it, as Dr. Mapother appeared to think.

Dr. Cronyn considered they were much indebted to Dr. Kidd for the introduction of an operation which had proved most successful. He unfortunately had the opportunity of seeing a great number of fistulas, and a great number of operations, and his experience had been that the vast majority of them proved unsuccessful. Therefore it was that the Society and the Profession were much indebted to Dr. Kidd for a modification of an operation that had been hitherto so unfortunate. He did not know whether the observations he was about to make were altogether in place in a Surgical Society, they would, perhaps, be more appropriately addressed to the members of an obstetrical society; but he wished to say that the practical lesson to be derived from these cases of fistula was that the second stage of labour ought to be shortened, and the occurrence of these fistulas prevented. Scarcely any of the cases he had heard of had occurred in the city of Dublin. They had invariably come from remote districts of the country, and the history of the cases showed that in each instance the women had been allowed to remain in labour, two, three, or four days when this accident occurred. Every effort, therefore, of the obstetrician should be directed to shorten the second stage of labour.

Professor Macnamara assured Dr. Cronyn that he was in error if he thought obstetrical matters were foreign to that Society. On the contrary, it embraced everything connected with Medical, surgical, and obstetrical science, and we were always glad to accept communications from their members on any of these subjects.

Mr. Fleming said it was only due to the Medical practitioners throughout the country to say, that these cases of fistula occurred not from any negligence of the Medical men, but when the cases had been handed over entirely to midwives.

Dr. Mapother had not the slightest doubt, for he had made a very dilligent search through all the authorities on the subject, that Dr. Kidd was the originator of this operation; but in this as in other instances of surgical and in all mechanical devices, they must turn to the works of the Creator for the first exemplification of the principle. This was the exact method of closing the foramen ovale in the fœtus, and the flap which grew upwards and adhered to the left side of the opening, opposed an effectual barrier to the blood from either auricle. He saw in Dieffenback's work, a great many operations described of taking flaps from the posterior surface of the vagina, and drawing them forward on the fistula; but these operations were completely given up, and to the other modes of closing a small fistula, it was unnecessary to allude. He might just mention that he had seen Dr. Kidd operate in a case of vesico-vaginal fistula, where there was no vaginal wall of the bladder at all. He divided the os uteri, pulled down the posterior lip of the cervix uteri, and attached it round the edge of the vast fistula previously freshened. Of course the woman, who was within the period of menstruation, was obliged afterwards to menstruate by the bladder, and he understood that in a similar case, not only did a woman freely menstruate in that way, but she actually conceived. The spermatozoa entered the uterus by the bladder, and she became pregnant. Every day he (Dr. Mapother) taught, as a lecturer on physiology, that spermatozoa immediately lost their life on coming in contact with urine; but it must be supposed, that in this particular instance, when they found their way into the bladder, this organ happened to be completely empty of urine. Dr. Roe misunderstood him, in supposing that he thought this operation would suit large fistulas, but he certainly thought any fistula one-third of an inch in diameter, might be cured by this most ingenious operation suggested by his friend, Dr. Kidd.

Dr. Kidd observed that the case mentioned by Dr. Mapother, was one recorded by Mr. Lane, of London. He turned the os into the bladder, and the woman remained perfectly water tight after the operation. She went home, and after several months returned to St. Mary's Hospital with a marked uterine tumour. The idea of pregnancy never occurred to any of them. She stated that she had menstruated through the bladder for some time, and then ceased to do so, and the idea entertained was, that the uterus was full of retained menses. On that supposition, a trocar was passed into the tumour, and a considerable escape of fluid occurred, and some hours afterwards, a fœtus was expelled through the opening which was thus made.

Dr. Cronyn said that on one occasion, a woman arrived at the Rotundo Hospital, evidently with labour pains. The vagina was found to be completely occluded. There was no os, and no mode of arriving at a diagnosis of her condition, except from the tumour pressing on the vagina. A full consultation was held on the case, and Dr. Denham dissected down to the occluded structure and came upon the os uteri, which was then dilated, and the woman was delivered of a healthy child. The explanation was that, after her first labour, a prolonged sloughing process was kept up in the vagina, and the husband had connection with her in that condition. Subsequently the sloughing was cured, and the vagina became occluded.

Mr. F. Kirkpatrick, Vice-President of the College, made some observations upon the treatment of various surgical diseases, and the removal of tumours and certain morbid growths by means of the combined action of caustic and the knife. This treatment of caustic with incision was used with great effect some years ago in the Middlesex Hospital for the removal of large cancerous tumours: the caustic then used was the chloride of zinc, that which I advocate is the potassa c. calce as being certain and manageable in its effects, and not attended by much after pain. When this caustic is applied to the unbroken skin, it does not produce its effects rapidly, but if you make a slight incision with the knife and then apply a pointed piece with some pressure, it takes a decided effect, and when a certain address is attained in this alternate method of cutting and cauterising, you can effect the destruction of parts to a very considerable depth with little or no effusion of blood. I had the honour of bringing before this Society some time ago, several cases of caries and necrosis that were successfully treated in this manner; large funnel shaped openings were made over the diseased bones and kept widely open until every portion of the carious or dead bone was bored away. On that occasion I very strongly recommended interference in the early stage of acute astictis by coming down to the bone by the operation described, and inserting a caustic tunnel into the cancellouse structures. In this manner I succeeded in arresting several cases of morbus coxi, the pain in the knee and other symptoms subsiding when a caustic perforation was made into the lower part of the great trochanter. I have since applied this mode of using caustic with incision for the dividing of the contracting bands the result of severe burns, and I have great satisfaction in declaring that the contractions do not return as they so constantly do after operations with the knife. I showed a young man upon whom I had performed this operation to Mr. William Stokes. He had seen him before when his arm was fixed to the side by a strong band in the axilla; when shown to Mr. Stokes three months after the division of the cicatrix he had perfect motion of his arm. I find this conjoint operation available for the destruction of epithelial growth, for lupoid disease, and those undermined ulcerations produced by scrofulous disease. It is of use to cut short the course of anthrax or painful boils, and very lately I operated in a case in private, assisted by Dr. R. Kirkpatrick, where I incised and cauterised a fistula in the without pain or the loss of a drop of blood, the parts being made insensible by means of the ether spray.

In reply to Professor Macnamara, Dr. Kirkpatrick said that the potassa fusa which that gentleman approved of would not answer for the operation he advocated, as it is so diffusable, and because it would not bear to be brought to a point in the same way that the potassa c. calce does. He fully concurs in the Professor's observations upon the failure of the ether spray in general, in operations near the rectum, but in this case there was no inflammation of the parts and it succeeded perfectly.

Dr. Stewart bore testimony to the success of the operations Dr. Kirkpatrick had mentioned. He saw the case of cicatrix referred to, and was surprised at the remarkably beneficial effect of the operation.

Mr. Richardson—As to the removal of tumours by caustic, Sir Benjamin Brodie has written on that subject, and he states—and it is confirmatory of the observations of Dr. Kirkpatrick—that the wound left on the removal of a tumour by caustic will heal more rapidly than a wound made by the knife in the removal of a perfectly similar tumour, provided the latter did not heal by the first intention.

Professor Macnamara said they were deeply indebted to the Vice-President for bringing the subject before the Society, and for the energy with which he had pursued this plan of treatment by caustic. There was one point he should wish to be informed upon, because he confessed he was a little in the dark respecting it, and that was the way in which the ether spray could be applied about the rectum in operating for fistula in that locality. He had tried it repeatedly, and the intense pain that accompanied its application was worse than anything that could be caused by the knife. He remembered one case where it was tried with a girl, and she howled in agony. As to opening anthracial boils, Mr. Travers, junior, had done a great deal in that department, and he mentioned a number of cases in which he had tried *potassa fusa*. He (Dr. Macnamara), thought potassa fusa was superior to the potassa cum calce, as its destructive energy was much greater, and it was much more under the control of the surgeon.

Dr. Kirkpatrick endorsed the remarks of Professor Macnamara as to the failure of the ether spray at the anus, particularly if there were inflammation. In the case, however, to which he had referred there was no inflammation, and the parts to be cut out were not very deep, and the patient did not appear to feel the application either of the spray or of the knife. He could not agree in the eulogium Dr. Macnamara had pronounced on potassa fusa. If used in connection with the knife, it would spread much more rapidly than the operator would wish. If Professor Macnamara would try the potassa cum calce and spirits of wine, and some fresh powdered potassa cum calce, he would not complain of want of power. By dipping the stick in the spirits of wine and the powder, the surgeon would get great power.

PURPURA.

Dr. Mapother wished to mention a case that had greatly interested him, in the hope that he might elicit some information respecting it from their friend Mr. O'Grady. It was the case of a commissionaire, whom he had known for many years in connection with one of the clubs, and four years ago Mr. O'Grady had operated on his upper extremity through the shoulder joint, for malignant disease of the humerus. For the last three or four months the man had been suffering from purpura of his lower limbs. He could never rise from his bed that a large number of purpuric spots did not break out under the cuticle. Dr. O'Grady and he (Dr. Mapother) had seen the man several times, but they could not arrive at any conclusion as to the cause of the phenomenon. There was no hæmorrhage, but the enormous quantity of blood shed under the cuticle was undermining the man's health. He had passed, when a soldier, many years of his life in India, and suffered from hepatic disease. He presumed that the result was, a condition of the liver which might delay the circulation through the portal vein and the vena cava. That was the only way he could account for the purpuric spots in this case. He might remark in connection with this matter, that the terribly fatal character of the small-pox in the present epidemic, was owing, in a great measure, to hæmorrhage or effusion of blood.

Mr. E. S. O'Grady said he had very little to say about the case, which was that of an extern patient, and he had been unable at the time to come to a satisfactory conclusion in his own mind respecting it. Dr. Mapother had forgotten to mention, that there were some of these purpuric spots on the man's forearm. He also had disease of the supra-renal capsules. He did not bleed much during the operation through the shoulder joint, and the axillary artery was secured by acu-pressure. An occurrence took place some days after the amputation of the arm which was worth mentioning. The stump was greatly swollen, and one of the sutures having been removed to give vent to the fluid, a considerable quantity escaped, evidently the secretion of the remaining portion of the capsule, and this fluid was deeply tinged with blood. There was no bleeding afterwards.

Dr. Fleming said that, at the time of the first establishment of the fever sheds in 1847, he had noticed many cases of small-pox complicated with purpura.

Dr. Minchin observed, that in corroboration of the remarks of Dr. Fleming, he had seen a number of these purpuric cases as complications of small-pox, during the later months of the year 1847. He had also a distinct recollection, that in the same year, many cases of the epidemic typhus which prevailed, were accompanied with purpura. Among the cases that came under his care at the Temporary Fever Hospital, Glasnevin, at that time, there was one in which a young woman sank on the 7th or 8th day from the effects of abortion; in that case, the *post-mortem* examination revealed a purpuric condition of the heart, pericardium and peritoneum; the fœtus which had been expelled, was also found thickly covered with purple spots.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2 6
„ If Paid in Advance 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

Subscriptions for France are received by Messrs. Bailliere, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs. Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 10, 1872.

THE SMALL-POX IN DUBLIN.

Although the Registrar-General's returns inform us that only twenty-five deaths from small-pox occurred in Dublin last week, there seems to be no doubt on the minds of those most interested and best informed on the subject that the epidemic has not sensibly decreased, either in the number of those attacked or the type of the disease. In view of this fact, and with a perfect knowledge of the methods by which the disease is now propagated, a well-meaning effort has been made to obtain funds for the building of a convalescent hospital. A preliminary meeting was held at the Archbishop's palace, and a public assembly subsequently at the Mansion House, the proceedings at both of which indicated a very strong feeling that an effort ought to be made to stamp out the epidemic, and that the accommodation of convalescents was the best means of attaining that end. It is to be regretted that a character of exclusiveness should have been given to the movement by the omission to ask or obtain the co-operation of every section of the Profession, for we have reason to know that certain of the hospitals which have done the best service during the epidemic received no notice of the preliminary meeting, and were unrepresented at it, and that physicians whose experience in this epidemic would have been most valuable were not even informed of the movement, much less asked their advice. While, however, we have an entire belief in the propriety of providing for the accommodation of convalescents, who would otherwise, without doubt, become foci for the dissemination of the disease, we should be glad to understand why the onus of making such a provision should be thrown upon the Profession or upon volunteers. The duty is confided by the Legislature to a certain body, and we have not heard yet of any sufficient reason why that body should cast its labours upon private individuals, or should impose upon a few the expense which ought to be borne by the community.

The 37th clause of the 29th and 30th Victoria, cap. 90, (the Public Health Act of 1866,) declares that—

> "The sewer authority, or in the metropolis the nuisance authority, may provide, for the use of the inhabitants within its district, hospitals or temporary places for the reception of the sick.
>
> "Such authority may itself build such hospitals or places of reception, or make contracts for the use of any existing hospital or part of a hospital, or for the temporary use of any place for the reception of the sick.
>
> "It may enter into any agreement with any person or body of persons having the management of any hospital for the reception of the sick inhabitants of its district, on payment by the sewer authority of such annual or other sum as may be agreed upon.
>
> "The carrying into effect this section shall in the case of a sewer authority be deemed to be one of the purposes of the said Sewage Utilisation Act, 1865, and all the provisions of the said Act shall apply accordingly.
>
> "Two or more authorities having respectively the power to provide separate hospitals may combine in providing a common hospital, and all expenses incurred by such authorities in providing such hospital shall be deemed to be expenses incurred by them respectively in carrying into effect the purposes of this Act."

Furthermore Clause 26 of the same Act says that—

> "Where a hospital or place for the reception of the sick is provided within the district of a nuisance authority any Justice may, with the consent of the superintending, body of such hospital or place, by order on a certificate signed by a legally qualified Medical practitioner, direct the removal to such hospital or place for the reception of the sick, at the cost of the nuisance authority, of any person suffering from any dangerous contagious or infectious disorder, being without proper lodging or accommodation, or lodged in a room occupied by more than one family, or being on board any ship or vessel."

The Dublin Corporation has made no real effort to carry out the functions thus confided to them, and it would appear to us that until they have shown some good cause why they cannot act, any private movement is premature.

THE CLAIM OF IRISH SURGERY TO A DECORATION.

It is a part of the tactics of Governments to procrastinate or make indefinite promises as to the settlement of matters on which they are pressed, until the nine days of wonder have passed, and the effervescence of angry complainants has gone off. In such case it is the business of public journals to see that that policy is defeated, and to keep their readers in remembrance of the fact that their requests have been only jockeyed, not fulfilled. The powers that be are dealing with the question of a Surgical Baronetcy for Ireland on this principle, and it is, no doubt, hoped that the question will now sleep until another distinction is conferred upon an English or Scotch surgeon, when probably the Government may play the same waiting game, if the uproar in the Irish Profession is not loud enough to coerce them. If Irish surgeons were political tricksters or place-hunting lawyers, there would have been no need for the dilatory policy, and if they only talked and dressed up to the temper of Home Rule or Fenian constituencies until it suited the Government to buy them off, they should have their "honours thick upon them" almost without the asking. But they are only quiet, hard-working, scientific men; their only political programme is defined by the theorem, "Salus populi suprema lex;" they have no mob to gratify nor any "country to sell;" and therefore it is little matter to Governments whether they are pleased or not.

We shall, however, not cease to repeat that the Profession in Ireland has the best reason to feel that it is slighted and neglected, and that it is deprived of a share in those distinctions which are its just due, and which, it would seem, are only to be had of those within reach of the private ear of Ministers. Whoever the Crown might select as the recipient of honour, there can be no doubt that the Irish Surgical Profession is entitled to such an official compliment, and will not be satisfied to be slighted by habitual exclusion from the honours of the Profession.

THE PUBLIC HEALTH BILL.

Last Friday night the House of Commons again illustrated the little interest it takes in sanitary matters by nearly emptying itself during the discussion on the second reading of the Public Health Bill. A few worthy members were indeed faithful to the cause they have espoused, and remained at their posts; but altogether the affair was very disheartening to enthusiastic sanitary reformers. Under the circumstances, not a few men would feel the force of Mr. Fielden's remarks, and a Bill that infringed local authority as much as that of Mr. Stansfeld must necessarily excite the misgivings of all who see any reason to mistrust the Local Government Board. Dr. Playfair stood up for Mr. Stansfeld's Bill on the broad ground that the people were entitled to pure air, pure water, and a pure soil; and this measure was the first by which a policy of *laissez-faire* was abandoned. This argument should make apparent the primary necessity for consolidation, and for this reason we may be glad that Sir C. Adderley's Bill was the same evening read a second time. We do not profess much faith in the energy of the Ministry respecting the subject, nor do we anticipate any revival of interest on the part of the House of Commons. Still, there can be no doubt that in Committee much might be done to advance our sanitary legislation, though it is obvious that without consolidation there is the risk that any new Act can only render confusion more confounded. After all the enquiries that have been undertaken, it is natural to object to the reference to a Select Committee, and considering the many interests involved, it is not surprising to hear that the Bill and all its clauses ought to be discussed in a Committee of the whole House. Certainly such discussions are of great importance with a view of educating the country, and we could not but rejoice were all the general newspapers to be filled for a considerable period with parliamentary debates on Public Health.

As the metropolis is not at present included in Mr. Stansfeld's Bill, this point should not be overlooked by the provincial press. Looking at the need for consolidation, as well as the need for this educating process, it really seems a pity that sanitary measures should not be introduced at an early period of the Session into the House of Lords, which, as is well known, has, at that time, scarcely any business to transact, and if certain objections to this course could be got over, would undoubtedly do much to advance sanitary reform. It seems, however, to be a general notion that we ought to be thankful for the most languid conversation in the over-worked Lower House, and to trust all our doubts to Mr. Stansfeld, or the Local Government Board. But sanitary measures are matters of great national importance, they are surrounded by peculiar difficulties, and demand the hearty co-operation of the Profession, which is not to be obtained by Mr. Stansfeld's Bill as it now stands. Dr. Lush did well to point out that the Bill throws a heavy responsibility on our Profession, without any emolument or honour. This is an evil that cannot be too loudly denounced. Governments have been so accustomed to impose upon the Medical Profession in every possible way, that they seem to have lost all conscience. It is time for Medical men to unite and let the authorities find out that the time for this injustice is passed. We should take a leaf out of the lawyer's book. They have never suffered the impositions under which we groan, but from which nothing can deliver us but union and a determined resistance to all encroachments on our professional rights and interests.

◆

FRENCH AND BRITISH SOLDIERS.

The officers of the garrison of Dover may be considered fortunate. This year they inaugurated a series of lectures, and H.R.H. Prince Arthur delivered one of them, the second, choosing as his subject, the German "Game of War," Kriegspiel. H.R.H. presided at the inaugural lecture, which was delivered by a distinguished member of our Profession, who has seen much service as a military surgeon, the well-known Deputy-Inspector-General C. A. Gordon, C.B., who was on special service throughout the siege of Paris. Dr. Gordon took for the subject of his address, "Some points for Comparison between the French and British Soldier" and his special service with the French army, no doubt greatly assisted him in the work. The lecture, which we are glad to say, is now published, deserves, and will certainly obtain, the attention of all interested in the organisation of armies. It is pregnant with important suggestions, and indicates a power of observation which should make the author's opinions on all points within his experience, eagerly sought for by the authorities. Recruiting, duration of service, the soldier's budget, education and social standing are among the points for comparison of general interest. Then we have old soldiers and young contrasted, and the important points of food, cooking, clothing, exercises, marches, and kit, all more or less intimately connected with the health of the soldier as a unit, and of armies in the aggregate. From this it will be seen, that Dr. Gordon has compressed into the compass of a single lecture, a vast variety of information, that could not fail to interest his brother officers, and that he has also put many sanitary questions before them in the prominent manner they deserve to occupy. We have since the great European war, so frequently devoted articles to subjects relating to military matters, that our readers will not be surprised at our expression of pleasure in reading Dr. Gordon's lecture.

Complimented by Prince Arthur, and followed by H.R.H. as a lecturer, we heartily hope now that it is printed, this lecture of our military brother may be as widely read by those interested in our army, as that of the Royal co-lecturer, the abstract of which has been widely disseminated by the general press.

We cannot close without a quotation, and select the paragraph on the *Service de Santé*, of which we heard so much during the war :—

"Let us for a moment consider the state of the *French Service de Santé* as it existed during the late war, in relation to the soldier, or in other words, that department of the military services whose special functions comprise the preservation of health of the individual, and when stricken down, whether by the subtle action of disease or by the stroke of the enemy, the scientific care, upon which alone escape from death depends, and the knowledge of which being available, gives to troops, officers and privates alike, that confidence in the day of combat, without which, all history declares that battles cannot be won.

"Need I remind you that in the French army a medical department has no separate existence, being merely a branch of one of the *directions*, namely, the fifth, into which the administration of the War Office is divided. That '*Direction*' comprises, as *sub-branches—a*, the services connected with the march, transport, and military conveyances; *b*, food and fuel; *c*, personnel of medical officers, military hospitals, regimental infirmaries, and invalids; *d*, clothing, bedding, and equipment; *e*, pay accounts, and interior administration of all branches of the service, the whole constituting the direction of the *Intendance Militaire* and administrative services.

"Thus the needs of sick and wounded men are placed in the same category as those of food, pay, and conveyance of the efficient; and the technical knowledge necessary for successfully combatting disease, or treating grave injuries, accorded a measure of consideration less than that granted to the duties of supply to the hale and efficient. The prospects of the *Officier de Santé*, alike for promotion and honorary rewards, are in the keeping of the very department of the army with which he must necessarily come into collision in the every day performance of his duties. Thus, does he represent defects in the accommodation, food, or clothing of the troops? All these are provided by the *Intendance*, to which he is subservient in all things. Does he demand liberal supplies of medicines or *comforts* for the sick and wounded under his care? His very request implies that the *Intendance* has been remiss in both respects. His duties are, in fact, only with the subject of disease or wound, but without initiative power; and what have been the results, in a military point of view, during some late wars, as well as that to which these remarks more especially refer? In the wars of France, in Algeria, in the Crimea, and in Italy, surgeons were insufficient in number to adequately minister to the sick and wounded, and what happened? The horrors of the Crimea form one of the saddest stories of modern history. The terrible scenes after the battle of Solferino, where the wounded lay untended for days, have been touchingly narrated by M. Dumant, the founder of the Red Cross Societies under the Convention of Geneva; and that the frightful rate of mortality among the wounded during the siege of Paris was in a great measure owing to the insufficient number of operative surgeons was at the time acknowledged by all who were in a position to form an opinion upon the subject. After some of the great sorties, for example, hundreds, and in one case thousands—after the battle of Champigny, 5,000 and upwards—of wounded, many of them suffering, in addition, from frost bite, were brought into the hospitals. All day and all night, from 30th November, till 4th December, surgeons were engaged in the performance of operations of all degrees of importance and complication; their hands becoming cramped and sodden with the work, themselves wearied and exhausted by watching, responsibility and fatigue. Yet, operate however fast, many of the patients passed into that state in which their wounds became offensive; the air was tainted by morbific effluvia, hospital disease spread everywhere, and for days and days funeral processions, wending along the thoroughfares of the blockaded and bombarded city, proclaimed to all how sad and terrible was the death-rate among those who could only be saved by prompt and sufficient Professional aid."

◆

Notes on Current Topics.

Diamonds.

The subject of diamonds has always been interesting to all classes of people, and Medical men who all have more or less chemical education have been constantly appealed to by their friends for their views as to the effect of the discovery of diamonds at the Cape. We were therefore pleased to receive a ticket to the recent meeting at the Society of Arts, when Mr. T. W. Tobin described in his happy way his recent tour through the Diamond Fields of South Africa. The lecturer not only related his own expedition but gave some useful scientific information. The use of diamonds in the arts is so important that even if a great fall in value should take place, that might by no means be other than beneficial to our country. At the same time it would appear that the anticipated fall has not occurred, indeed it was stated in the discussion that small stones have lately gone up in value.

Mr. Rawlinson, C.B., remarked that the price of diamonds increased with their size as the square of their weight, but Mr. Streeter who is reputed to be the first judge of diamonds in London, said that no one practically acquainted with gems would dream of buying diamonds by a rough rule of this kind. It was always a question of quality, and he had known a diamond of only two carats' weight fetch £112. Another point mentioned in the debate was, that for drilling, it is not the jeweller's diamond that is used, but another form of diamond called carbonado.

We may confess that the secret of the origin of the diamond has not yet been laid bare; for although Mr. Tobin thought he had traced the formation of the gem one step further and almost put his finger on its matrix, we must still admit that no diamond has yet been found in a state which all scientific men would acknowledge to be strictly the matrix. Still, we could heartily join the vote of thanks passed to Mr. Tobin by the Society of Arts, for his interesting paper.

A Temperance Movement in France.

According to *Le Courrier Medical*, a number of persons moved by the sad revelations of the increase of the vice of drunkenness in France, have instituted a society under the name of the *Association Française contre l'abus des boissons alcoholiques*, the objects in view being to oppose the progressive increase of this vice, to encourage the formation of societies in the different departments with the same object, to establish lectures on the dangers of intemperance, to encourage the publication of pamphlets, manuals, almanacks, &c., to encourage the substitution as beverages, of coffee, tea, *natural* wines, cider and beer in place of spirits, to obtain if possible increased taxation on spirits, and the relief of duties paid upon the less potent articles, to consider the measures legalised against public drunkenness, and to publish from time to time reports of its proceedings.

Canada for Girls.

Miss Maria S. Rye who left England on the 24th October last with 130 little orphan or neglected girls, the sixth hundred of children who have crossed the Atlantic with her in rather less than two years, writes to inform us that almost every one of these 130 children has already been put out in a comfortable home in the Dominion, and still the demand is so great, and the children are so much appreciated, that there are no less than 500 homes on her books waiting for future parties of the girls. The kind of homes these children get will be best seen by a little pamphlet entitled, *What the People Say About the Children, and What the Children Say About Canada.* Through the kind liberality of a friend, who has most generously placed £500 at her disposal, Miss Rye has opened a Home, Avenue House, High Street, Peckham, S.E., for the reception of such children.

Army Medical Department, Past and Present.

A *brochure* with the above title has been placed in our hands giving a fair, temperate, and honest statement of the grievances under which the assistant surgeons suffer.

Fair reasoning, supported by an array of unanswerable figures, shows that in consequence of the present slow rate of promotion an assistant surgeon will, on reaching the rank of surgeon, have only received an average of £33 per annum more than he would have received in the same period under the old system. Such an increase is totally inadequate when we consider the very trying competitive examination candidates have now to submit to, and the greatly increased expense of living in the present time.

It will therefore be well for future candidates for the commission of assistant surgeon to weigh well if the play be worth the candlelight. We would say certainly not if something be not done to open the way for more rapid promotion.

But the pamphlet also shows that the present state of things is expensive, and that the adoption of a better system would really save the country a large sum every year. We strongly advise Mr. Cardwell to open his eyes and be prepared to give something more than an evasive answer to the questions that may soon again be put to him on this subject. The press generally is taking up the matter as one of vital interest to the soldier, and in these days an

English Parliament will see that the Medical service provided for the army must be kept in A 1 condition.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending 30th March amounted to 161. The average number in the corresponding week of the years 1864 to 1871 inclusive was 200. The deaths registered during the week were 267. The average number in the corresponding week of the previous eight years was 200. Sixty-seven deaths from small-pox were registered during the week, of which number only 25 occurred within the week. There were no deaths registered as having occurred in the North Union Small-pox Hospital during the week. Seven deaths from small-pox were registered in Belfast, and 24 in Cork (exclusive of Cork No. 6 District, the return for which has not been received). Five deaths in the Dublin Registration District resulted from fever, viz., 1 from typhus, 2 from typhoid, and 2 from simple continued fever. Four deaths were caused by scarlet fever; three each by measles, croup, and diarrhœa. Bronchitis proved fatal in 30 instances, and pneumonia in 3. Three deaths were attributed to apoplexy, and 5 to paralysis. Nine persons died from convulsions. Heart disease caused 8 deaths, and pericarditis 1. Five deaths were referred to liver disease, 1 to nephria, or Bright's disease, and 2 to kidney disease, unspecified. Thirty-five deaths resulted from phthisis, 4 from scrofula, 2 from mesenteric disease, and 1 from hydrocephalus. Cancer caused 4 deaths. Six accidental deaths were registered, including 2 from fractures and contusion, and 3 from drowning.

Fever and the Sewers.

After all that was said at the time of the Prince of Wales' illness, the public will be glad to learn, on authority, that the men employed in the sewers are not only not carried off by fever, but appear singularly free from the ravages of that disease. At the instigation of Dr. Brewer, the Metropolitan Board of Works ordered a return on the subject, which has just been issued, and is quite conclusive.

Out of 5 inspectors employed from 23 to 48 years, there has never been a case of fever. Out of 64 men employed in cleansing and flushing the northern sewers for periods varying up to 34 years, only 2 have had fever, and their cases were typhus. Out of 47 men engaged in the sewer work in the southern sewers for periods varying from 1 to 24 years, there have only been 2 cases of fever, and these again typhus, and in one of these cases it is shown that the disease was contracted from the man's family. There are 36 penstock and flap-keepers who have been employed from 1 to 50 years. Of all these, only one has had any fever. He has been 16 years at work, and had typhoid in [illegible]. There are some curious notes about these men. One of them has been at this work 50 years, and has not had one day's illness during the time. One lived 25 years in the sluice house over the King's Scholars pond sewer, but never had any fever. Another lived for 14 years in Pen[illegible] House, over outfall sewer at Old Ford. Another [illegible] years in Great St. John's sluice house. Another [illegible] years in a house over Duffield sluice, and enjoyed [illegible] health. Out of 54 men employed at the pumping stations, there has only been one case of fever (typhoid).

At Crossness, out of 54 men engaged during the last 6 years, there has not been one case of typhus or typhoid. There have been 8 cases of ague, but these are of course due to the low marshy district, and they seem to have recovered rapidly. Out of 7 men employed in cleansing ventilators, oiling side entrances, gauges, &c., no case of fever has occurred, though one man has been at the work 23 years. Of 10 surveyors and chainmen in the engineer's office, not one has ever had typhoid fever, although they have been almost daily engaged in the sewers for periods of from 4 to 24 years.

These facts are very gratifying, and quite dispose of the allegation that the men in the sewers are decimated by fever. The statistics show, in fact, that fever is less prevalent amongst these men than the rest of the town population.

Her Majesty the Queen has returned to Windsor from her visit to Baden-Baden in excellent health.

Dr. Forbes Winslow and other friends will receive subscriptions on behalf of Mr. Baker Brown, who is disabled by paralysis.

The *United Service Gazette* says that the new Warrant of the Army Hospital Corps is in print, and will shortly be issued.

A subscription is being raised on behalf of the widow of the late Dr. G. E. Day, Professor of Medicine at St. Andrew's University. Drs. Richardson, Paul, and Sedgwick will receive any donations.

The youth who attempted to frighten the Queen by presenting an unloaded pistol at her some few weeks since, is understood to be insane. His trial is expected to take place to-day or to-morrow, and the defence of insanity will probably be set up.

The new Central Railway Company, whose Bill is for a line underground direct from east to west of London, have offered the authorities of Christ's Hospital the enormous sum of £600,000 for the buildings and ground in Newgate Street, which offer has been unanimously accepted. We should think so!

We regret to announce the death of the wife of Dr. Vaughan Hughes, of George Street, Hanover Square, under very painful circumstances. The deceased lady was staying at Brighton at the time of the accident, when her dress caught fire from a candle on her dressing table, and speedily enveloped her in flames. Two days after she was brought to her home in London, where she lingered in great agony for several days, when lockjaw set in, and death relieved her from her sufferings.

Sir Thomas Watson, M.D., Dr. Carpenter, F.R.S., Dr. Andrew Clarke, Dr. Brewer, M.P., were amongst those who signed the memorial to the Dean of Westminster that, in consideration of the distinguished career of the Rev. Professor Maurice, his body should be interred in Westminster Abbey. The permission was readily accorded by Dean Stanley, but the honour was ultimately declined by the relatives of the deceased Professor. The funeral took place on Friday last.

◆

SCOTLAND.

EDINBURGH.

DEATH OF DR. WILLIAM HENDERSON.

We regret to record the death of Dr. Henderson, which took place on Monday the 1st. About three years ago Dr. Henderson resigned the chair of General Pathology in the University to which he was appointed in 1842, and was succeeded by Dr. Sanders. Previous to the year 1847 he published many valuable papers on pathological subjects, and was recognised as one who from his great talents was likely to advance materially the science of medicine. About that time he adopted homœopathic doctrines, and his subsequent writings—few in number—are confined to the defence of the principles which he had embraced. Dr. Henderson was in the sixty-second year of his age.

◆

Literature.

THE MECHANISM OF VISUAL ACCOMMODATION (a).

No subject in optical physiology has, up to a recent period, exercised the ingenuity and research of ophthalmologists to a greater extent than the accommodation of the eye to near and distant vision, nor had any point been considered more conclusively and satisfactorily disposed of than the mechanism by which this most important function is discharged. Dr. Dudgeon, by no means an unheard-of writer on such subjects, has, in this *brochure*, given expression to views which, while they seem to us to be logically sustained by his arguments, afford without doubt a more comprehensible explanation of accommodation than the theory of change of lenticular curvature, which since Helmholtz's and Cramer's writings on the subject have been taken as proved. Dr. Dudgeon recapitulates the theories which have been advanced on this subject. He says that—

"Almost all physiologists now agree in referring accommodation to an increased convexity of the crystalline lens.

"Dr. Thomas Young was one of the first to start this notion. He ascribed this increased convexity to a muscular power in the crystalline lens itself. Young seems to have followed Des Cartes in this view. The French philosopher supposed the crystalline to be a muscle, the ciliary processes being its tendons, and that it adjusted itself by this muscular power to different distances.

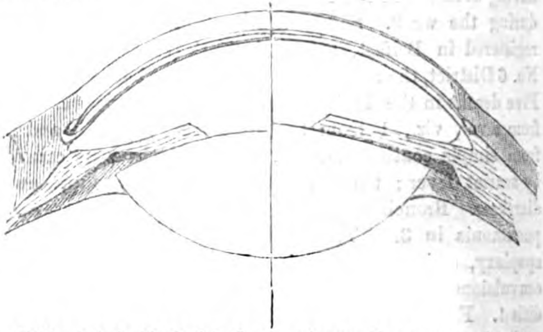
"In 1849 Langenbeck imagined that he had discovered a circular muscle running round the edge of the crystalline lens. He first pointed out how the change of shape of the crystalline could be inferred from the alteration observed in the position of the images of a candle reflected from the different dioptrical surfaces of the eye in Sanson's method of examining the eye for cataract.

"Cramer ascribed the increased convexity of the anterior surface of the lens, which he imagined was thereby proved, to the muscular action of the iris.

"Helmholtz thus sums up the changes that are now generally believed to take place in the eye when it is adjusted from distant to near vision—

"1. The pupil contracts. 2. The pupillary border of the iris moves forward. 3. The peripheric part of the iris recedes. 4. The anterior surface of the crystalline lens becomes more convex, and its vertex moves forwards. 5. The posterior surface of the lens becomes somewhat more convex, and does not sensibly change its place. The lens becomes, therefore, thicker in its centre.

"Since a patient of von Graefe's who had completely lost his iris, was found still to retain the power of accommodation, the motion of the influence of the iris in bringing about this supposed thickening and increased convexity of the crystalline lens has been given up; and it is now held by the principal ophthalmologists to be entirely due to the action of the ciliary ligament, which is now proved to be a muscle by the dissections of Bowman, von Recken, Heinrich Müller, and others, though it is not obvious, from the arrangement of the fibres of this muscle, how it could compress a comparatively hard body like the lens, or, indeed, how it could compress it at all, were it ever so soft, into the figure it is supposed to assume in accommodation for near vision.

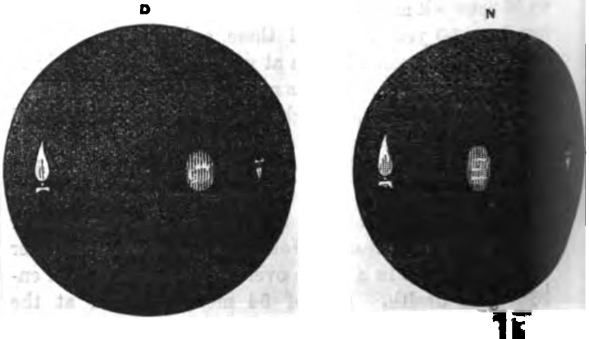


"The left half of this figure shows the supposed state of the eye when accommodated for distant vision, the right the same parts in accommodation for near vision."

To this theory Dr. Dudgeon opposes objections both theoretic and practical. He objects to it, in the first place, because he says it involves a supposition that the lens not only changes shape but actually increases in bulk, and he points out that Hensen and Völcker admit this proposition, and endeavour to explain it by a theory that water is actually pumped into the lenticular substance from the canal of Petit. Dr. Dudgeon very justly declines to accept so strained a supposition as this, when, as he thinks, a much simpler explanation of the phenomena is at hand. We do not propose to enter on the line of reasoning which he adopts to prove that change of curvature of the lens cannot be the process of accommodation. He proceeds to show that the changes of position of the images of a candle when reflected from the dioptric media of the eye in the process of accommodation are *not* compatible [illegible] theory of change of curvature, but are quite co[illegible] with a supposed slight movement of rotation of the lens in its vertical axis. He describes his experiment in the following words:—

"In order to observe this movement with the greatest accuracy, I constructed an apparatus similar in principle to that used by Cramer for the same purpose, but modified in such a manner that I could at will observe the eye from either side, while the candle was placed on the opposite side. In this way I could see (fig. 3) the three images of

FIG. 3

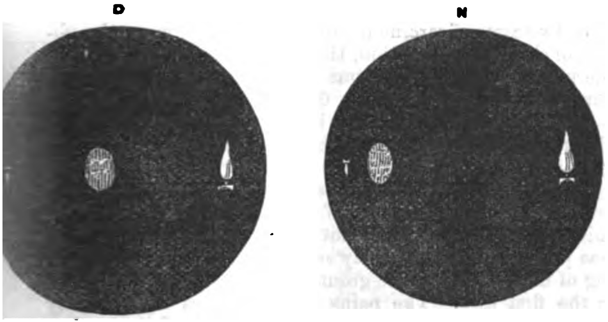


(a) "On the Mechanism of Accommodation for Near and Distan Vision." By R. E. Dudgeon, M.D.

the candle as they were reflected respectively from the cornea, the anterior surface, and the posterior surface of the crystalline. In the figures that follow, representing the appearance of the candle flame in the pupil, the largest bright image is the reflection from the cornea, the large dim image that from the anterior surface of the crystalline, the small bright image that from the posterior surface of the crystalline. When seen through the microscope, all the figures are of course reversed, but I have drawn them in their proper position. I should imagine from the shape of the images in the figures given by Cramer and Donders, that they are represented reversed as seen through the microscope. If this is so, then the figures of these two observers refer, I imagine, to the left eye observed from the nasal side. My figures represent the appearances in the right eye of a young Medical friend. The letter D indicates the eye accommodated for distant, N for near, vision. When I observed the eye directed to a distant object from the nasal side, the light being on the opposite or external side, I found the dim ill-defined image reflected from the anterior surface of the crystalline occupying a place between the other two bright images reflected respectively from the cornea and posterior surface of the crystalline (D). On causing the observed eye to look at a near object on the same line of vision, the dim image moved distinctly towards the large bright image reflected from the cornea (N), and it moved back to its former place as soon as the eye was fixed upon the distant object.

"I now observed the reflection from the external side, the light of the candle impinging on the eye from its nasal side. The three images were again seen nearly in their former positions when the observed eye was directed to the distant object. On again causing the observed eye to look at a near object the dim image now moved through an appreciable space towards the small inverted image reflected by the posterior surface of the crystalline, as shown in the diagram, thus proving that the movement of the crystalline was in the same direction as in the former case. *Had the anterior surface of the crystalline increased in convexity in adjustment to near vision, it is obvious that in both cases the image of the candle reflected from its surface would have appeared to move towards the apex of the convexity, to wit, the centre of the pupil, but on the contrary, in both instances it moved towards the external edge of the pupil*, showing that the change in the crystalline was merely a change in the aspect or slope of its anterior surface, and that this change consisted in a slight movement of rotation from without inwards.

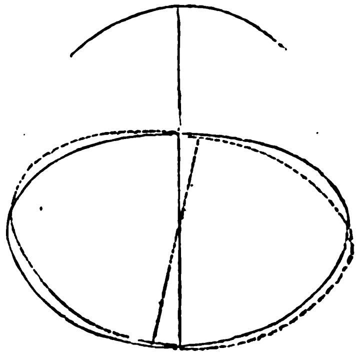
FIG. 4.



"The figures given by Cramer distinctly agree with what I myself observed in looking at the eye from the [illegible] side. But the figures given by Donders, which I reproduce, show conclusively that the motion of the [illegible] is as I have stated it to be."

[illegible] Dudgeon thus considers that he has proved that all [illegible] phenomena are consistent with his theory of [illegible], and with no other supposition. He says—

"[illegible] diagram here given shows in horizontal section a [illegible] representation of the exact shape of the cornea [illegible] crystalline lens of the ox from the measurements of [illegible] (*Annales de Chimie et de Physique*, vol. x.), and the dotted line shows the tilting movement I believe to occur in the act of accommodation for near vision, whereby the refractive power of the lens is increased to the extent



required for focussing on the retina the more obliquely impinging rays from the nearer object. The peculiar ellipsoidal shape of the crystalline allows this tilting movement to take place with much less disturbance of parts than would occur were its surfaces spherical, and the increased refractive power is greater than in the case of spherical surfaces, owing to the greater convexity of the ellipsoid towards its circumference. This property of that geometrical figure will ensure a shortening of its focus by its mere inclination independently of an increased thickness of the refractive medium through which the rays of light have to pass (though this too occurs in a slight degree), which is the sole means by which the shortening of the focus is effected in the case of a lens with spherical surfaces."

Two obvious objections to Dr. Dudgeon's theory present themselves. Firstly, that rotation of the lens involves considerable aberration, and should be supposed to be attended with dimming of the sight. Secondly, that we know of no mechanism capable of producing such an effect on the function of the lens in the eye. He disposes of the first of these objections by conceiving that this aberration, like all other optical faults in the eye, is corrected by the closure of the pupil. He says—

"The great corrective power of a small aperture—though well known to opticians—has rarely been thoroughly appreciated by writers on the optics of the eye. But any one may convince himself of this property of a small aperture in enabling him to see distinctly objects that are completely out of focus when seen through a larger aperture."

Dr. Dugdeon is accurately correct in his appreciation of the effect of an optical diaphragm, and we believe that a reduction in the papillary aperture is quite capable of correcting much more powerful aberrative influences than that supposed by Dr. Dugdeon. In January, 1868, Dr. Archibald Jacob, of Dublin, communicated to the Surgical Society of Ireland a case (published in the MEDICAL PRESS of that date) in which an artificial iris had restored almost perfect vision to a man whose iris and lens had been completely torn away, and it is therefore conceivable that a slight degree of aberration might be entirely remedied by the concurrent contraction of the pupil which is acknowledged to take place. As to the method by which he thinks the rotation is carried out, Dr. Dudgeon says—

"With regard to the muscular power by which the motion of the crystalline lens I have described is produced, I am unable to say anything very definite. If I might be allowed to hazard an opinion I would say that the action of the external fibres of the ciliary muscle on the zonula Zinnii might be competent to produce this tilting operation.

"Whether the tilting motion of the lens I have described is limited to the lens and its capsule which slide upon the surface of the hyaloid membrane, or whether the movement of the lens imparts a corresponding movement to the vitreous humour, or at least causes a sort of undulation in its anterior portion, I have not been able to determine. From the firm manner in which the lens and vitreous humour are united I should think the latter occurs, and perhaps the communication of the motion to the vitreous body may account for the *phosphenes* seen and described by Czermak."

Dr. Dudgeon's views certainly claim attention and consideration from the care and industry with which he has dealt with the subject, and if there are some difficulties in his theory which yet wait for solution, it seems, nevertheless, quite as reasonable a supposition as any which have yet been put forward.

◆

THIRD CLINICAL REPORT OF THE ROTUNDA LYING-IN HOSPITAL (a).

WE have seldom read a more important or more clearly written pamphlet than this. Every writer on hygiene should read it; every practitioner of obstetrics should do likewise. Not that we are inclined to think that the author has proved the point he attempts to prove, viz., that the Rotunda Hospital and other well-conducted Lying-in hospitals are as safe to the patients as confinement at home or detached cottage hospitals. Indeed, the author offers no statistics of cases treated at their own homes for comparison; but the facts he narrates in this pamphlet are of themselves full of interest. From 5th November, 1870, to 6th November, 1871, 1,161 cases were delivered in the hospital in Dublin, of whom 33 died. Of these 33 deaths, it seems that 21 were cases which the author calls zymotic, the latter causing death in 1 out of 55 3-7th cases. The author thinks, however, that he may safely say that in no one instance could the death, in any sense, be attributable to the patient having been confined in the institution. Of 50 cases of zymotic disease 23 were *innupta* as the author has it, *i.e.*, we presume, as far as he knows. In Ireland, of course, above all other countries, perhaps, this renders the chance of the patient less than in the case of married women, since, in Ireland, the stigma on young unmarried women is very great. In Paris and Vienna this stigma is small, and hence the dangers are not so great in such cases. In page 16 we notice one danger of lying-in hospitals, and that is over frequent examinations by students. Surely, too, forceps are very frequently applied now-a-days.

THE URINE (b).

WE have spoken favourably of the former edition of Dr. Legg's guide, and are pleased to find that the new issue has been considerably improved. It is intended chiefly for the use of clinical clerks and students, and is well adapted for the purpose.

COBBOLD ON WORMS (a).

THESE lectures were delivered at the Middlesex Hospital, which is to be congratulated on having secured the services of the author in a department he has done so much to advance. For some twenty years has Dr. Cobbold devoted his great talents to the investigation of helminthology. He is confessedly the first authority in this country on the subject, and may put in a claim to be the first authority in Europe. It would seem, therefore, quite superfluous to offer any very lengthy analysis of his last work. Suffice it to say, that in this small volume is to be found the best exposition of the subject for the purposes of students and practitioners, and that every one ought to make himself acquainted with these interesting lectures.

Foreign Medical Literature.

CLINICAL PRACTICE OF PROFESSOR DR. SPATZENEGGER OF SALZBURG, 1870-71.

From the *Allgemeiner Wiener Medizinische Zeitung*, Feb. 6th.

(Reported by DR. SCHRANK, Clinical Assistant.)

(Translated by A. VICKERY.)

A CASE of mercurial stomatitis happened to a woman æt. 36 years, attacked with jaundice, to whom calomel was given as a purge by a physician. Also in this case a diluted solution of hypermanganate of potash (8-12 gr. to the lb. aquæ dist., was made use of, as a gargle, upon which, after eight days, the complaint so much improved, that she felt but little pain in eating.

In a case of scorbutic stomatitis, the external application of hypermanganate of potash was accompanied with no special result. The gums formed fringes of ¼" long, which spread over the teeth and bled very easily. In this case, touching with nitrate of silver was kept up for a period of five or six days. In three or four weeks, the gums returned to their normal form and size, the property of bleeding easily was still present.

In two cases of carcinoma ventriculi, which were the object of clinical observation, the carcinoma was seated in the pylorus, and was fibrinous in character. The one case happened to a woman, æt. 65 years, at Salzburg. The carcinomatous tumour could be clearly felt through the abdominal walls. Tympanitis was present in a high degree.

The other case was a man servant, æt. 52 years, also born at Salzburg, who was suffering from this disease. In this case the tumour could not be felt, and the tympanitis was present in an apparently small degree; but the vomiting of masses like coffee-grounds was more frequent than in the first case. The pains in both cases were pretty much alike. The fatal termination supervened in the first case after two months, and in the second case after three months.

In three cases with cardialgia, the cause lay in the anæmia of chlorosis. All three were young girls from 16 to 18 years of age, with menstrual disturbance and clearly perceivable *bruit de diable*, who suffered from this disease. Among five clinically observed cases of diseases of the abdomen, the following is of especial interest.

Peritoneal exsudation.—A working man, 31 years of age, from Upper Austria, was brought into the hospital on account of severe abdominal pains, vomiting, and fever. On being received, a peritoneal exsudation was found beginning in the region of the bend of the thigh, and reaching upwards to the height of the navel. Fever was well marked, pulse 140, irregular. Temperature far above the normal; the patient lay wet through in bed in consequence of excessive sweating. Clysters, and acid drinks, were ordered; and twenty leeches were applied to that part of the abdomen where the before-mentioned dulness presented itself. The pain lessened for a short time after the application of the leeches, and appeared soon again in a more severe degree than before. On the third day yellow discoloration of the skin set in with brain symptoms, the fever remained at its height, and the patient died on the fifth day. The post-mortem showed adhesions in many parts of the peritoneum, in the peritoneal sack were present nearly 2 lbs. of purulent exudation. On the mucous membrane of the stomach, and especially on the intestines were numerous hæmorrhagic erosions. The liver was coloured deep yellow; remarkably lessened in size, and in the condition found in acute yellow atrophy of the liver. The gall bladder was of a dark green appearance, and contained 2 drachms of a blackish green fluid. The blood in the heart and veins was of a cherry-red colour: in the heart itself, and in the neighbourhood of the aortic valve, were hæmorrhagic erosions.

(a) "Third Clinical Report of the Rotunda Lying-In Hospital for the year ending 5th November, 1871." By George Johnston, M.D., Master of the Rotunda Lying-In Hospital. Dublin: Falconer. 1872.

(b) "A Guide to the Examination of the Urine." By J. W. Legg, M.D. Third edition. H. K. Lewis, 1872.

(a) "Worms: a Series of Lectures on Helminthology." By T. Spencer Cobbold, M.D., F.R.S. London: J. and A. Churchill, 1872.

The pyæmic symptoms which appeared during the course of the disease, and in the post-mortem, were attributed to the extensive purulent exudation which was present. The immediate cause of death was the acute yellow atrophy of the liver. As in the majority of cases of acute yellow atrophy of the liver, so in this case a violent fit of rage may have been substantially the commencement of this disease. The patient, indeed, had a scuffle about eight days before entering the hospital, in which some injury to a policeman resulted, in consequence of which he had to expect a term of imprisonment.

ACUTE INFLAMMATION OF THE SEROUS BURSA OF THE ISCHIUM.

Translated for the Medical Press and Circular from the *Presse Médicale Belge*,

By Francis M. Luther, M.D.

About the middle of December a patient named R. was admitted into M. Verneuil's wards in the Hôpital Lariboisière. Sick for a fortnight, he complained of a considerable tumour in the right buttock. According to the patient"'s account the tumour was at first circumscribed and the size of a pigeon's egg.

On examination we find a large tumour, diffuse, red, hot, painful, the pain being increased by pressure, with subcutaneous fluctuation, although the sensation conveyed to the touch makes it manifest that it extends into the deeper seated tissues—in fact, occupying the situation of the bursa of the tuber ischii.

Our anatomical knowledge teaches us that in this region we only meet skin, subcutaneous cellular tissue, muscular fibres, the serous bursa, finally bone covered with periosteum. Now let us proceed by way of exclusion, and we shall arrive at our diagnosis. In fact, this tumour proceeds neither from the skin nor the subcutaneous cellular tissue; it would be in that case more superficial, and would have other more evident signs; neither is it a tertiary myositis (the muscles, as we now know, are susceptible of inflammation); it would then be accompanied by other syphilitic manifestations; nor is it a deep-seated abscess, since there is no œdema, no puffing of the skin; nor acute osteitis, for the pain would be very much greater.

We admit, then, the diagnosis of an acute inflammation of the serous bursa of the ischium. These bursæ inflame spontaneously under the influence of rheumatism or blenorrhœa: now, here we find neither of those two causes of inflammation. But the inflammation may likewise have a traumatic origin (wounds, bruises): such, in fact, was the cause in this instance. The patient fell on his side; he had a small circumscribed knob in the right buttock, and since there was no ecchymosis, there was no sanguineous transudation, consequently, into the cellular tissue. The patient continued to work. He found himself getting worse; he fancied it was a syphilitic manifestation, and took specifics, but did not remark any change for the better. Then he rested from work, with benefit to the complaint, and now there remains a purulent, or sero-purulent collection, which has pierced the serous bursa, infiltrated the adjoining cellular tissue, thus arriving under the skin.

But let us reason a little on the nature of the tumour, or rather on the nature of the effused fluids. Either it is blood, that is a hematocele of the serous bursa; or a hygroma, that is to say, an augmentation of the serous secretion of the bursa; or, again, it may be an abscess. Let us answer each of those questions. Is it a simple hematocele? Were it so there would be no inflammatory phenomena, and when the blood had approached the surface there would be ecchymosis.

Is it a hygroma, or an accumulation of serum? No, for there is usually no pain, no inflammation in this case. Lastly, is it a phlegmonous abscess? M. Verneuil does not think so, because, in spite of the inflammatory phenomena, there is no œdema or tumefaction.

We have then a mixed form of malady: either it is a sero-purulent collection, or a hematocele of the serous bursa in process of inflammation.

Consequently, if it is, as we suppose, an hematic abscess or sero-purulent collection, either there are too many leucocytæ for absorption to take place, or the leucocytæ will be transformed into fat or other elemental substance and absorption may take place in the latter case.

The treatment indicated is, then, to seek to bring about absorption. We shall employ blisters in this case of pleurisy of the buttock, to use a familiar illustration, in order the better to understand how analogous the two maladies are.

Permit me to follow up this *resumé* by some practical data of the highest importance. In order to establish our diagnosis we have first to ascertain—

1. What is the seat of the disease?
2. What are the organs in this part?
3. Which of those organs is affected?
4. How is it affected?

And when we have solved those questions and that we know the nature and the termination of the disease, we shall also know how it should be treated.

As to therapeutic means, let us always begin with the simplest, and in the present case let us not go right off to incise the tumour in order to give exit to the effused fluid. Experience, moreover, demonstrates that when you open an abscess, if the skin covering it is discoloured you need dread no accidents, whilst they are imminent when the parts covering the abscess are healthy.

In conclusion, let us allude again to a symptom, to which M. Verneuil attaches much importance as pathognomonic of a deep-seated abscess: it is puffiness œdema of the overlying parts. He quotes a like case, where he and M. Fournier made no incision into the tumour because this appearance upon the skin was wanting, though all the other symptoms of deep seated abscess seemed to be present; the tumour, a very large one, disappeared in twenty-four hours, upon the appearance of gonorrhœal arthrites in the knee. This proves, moreover, that the serous bursæ are liable to inflame spontaneously under the influence of gonorrhœa.

Note.—The patient left the hospital perfectly cured after a few days of the treatment indicated above.

Correspondence.

TREATMENT OF SMALL-POX.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Atchison, of Rawul Pindee, recommends the following treatment for small-pox:—Rub the body three times a day with a liniment composed of one part of carbolic acid to ten parts of olive oil. Dr. Atchison says, if this be done in the vesicular stage, the disease is checked, and that suppuration and secondary fever are prevented. He has been very successful with this treatment, and further trial is called for.

As, I hear, small-pox is unfortunately very prevalent in Dublin, I hasten to send you this account in order that some of my professional brethren may try it. I must apologise to Dr. Atchison for thus putting forward his treatment before the appearance in public of his own publication on the subject. I write to you solely in the interests of Medical science and of humanity.

I am, Sir, yours truly,
John Gay French, M.D.,
F.R.C.S. Lond, (Exam.),
Superintendent of Prisons, Hazareebagh, Bengal.
6th March, 1872.

SPECIAL REPORT OF DISCUSSION ON STATISTICAL RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Berkeley Hill, in asking you to correct some errors which he stated were made in your report of his remarks, took occasion to notice some flaws in your report of my paper. When I read your report myself, I noticed, of course, such accidental errors as there were, but I thought it unnecessary to draw attention to them, as I intended to put my paper into the printer's hands, and so to give every one of your readers interested in the subject the opportunity of perusing the statements I made *in extenso.* Moreover, I know that there must be great difficulty in giving a report from shorthand notes of a statistical discussion, in which a great variety of figures are quoted by different speakers; and I was sure that whatever accidental "inaccuracy" might have occurred in your report, there was not the slightest intentional "perversion of the truth." My paper is now published, as your readers will see from your advertising columns, and I challenge any gentleman to point out in it any "inaccuracy" or any "perversion of the truth." In summing up, the President, Dr. Andrew Clark, said that "no one had questioned the accuracy of my figures." In saying this he stated the simple fact. Mr. Berkeley Hill wrote you a letter last week, and Dr. Murray has sent you a lengthy communication this week; but neither of them have any reference to my paper. In my paper I proved that both the great divisions of Her Majesty's forces serving at Home were worse as regards the whole class of venereal diseases in 1869, after three years' experience of the present Contagious Diseases Acts, than in 1866, the year before the first of them came into operation. This great fact you put clearly and plainly in your report, and therefore I thought it quite needless to trouble you about any minor matters. In the army in 1869 there was more so-called primary syphilis, more secondary (true) syphilis, and more gonorrhœa. In the navy there were more cases altogether. Mr. Acton objected that I ought not to say that the results of the Acts had been *nil* in the navy, because, although there had been more cases altogether, yet the proportion of syphilis to gonorrhœa was alleged to have been altered. I have since found, however, that in the navy the number of men "constantly sick" of true syphilis in 1869 was identically the same with the number "constantly sick" of the same disease in 1866. The number "constantly sick" of gonorrhœa in 1869 was more than double what it was in 1866. These facts, Sir, cannot be disproved. They are the facts, too, that will have weight with practical men. If, notwithstanding all that has been expended, all that has been endured, all that has been contended against, the army, as a whole, and the navy, as a whole, are no better, but even worse, than they were before, the Acts will most certainly be swept away, not simply as being gross invasions of liberty and right, but as being, even as regards their avowed sanitary objects—utter shams. With regard to Dr. Murray's communication, its contents are similar to what he said in the discussion, when he spoke of his experiences at Hong Kong on the invitation of the President.

To his *couleur de rose* description of things I simply opposed the statement made in the last Navy Medical Report, which I happened to have with me at the meeting. In that report, published a few months since, and referring to the year 1869, Surgeon D. Wilson says,—"*By my own observation, Hong Kong is still a hot-hed of disease, and of the very worst kind.*" I can well believe that Dr. Murray would fain persuade himself that the results of the work he has been engaged in for so many years are altogether different, and that Surgeon Wilson's statement is "directly contrary to the fact." However, other facts seem to indicate that Mr. Wilson is right, and that it is Dr. Murray and his friends who have fallen into erroneous conclusions. It would take up too much of your space if I were to expose in detail the enormous inconsistencies between the letters of his friends, Mr. Pottinger and Mr. Ramsay, which Dr. Murray has sent you, and the Parliamentary Reports for the year 1869.

It will suffice for me to say that the whole number of soldiers at Hong Kong in 1869 averaged 577, that they were protected by the Contagious Diseases Acts, and that the number of cases of true syphilis among them was 22, which was a proportion of 38·13 per 1,000 men, or nearly half as much again as existed among the 70,000 soldiers in the United Kingdom at "protected" and "unprotected" stations together. Mr. Ramsay says that in two years there were only 66 cases of venereal (including gonorrhœa) among 428·5 men. The Army Medical Report says that in one of the two years there were 95 cases among 577 men. Truly, the 428½ must have been very fortunate, or the odd 148½ very unfortunate! If other journals, both lay and medical, would act as fairly as the Medical Press and Circular and insert communications from opponents as well as supporters of these measures, there would be some chance of members of the Profession arriving at correct conclusions on the subject, instead of signing petitions in favour of Acts of which, having heard only one side, they can know very little.

I am, Sir, faithfully yours,
C. B. Taylor, M.D., F.R.C.S.E.

◆

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on the 4th inst., and when eligible will be admitted to the pass examination:—Messrs. W. H. P. Sheely, Thomas G. Alderton, Robert Wharry, James Adams, Charles E. Harrison, Joseph Mills, Harold B. Boulter, Arthur J. Sturmer, and Jonathan Macready, students of St. Bartholomew's Hospital; Charles E. Barnard, Arthur H. Jones, Octavius Edwards, Ernest S. Medcalf, Albert Churchward, Henry Clarke, and David C. Morgan, of Guy's Hospital; A. R. C. Mercer, and James Couldrey, of the Charing Cross Hospital; John B. Sincock, and Roland D. Smith, of the London Hospital; James A. Hardy, of St. George's Hospital; Arthur Tomes, of the Middlesex Hospital; Benjamin Bubb, of King's College; and Evan A. Morgan, of the Liverpool School. Of the 108 candidates examined, 24 failed to acquit themselves to the satisfaction of the Court of Examiners, and were therefore referred to their anatomical and physiological studies for three months.

Apothecaries' Hall of London.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday last:—James Parker Bromwell, of the Leeds School of Medicine; Henry Donaldson, of the Charing Cross Hospital; Thomas Evans, of Guy's Hospital; Robert Zaccheus Pitts, of the Middlesex Hospital; John Walter Scott, of Guy's hospital; John Frederick Wright, of the Middlesex Hospital; and Francis James Wright (having passed the surgical examination of the Royal College of Surgeons, England), of the University of Aberdeen, and St. Thomas's Hospital. On the same day, William Oscar Jennings, student of Guy's Hospital, passed his primary professional examination.

Poor-law Conference at Ipswich.—Yesterday, a conference of representatives from each Poor-law Union of Essex, Norfolk, and Suffolk, was held at Ipswich, Colonel Wilson in the chair. the attendance was large. Papers on the best form of administering out-door relief were read by Mr. H. Grimmer and the Rev. E. F. Gepp, and the following resolution was passed:—"That the present practice of out-door relief is generally lax; wants greater uniformity and precision; is defective in many important particulars, and especially in respect to medical orders for meat and wine; and as an ulterior result creating dependence and pauperism." A paper was read by Mr. Corrance, M.P., on the desirability of amendments in the Poor-law, and after a discussion, it was resolved, on the motion of Mr. C. S. Read, M.P., "That no improvement can be expected in the administration of the Poor-law which does not secure a stricter and more constant supervision of all out-door relief; and in any legislative changes the fact that only the owners and occupiers of land and houses contribute to the relief of the poor should engage the attention of Parliament. The remaining subject was that of charitable organisation.

Miss Jex Blake and her co-students at Edinburgh have returned to the charge against the Senatus Academicus of the University of Edinburgh, this time in the Court of Sessions, in which they have filed a sort of summons and plaint. The object of the action is to have it declared (1) that the pursuers are entitled to attend the classes of any of the professors of the University of Edinburgh, and to receive instruction from the professors upon making due payment of all fees exigible from students at the said University for said instruction; (2) that the pursuers are entitled to receive such instruction in the University as required to qualify for graduation in medicine; (3) that on compliance with the regulations of the University as to attendance on classes and otherwise, preliminary to examination for degrees, the pursuers are entitled to proceed to the examination for degrees in manner prescribed by the regulations of the University; (4) that the defenders, the Senatus Academicus, are bound to provide such instruction as aforesaid to the pursuers, and thereafter to admit them to examination as candidates for Medical degrees, and, on their being found qualified, to recommend them to the Chancellor of the University for having such degrees conferred upon them; (5) that the defender, the Right Hon. John Inglis, as Chancellor of the University, is bound, upon such recommendation being made by the Senatus Academicus, to confer such a degree upon any of the pursuers found qualified and so recommended. Also that the defenders, the Senatus Academicus, ought to be ordained to make regulations whereby the pursuers shall receive instruction in the University of Edinburgh as is required to qualify for graduation in medicine, and in particular that they should direct the various professors whose duty it is to give instruction in medicine to permit the attendance of the pursuers upon their classes along with male students, or otherwise to direct the professors to teach the pursuers, and any other women who may constitute themselves into a class separate and apart from male students, the pursuers always making payment of the proper fees for matriculation and to the professors for such instruction.

Medical Education of Women as affected by their Political Status.—In a paper read by Miss Alice Vickery, at the London Dialectical Society, on April 3rd, on the "Political Status of Women," reference was made to the extreme difficulty recently experienced by the essayist in being allowed to prosecute her studies for the Medical Profession. Miss Vickery observed, that she had never been so forcibly struck with the importance of franchise being granted to her sex as whilst she was endeavouring to get admission to the lectures and examinations qualifying for the Medical Profession; and, in company with many of her lady friends, she had come thoroughly to the conclusion, that the only means of obtaining Medical or other educational advantages for women, was for them to agitate continually to obtain the electoral franchise. It was no answer to tell women that they ought not to wish to be independent. There were so many women now-a-days who were compelled to work for a livelihood, that it was quite absurd and childish to say that they should not ask for the education which alone could enable them to cope successfully with educated male persons.—Miss Downing also spoke of the hardship of keeping educated women out of the Medical Profession. Women had as much right, she contended, as men, to earn their own livelihood in the best way they could, and it was quite out of the question to suppose that all women in this country could look forward to be "wives and mothers." She also was in favour of the franchise for women.—Mrs. Lewis mentioned that many ladies were studying medicine at present at Zurich, and that in Germany all obstetrical cases were attended by women, which gave them another lucrative occupation. Medicine was quite a profession for women. Dr. C. R. Drysdale said that the question of female Medical education was making slow but silent progress every day. The trades-unionism of all professions naturally opposed itself to the entry of women into the ranks, in case the emoluments of professional service might be lowered. But it was evident that if women were allowed to compete in *all* professions, as well as in the Medical, (as he contended was only fair-play and common sense), this would not lower the remuneration obtained by the average medical practitioner; since, in all such cases, women's labour would tend to be as well remunerated as man's. Of course, comparatively few women would ever require to enter professional life. Women were evidently quite clever enough to make good professional incomes; they did so in the United States, and, after all, that was the only fair test of fitness which society would eventually accept. Whenever women obtained the franchise, they would open all educational establishments to their own sex, and among others, hospitals and Medical schools would be at their service. "Seek then the franchise first, he observed, and all other things will be obtained in addition." Mr. Jacob Bright's Bill should be aided by all liberal men and women.—Professor Hunter said it was clear that the Bill brought forward by Mr. Jacob Bright was the most logical that could be framed at the present moment. Women voted in ecclesiastical matters in Scotland, and sometimes not on the same side as their husbands, yet he had known cases where the husband and wife had voted for the same person and yet quarrelled, and also cases where they had voted for different persons and yet not quarrelled. Women had a right to be allowed to try their skill in any profession they pleased, and as to their being non-combatants, it was clear that clergymen and doctors were non-combatants also, and yet the latter class had the franchise. Women might be fit to serve in the army in some capacity.

Obituary.

JONATHAN LETTERMAN, M.D.,

Late Surgeon and Bvt. Colonel U.S. Army.

Dr. Letterman died in San Francisco, California, March 17th, of what disease the despatch does not state. He entered the United States army in 1849, and resigned his commission at the expiration of the war, in 1865.

Early in the summer of 1862 he was appointed Medical Director of the Army of the Potomac, the largest and most actively engaged in hard fighting of any of the several armies which the North kept constantly in the field.

Shortly after his appointment to this responsible position, Dr. Letterman reorganised the Medical Department on a plan which, for perfectness and exactness in all the details of its working, has never been equalled in any army.

Through his efforts the Ambulance Corps was established, which consisted of a large body of trained soldier stretcher-bearers, under the immediate command of captains and lieutenants of the line, who in turn looked to the Medical Directors of corps and divisions for their own orders and instructions. The organising of this system gave to the Medical officers a certain degree of independence over the line officers, which never had been enjoyed before, besides obviating the necessity for soldiers leaving their regiments during battle to carry their wounded comrades to the rear. The Germans adopted a similar arrangement during the last war, and claimed the credit of its origin.

The famous "Battle Order" of Dr. Letterman, which was speedily adopted by the Medical directors of the several armies of the North, aimed in every conceivable way to mitigate the sufferings of the unfortunate wounded during and after battle, by promptly providing surgeons of recognised skill with the knife, and furnishing food, shelter, and easy transit to permanent general hospitals.

In a small volume, entitled "Medical Recollections of the Army of the Potomac," written by the deceased, his ideas of the management of the Medical Department of the Army in the field are graphically elucidated, besides containing other information useful alike to the military and civil surgeon.

After leaving the army Dr. Letterman settled in San Francisco; his reputation as a surgeon and experienced practitioner soon obtained for him a large and lucrative practice, whilst his many genial qualities won for him a host of friends in his new home. In the autumn of 1867 he was appointed coroner for San Francisco; such was the satisfaction which he gave in the discharge of the duties of this position, that he was twice re-elected, and continued in office until his decease.

Aphasia.

Dr. James H. Curry relates (*Balt. Med. Jour.*) a case of "aphasia," in which there was perversion of language, inability to speak correctly, and stammering. There had been neither apoplexy nor paralysis—no apparent lesion. He gave half dr. doses bromide potassium every fourth hour. Next morning she had control of her voice; in the evening, when he visited her, she seemed forgetful of the occurrences of the day—forgot that he had seen her in the morning. She had had a slight pain on the left of the head previous to this affliction coming on. On the third day she was to all appearance cured.

Unwholesome Lollypops.

Hermann Endemann, Ph. D., Assistant Chemist to the Health Department for New York, has recently examined a great variety of candies, collected from various dealers by Drs. Leo and Prankell, assistant sanitary inspectors:

Inorganic adulterations were detected in only two cases, in both cases in lozenges, to the extent of three and six per cent. In one establishment visited, a white powder was obtained, which proved to be gypsum, sulphate of lime.

Coloring matters.—Reds were either carmine or aniline red, both harmless.

Blues were either ultramarine or Prussian blue, both harmless.

Yellows were either saffron, chromate of lime, chromate of baryta, chromate of lead, gamboge, or yellow vegetable colours precipitated by alum and chalk.

Of ten samples examined, five were coloured with chromate of lead, and one with gamboge, both of which are poisenous.

Greens were found to be harmless.

Flavours.—Oil of peppermint is often adulterated with oil of turpentine. The other flavours are generally artificial ethers, as, for example, butyric ether. Many of these are considered injurious.

Substitutes for sugar and gum-arabic.—Glucose, starch-sugar, is common in some kinds of candy. Starch is extensively used as a substitute for the more expensive gum-arabic. Both of these substances are harmless.

In conclusion, the public is cautioned against the highly coloured yellow, orange and green candies, and against highly flavoured candies.—*American Chemist.*

◆

NOTICES TO CORRESPONDENTS.

DELAYS IN DELIVERY OF THE "MEDICAL PRESS AND CIRCULAR" IN IRELAND.

Very many complaints have reached us and have been reiterated from time to time for a very long period, that our Irish subscribers do not receive their copies of our Journal until Wednesday evening or Thursday morning for Dublin, and as late as Friday for some parts of the Irish provinces. We beg our Irish readers to understand that the entire issue of the Journal (except as a very unusual occurrence) leaves the hands of our printers every Tuesday evening, and should be delivered in Dublin not later than eleven o'clock every Wednesday, and in the Irish provinces not later than Wednesday evening, or at latest, Thursday morning. Since the Postal Authorities have taken upon themselves the enormously increased labour of the postal cards and the telegraph system, it seems that no adequate provision has been made by increase of staff, or even proper payment to their *employés* for additional labour, to meet the pressure of the work. Consequently we have reason to believe that whole sacks full of newspapers and book parcels are habitually thrown aside and delayed in delivery whenever the unfortunate sorters or carriers are overwhelmed with a specially heavy mail. We most positively say that the fault is not with us, and we shall feel it a special favour if those of our subscribers whose papers are detained, will make it their business to notify the delay to us, and send us the cover of the paper so delayed.

Dr. Mackintosh's paper has been received.

Munster.—Received.

Parliamentary Legislation on Vaccination.—A bill to amend the Vaccination Acts, brought in by Mr. Pease, Mr. Leeman, and Sir Thomas Chambers, proposes to enact "that no parent shall be liable to a penalty for refusing to have his child vaccinated, if he has been previously fined the full penalty of 20s. for the offence, or if he has been twice fined any smaller sum." We noticed last week a case in which a chemist was fined the twentieth time for refusing to have his child vaccinated. If the above Bill passes into law, the small minority of objectors to the Acts, will be able to disseminate small-pox very cheaply.

Communications, Enclosures, &c., have been received from:—Mr. Critchett. Professor Erasmus Wilson. Dr. Aldis, Belgravia. The Registrar-General. Signor Rey Eugeino, Rome. Mr. Newman. Dr. Letheby, London. Mr. J. J. Neville, Chorley. Dr. Wm. Pratt, Newtown. Rev. J. G. Honey, Inverness. The Secretary of the Medical Society of London. Dr. Peirson, Scarborough. Mr. J. L. Milton, London. Dr. Murray. Mr. Toby, Exeter. Mr. Horace Ockerby. Mr. Squire, London. Dr. Balthazar Foster, Birmingham. Dr. Chalmers, Caistor. Mr. Benson, London. Le Docteur Marduel, Lyons. Mr. Tichborne, F.C.S., Dublin. Mr. Pearce, London. Dr. Morgan, Dublin. Mr. Hyslop, Stretton. Dr. Crichton Browne, Wakefield. Le Docteur Diday, Lyons. Mr. Kemp Welsh. Mr. Wilson. Mr. Fox, Manchester. Dr. Langley, London. Mr. Hesiliege Buckley, Sutton-on-Trent. Dr. Burnett, Tullow. Dr. Budd, Cork. Dr. Swanzy, Dublin. Dr. Davin, Kilfinane. Dr. Lugrue, Killorglin. Dr. Lynam, Strokestown. Dr. Sampson, Scariff. Mr. Dwyer, College Green. Mr. Trimble, Enniskillen. Mr. Downes, Monkstown. Mr. Cornwall, General Post Office. Dr. Brett, Notting hill. Dr. Angus Mackintosh, Callington. Dr. J. O'Neill, Waterford. Mr. Alexander, West London Hospital. Dr. McDermott, Ballaghadeen. Dr. Pratt, Shipston-on-Stour. Dr. Preston, Kilkeel. Dr. McDonnell, Glin. Dr. H. W. Williams, Fulham. Dr. Brewer. Dr. Swain, Ballyragget. Mr. Black. Edinburgh. Dr. Scallan, St. Paul's College. Dr. J. Collard, Bishopswearmonth. Dr. Gillespie, Clones. Dr. Kenny, Listowell. Mr. R. Latten, St. Osyth. Dr. Clarke, Dunleer. Dr. French, Headford. Dr. T. Lowther Mathews, Manchester. Dr. Calcutt, Ballingarry. Dr. Callan, Dundalk. Dr. Clement Daniel, Epsom. Dr. Braithwaite, Leeds. Dr. Blake, Taunton. Dr. Bridge, Wellington. Dr. Phillips, Pontypridd. Dr. Roberts, Rhyl. Dr. J. T. Arlidge, Stafford.

◆

VACANCIES.

Middlesex County Lunatic Asylum. Medical Superintendent of the Male Department. Salary £600 per annum, with furnished residence.

Royal Albert Hospital, Devonport. Resident Medical Officer. Salary £250 per annum, with board.

Kensington Parish, London. Medical Officer. Salary £250 per annum, with residence.

Central London Ophthalmic Hospital. Assistant Surgeon.

Stafford Infirmary. House-Surgeon. Salary £100, with board.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Official Return of the number of Persons employed in the Sewers of London by the Metropolitan Board of Works.

Remarks on the Mines Regulation Bill. Issued by the Association of the Factory Medical Officers of Great Britain and Ireland.

British Journal of Dental Science; The Practitioner; The Westminster Review; Science Gossip; The Monthly Microscopical Journal; Nature; The Boston Medical Journal; La Presse Médicale Belge.

We have to thank correspondents for the following papers, containing local and other interesting Medical news:—The Alliance News; Derby Reporter; Lincoln Chronicle; Exeter Gazette; The Wine Review; The Spectator; The Observer; Birmingham Post; The Malvern News; Dover Chronicle; Waterford Mail; Chelmsford Chronicle; The Greenwich Chronicle; The Scientific Review, &c.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, April 10.—Hunterian Society, 7 p.m. Council. 8 p.m. Dr. Barnes, "On the Causes of Death in Ovarian Cystic Disease and in Uterine Cancer."

Epidemiological Society, 8 p.m.

Thursday, April 11.—Royal Institution, 3 p.m. Dr. Tyndall, "On Heat and Light."

Friday, April 12.—Clinical Society of London, 8½ p.m. Mr. Gant, "On a Case of Spontaneous Gangrene of both Feet from Disease of the Heart; Amputations, Recovery, &c."—Dr. Broadbent, "On a Case of Paralysis due to Tumours in Pons and Medulla Oblongata." Dr. Anstie, "On a Case of Lepra Anaesthetica."

Royal Institution, 9 p.m. Mr. John Morley: "Rousseau's Influence on European Thought."

Saturday, April 13.—Royal Institution, 3 p.m. Mr. R. A. Proctor, "On the Star-Depths."

Monday, April 15.—Medical Society, 8 p.m. Ordinary Meeting.

Tuesday, April 16.—Royal Institution, 3 p.m. Dr. W. A. Guy, "On Statistics, Social Science, and Political Economy."

Pathological Soiety, 8 p.m. Ordinary Meeting.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 10.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, April 11.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, April 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 13.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, April 15.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's osHpital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

DEPUTATION FROM THE IRISH MEDICAL ASSOCIATION TO THE POOR-LAW COMMISSIONERS AND THE ATTORNEY-GENERAL ON THE LOCAL GOVERNMENT (IRELAND) BILL.

Dr. Quinan, Secretary of the Irish Medical Association, accompanied by Dr. Mapother, member of the Council, had the honour of an interview with the Irish Poor Law Commissioners upon Thursday last, in reference to the Sanitary and Local Government Bills now before the House of Commons. The Chief Commissioner, Mr. Power, and Dr. Macdonnel, were present.

Dr. Quinan said that he had been deputed with the President of the Association, Dr. Evory Kenedy, and Dr. Mapother, to wait upon the Commissioners for the purpose of conferring with them in reference to the sanitary measures now before Parliament, with the view of learning from them what effect, if any, these measures would have upon medical interests.

Mr. Power explained that the sanitary bill before the house had reference only to parts of England, and that although it was probable, should either of them become law, these provisions or a modification of them might be adapted to a bill for Ireland, yet that as some time must necessarily elapse before this could take place, it would be now premature to enter into the matter, but that when the time came he would be happy to hear any observations the members of the medical profession had to make. Dr. Mapother then spoke of the Local Government Board bill, and said the Council had hoped it might have afforded an opportunity for making an improvement in the existing sanitary acts. The Chief Commissioner then explained that no such change could be made in that bill which was only intended to transfer powers from different bodies now existing to a new board, to be called the Local Government Board. The deputation then withdrew.

A deputation from the Council of the Irish Medical Association also waited upon the Attorney-General for Ireland, for the purpose of conferring with him upon some of the provisions of the English sanitary bills now before the House of Commons, with the view of having the sanitary acts now in operation in this country made more useful and stringent measures than they have hitherto been. Dr. Evory Kenedy, President of the Association, pointed out the fact that in Ireland sanitary legislation had been to a great extent inefficient, and the provisions of the various acts passed by Parliament for sanitary purposes rendered nearly wholly inoperative, owing in a great measure to the appointment of medical officers of health not having been made obligatory upon the authorities. The words used throughout the acts in reference to these appointments being "may appoint," instead of "shall appoint," advantage has been taken of their permissive character, so that although the acts are now many years in force, not more than two or three places in the whole of Ireland have as yet any paid medical inspectors. To remedy this evil Dr. Kenedy further stated that the Council of the Irish Medical Association had deputed him with the other gentlemen present to suggest to the Attorney-General that the Local Government Board bill now before the House of Commons might afford a good opportunity to improve these sanitary laws, and that this could be easily effected by introducing into it two clauses similar to the 11th and 13th clauses of Mr. Stansfeld's Public Health Bill, in which the words "*shall* appoint" are made use of in reference to medical inspectors. Dr. Mapother, a member of the deputation, mentioned that he was aware that sanitary measures were carried out with the greatest difficulty and inefficiency throughout the country, owing, he believed, almost entirely to the want of paid and independent medical inspectors, and the enactment of such clauses as those referred would be of the greatest use.

The Attorney-General entered into the subject most fully, and having referred to Mr. Stansfeld's bill, he read over the clauses, and promised to make a note of the whole subject, and see what could be done. The deputation then withdrew.

Diabetes.

Dr. J. Y. Shearer reports (*Med. and Sur. Reporter*) a case of diabetes, which he treated as follows:

℞.—Tannic Acid, grs. x.
Opii Pulv., gr. ss.

Three times per day—tinct. ergot, dr. i., before each meal. By a week, under this treatment, the urine voided at night was reduced to one gallon. The next week the tannic acid was increased by five grains, the opium by half a grain, and the tinct. ergot by one drachm. During the next week the quantity of urine was reduced one-half. Again the tannic acid was increased five grains, and the tinct. ergot one drachm, the opium remaining the same. Condition of patient was much improved. Next week the tannic acid was increased to twenty-five grains, the opium and ergot remaining as before. Though the patient progressed favourably for the next week, the doctor thought he had not obtained the full effect of the medicine, so he increased the tannic acid to thirty grains, opium remaining the same, and tinct. ergot four drachms. This treatment, continued for a month in full doses, and for a month in diminished doses, left the patient perfectly restored.

To Expel Foreign Bodies from the Larynx.

Dr. Hansford of Illinois, says he has expelled watermelon seeds, a grain of corn, a glass bead, a pin, from the larynx, by directing the patient to lie upon a bench, face downward, with head projecting over the edge, and to take a deep inspiration. He then, while the lungs are filled with air, gives a smart blow between the shoulders with a pillow made hard by compression.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 30*th March,* 1872; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 30TH MARCH, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Death in Public Institution.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	9,745	310,565	45	161	267	29	64	67	3	4	...	...	5	3	6	4	131
BELFAST . . .	20,687	182,214	33	137	114	26	13	7	...	...	...	...	9	1	18	19	35
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	27	32	23	5	5	...	...	...	...	3	...	...	1	1	10
LONDONDERRY . .	21,865	30,893	24	7	14	4	2	1	...	...	...	...	...	...	...	...	6
WATERFORD . .	17,209	30,838	94	30	56	9	23	...	...	...	...	...	1	1	...	...	27
GALWAY . . .	21,358	19,713	24	11	9	...	3	...	...	...	...	...	...	1	...	...	4
SLIGO . . .	30,835	17,175	12	3	4	...	3	...	...	...	...	...	...	...	...	...	1

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Newport	Achill	£100	£16 15 0	683	293	106,498	8,198	April 23	Castlebar, 12 m.
Edenderry . ..	Johnstown ..	£100	£2 14 0	516	136	19,270	2,754	April 12	Enfield, 11 m.
Magherafelt ..	Maghera ..	£100	£4 17 0	496	231	34,798	13,965	May 23	Castledawson, 7 m.

◆

THE POOR-LAW MEDICAL SERVICE.

TO THE EDITOR.

SIR,—As your columns are always open to the oppressed, perhaps you would kindly allow me to say a word on the grievances of poor-law Medical officers. I am not going to advocate the cause on the *ad misericordiæ* principle, but merely to draw attention to some facts which it is desirable that the public should be made acquainted with. The number of poor-law Medical officers in Ireland is about 1,000, and includes half of the Medical men of this country. In most counties the majority of Medical men are poor-law Medical officers; and in many, as Cavan, Fermanagh, Kildare, Longford, Queen's County, Roscommon, Sligo, &c., almost all are poor-law Medical officers, and in the province of Connaught there are but twenty Medical men unconnected with the poor-law. We may, then, safely come to the conclusion that the rural districts of Ireland are altogether in the hands of poor-law Medical officers. As not quite one-fifth of the inhabitants of Ireland reside in cities, four-fifths are treated by these gentlemen; and as nearly half of the whole Medical profession reside in cities, over 4,000,000 of the inhabitants of Ireland are treated in sickness by 1,000 Medical men, which is about one to every 4,000 individuals. It is a mistake, then, to think that doctors are as "plenty as blackberries" in Ireland, or that half-a-dozen are available for every vacancy that occurs. It is evident that it is of the utmost importance both for national and individual interests that where the supply is so limited inducements should be held out, in order that it would be sufficiently attractive to ensure its being good. As to the national interest in the supply of efficient Medical men, it is but necessary to turn to the report of the Poor-law Commissioners. It is now generally admitted that from fifty to seventy per cent. of our pauperism is due to sickness. Of 183,135 admitted into our Irish workhouses during the year 1870 there were 97,665 cases of sickness; there were besides 784,424 persons treated by the various dispensary doctors. This shows the importance of sickness in the national economy. Yet, almost the last person who receives any consideration is the doctor. As to the individual interest in having a Medical man of skill and experience in the neighbourhood, it is unnecessary to allude to it, except to point to the fact that it appears never to be considered when a vacancy occurs in a neighbourhood ; real inducements to attract a good man are often diminished rather than increased. By the regulations of the Commissioners the necessary qualifications for a poor-law Medical officer are, that he should be twenty-three years of age, and have a surgical and Medical diploma, as well as a licence to practice midwifery. Some fifteen years ago, in order to arrive at a certain status for those who look after the health of our army, the competitive system was introduced into the Army Medical Service. Surely the health of the poor, who are obliged to live and labour amidst much more unhealthy surroundings, who are so much more numerous, are ever amongst us, and whose sickness invariably leads to very much increased expenditure, and ever spreads upwards, would require similar attention to be directed towards it. The poor-law Medical staff in Ireland is almost identical in number with that of the army. Why not introduce the competitive system into it? The vacancies number about seventy per annum. As to the election of poor-law Medical officers in Ireland, the principle adopted at present cannot be upheld. In a country such as this, where political and religious feeling runs so high, it enters as a matter of course, into the consideration of the appointment of Medical officers by poor-law guardians and dispensary committees—in fact, religion, politics, and local influences, rather than ability, are the influences which determine the election. It is unnecessary to mention to the readers of your journal that in many districts there is no Medical man but the dispensary doctor to look after the bodily ailments of this large number of people, scattered over this vast area. It is, therefore, not only in the interests of the poor, but of the whole of the inhabitants, that the inducements for a skilful Medical man to settle in such a place should be so substantial as to be attractive. Yet, when a vacancy occurs, but little interest is taken in the appointment, reminding one of Rabelais' remark, "When the devil was well, &c." As to the remuneration of poor-law Medical officers, it averages £97 per annum, or a fraction over 5s. a day. The size of the districts, averaging forty square miles, necessitates the keeping of a horse, often two horses, and, of course, a man servant. If we deduct the cost of the keep of a horse and a man servant, there will be little left of the 5s. for the support of the doctor and his wife and family. It will be said that he has his practice. If practice is to be had, there will, in all probability, be a second Medical man in the place who will enjoy it. The usual history where there is practice is—that as soon as the poor-law Medical officer gets the practice he throws up the poor-law appointment. His unfortunate successor then has no chance of practice until the death or retirement of his predecessor, when he, in turn, will give up the poor-law appointment, so that the poor-law Medical officer will not have the practice, if there is any. It is well known that holding a poor-law appointment militates against practice. As to existing practice in the rural districts, there is none worth speaking of. The Medical fiction of the guinea fee, and the elasticity of the Medical Charities Act, enable the issuers of Medical relief tickets, who number close upon 30,000 irresponsible persons, to issue them so indiscriminately that any one who likes may obtain one ; and the fact that nearly one million, or close upon one-fifth, of the inhabitants of Ireland were attended under the Medical Charities Act, points to the fact that there is little reticence exhibited in demanding gratuitous Medical relief in Ireland. The irresponsible issuers of these tickets appear to omit all discrimination, and it is generally believed that giving a dispensary ticket involves no other consideration than perhaps the temporary inconvenience of the doctor. I may mention that the expenditure on medicines alone in connexion with the 163 unions is over £30,000 a year. The total amount given in outdoor relief in Ireland for the year 1870 was under £50,000. We daily read of the virtuous indignation of boards of guardians when outdoor relief is ordered, and how nice the discrimination of the term "poor person" then is ; but it is considered to be rather praiseworthy than otherwise to be lavish of Medical relief. That 5s. a day is adequate remuneration for a man possessed of the qualifications necessary to enable him to hold the post of poor-law Medical officer can hardly admit of argument. If we turn to the Civil Service, let us take third-class clerks, whose necessary qualifications merely include a knowledge of reading, writing, and arithmetic, yet their salaries begin at from £90 to £100 a year, and increase by an annual increment of from £5 to £10, to £200, £300, and £400, and upwards. I do not mean to say that these gentlemen are too well paid—I merely quote it as an example of injustice done to another branch of the public service. These gentlemen have stated official hours, ten until four, certain days being excepted. Their superannuation is certain, and according to a fixed scale. All these are different in the case of poor-law Medical officers, whilst their education is most expensive, and service unremunerative until 24 years of age, whilst the Civil Service begins at 17 or 18 ; their salaries are fixed at the minimum, and always remain so ; their duties are never ending, leave of absence and payment of substitute optional, with proverbially the most grinding of paymasters ; and the same is true of their permissive superannuation. Yet the public expect that a first-class supply will continue to be kept up to meet the demand which will always exist, and that the remuneration shall always continue the same. No ; as might be expected, the supply is rapidly decreasing. In a thoughtful article in the *Lancet* some weeks ago, the fact was pointed out that the number of registered Medical practitioners is steadily decreasing, and that at no very future period the supply of Medical men will hardly be sufficient to meet the wants of the people at present in Ireland. If the 2,000 Medical men were fairly spread over the country there would be but one to every 2,500 of the population. As it is, there is but one to every 4,000 of the rural population. The reason is evident. The Medical profession is at present so badly remunerated that it affords no inducements to a young man to enter it. As far as pay goes, he will receive higher wages behind the counter, at the desk, in the Civil Service, or even, with ordinary strength and skill, by manual labour at a trade. Yet the public grumble at the payments made to the profession. If the people of Ireland were equally divided amongst the medical profession, and 2,500 persons placed under the care of each medical man, so that each person would pay one penny a-week, or 4s. a-year, or £1 a-year for a family of five which does not appear to be a very exorbitant remuneration for Medical attendance, when required, over a period of 365 days and nights, it would give an income of £500 a year to every Medical man in Ireland. I need hardly say that the receipts of the Profession do not amount to that ; and the public need not grumble any more on that score. One of the principal reasons why the condition of Medical men is not better is their want of unity. Why has the Civil Service attained such a position? Because its ranks are united. They made up their minds as to what they wanted, and worked at it until they attained their object. If the poor-law medical officers did likewise, they would also, no doubt, succeed. They have an association, but Dr. Speedy, the treasurer of it, informs me that not one-half of them have joined it. They have an organisation in every county and province, but they don't work it. The subscription to their association is a trifling amount—but 5s. a-year ; yet they don't pay it. It is impossible to work an association without funds, and even the most sanguine lose heart when unassisted. The Medical Profession might do much both for the benefit of themselves and the country if they were united. In the sanitary legislation, which is just being initiated, they could exercise a beneficent influence. Their weight might be felt even in Parliament. It has a good many votes in every county and borough in Ireland, from 400 in Dublin, 250 in Cork, 158 in Antrim, to 17 in Longford, and a similar number in Roscommon which are the lowest; but they don't unite. We don't hear of our colleges as we ought. This sanitary measure now being introduced for Ireland has been read and printed, and will be read a second time on the eighth of this month. But the colleges as yet are dumb, and some months it will discovered that all the desirable posts will be distributed amongst the legal profession or youthful scions of noble houses, and that the poor-law Medical officer will have to perform the arduous part of the duty "without fee or reward," as he is privileged under the Dangerous Lunatics Act. This was considered to be a brilliant coup; but it may be remarked that, although it was a complete success, as not paying the doctor, it costs £7,000 a-year, which is annually increasing, while the doctors' fees would have been less than £1,000. So much for the gratuitous psychology. Gratuitous sanitation will be productive of similar results if carried on as it is likely to be. The College of Surgeons might very properly take up the case of the Poor-law Medical officers, for of the 200 resident fellows, over 80 are, or have been, Poor-law Medical officers. I have already dwelt too long on this subject, and must apologise for my prosiness both to yourself and your readers, and remain, &c.

DISPENSARIUS.

MOUNTMELLICK UNION.

THE MEDICINES.

THREE tenders were opened for the supply of medicines for the year. A number of the medicines most in use had been selected from the lists, and, on adding the proposed prices together, one was found to amount to £14 12s. 9d.; a second to £19 17s. 6d.; and the third to £25 11s. 5d.

The Clerk explained that new medicines were being more constantly brought into use, and said he believed that 500 per cent was frequently charged over the value for medicines not contracted for.

Mr. Cobbe suggested that medicines not already in the list might be added.

Captain Bowen asked had the board any means of judging as to the quality of the medicines. When there was such a discrepancy in price there might be a great difference in quality, and, though the board might be good judges of tea or sugar, they could not be judges of medicines.

Mr. Cobbe said they had seven doctors, and if there were any faults they would be mentioned in their reports.

A guardian said Dr. Jacob had complained of a certain medicine not being according to sample, but the druggist had explained that there was a mistake, and had since supplied the proper article. There had been no further complaints.

Mr. Leslie's tender being the lowest was accepted.

The board, after transacting some unimportant business, adjourned.

[We beg to remind the guardians that poor-law Medical officers are not supposed to be competent to analyse medicines, nor is it their duty to enter into any examination as to their quality. If the impurity of drugs is obvious to sight and smell the Medical officer reports the fact, and, we may add, is very foolish in doing so for he usually gets himself well snubbed by that section of guardians who don't care to have contractors disturbed. It is the business of the guardians not of the Medical officers to see that the drugs are pure.—ED.]

SCHOLMANN ON SULPHATE OF QUININE IN CHOLERA.

IN the *All. Wien. Med. Zeit.*, Feb., 1872, Dr. Schölmann says that in 1866 several American physicians, in the cholera epidemic of the Mississippi Valley had obtained remarkable results from sulphate of quinine. The author lost in the epidemic of 1866, in Western Texas, out of 220 cases of choleraic diarrhœa and cholerine only three cases when he used the sulphate of quinine in gramme doses every two or three hours. Occasionally a quarter-grain dose of morphia was subcutaneously injected. When the diarrhœa did not disappear quickly, small doses of calomel were given hourly. Rest in bed and careful diet was observed. The author looks upon the way in which quinine acts, as being due to its antiseptic properties; and he looks upon cholera, not as a parasitic disease, but as an acute tonic gastro-enteritis, with which is conjoined, in the period of asphyxia, an universal spasm of the vessels of the most marked form, a tetanus of the arteries. In whatever manner the poisonous particles enter the system is immaterial, the first symptoms of their entry are confined to the mucous membrane of the intestines, and it appears probable that at first the cause of the disease is a local and distinct one. A slight incubation precedes the disease, on which the catarrhal stage follows.—*The Doctor.*

The Source of Nerve Force.

THE *Journal of the Franklin Institute* says: Mr. J. St. Clair Gray is the author of a view concerning the origin of a nerve force, which he is very judiciously endeavouring to verify by actual experiment. The author, starting from the assumption that this power had in it an electrical element, arrived finally at the conclusion that its source is to be sought for in the sulphur and phosphorus in the animal system.

It is well known that phosphorus exists in considerable quantity in the brain, and that sulphur is present in the liver, while an alkaline fluid is in constant circulation between them.

To determine the fact as to whether a combination of similar elements would generate an electric current, he constructed a cell containing caustic potassa, in which were placed sticks of sulphur and phosphorus. Chemical action very soon set in. The phosphorus was soon converted into an oily mass, the sulphur gradually wasted away at the point of contact with the former, while potassa salts were formed in the solution. The operation was attended with the evolution of phosphuretted and sulphuretted hydrogens.

The action seems to be very gradual, since we are informed that at the end of three months it was still going on. The presence of an electric current in the cell was conclusively established by the electrometer, the electromotive force being found to be superior to that of the Daniell cell.

Having thus established one fact in favour of his hypothesis, the author next proceeded to test its truth under the actual conditions of life. The leg of a frog was prepared as a galvanoscope according to Galvani's directions. A rabbit was then chloroformed and through an incision in the abdomen an insulated copper wire was introduced into the substance of the liver, and another similar wire passed through the optic forearm into the brain. The free ends of the wires were then brought into contact with the exposed nerve of the frog's leg, when powerful convulsions were produced in it; a very clear demonstration that an electric current does exist between the brain and the liver. From these the author infers that the source of the current is the action of the alkaline fluid on the sulphur and phosphorus in these organs; especially since he has shown, from his experiment with the cell constructed on this principle, that the combination of these elements is capable of generating a very powerful current.

The experiments are still being continued, and we shall doubtless soon be informed either that subsequent investigation has disproven this ingenious theory, or that the source of nerve-force is discovered. The very obvious objection that sulphur and phosphorus do not exist *as such*, but as compounds, in the liver and brain, must, of course, be considered as militating against the author's views, until it is shown to the contrary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 17, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872. By Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture V. 333

History of Sixty Cases of Small-pox treated on the Antiseptic System—Further Proofs against the Germ Theory of Disease. By Angus Mackintosh, M.D., Callington, Cornwall 335

HOSPITAL REPORTS.

King's College Hospital—
Wry-neck.—Fibro-cellular Out-growth on the Ala of Nose.—Recurrent Fibroid Tumour.—Removal 337

Special Reports on Foods, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the Medical Press and Circular.) (*Continued.*)—Mayar and Co.'s Semolina.—Finest Spanish Semolina.—Bullock's Semola 337

Surgery of the Franco-Prussian War 339

PAGE

TRANSACTIONS OF SOCIETIES.

Medical Society of London—
Sudden Death 341
A Sound of Bright Soft Pewter.......... 342
Lithotomy after Lithority 342

LEADING ARTICLES.

Sanitary Measures.............................. 343
Hospital Hygiene 344

NOTES ON CURRENT TOPICS.

Ipecacuanha in Epistaxis 345
Process of Embalming 345
Galvanic Treatment of Bed-sores and Indolent Ulcers 345
Army Medical Department 345
The Invention of Dr. McGrigor Croft..... 345
Dermatology in Glasgow....................... 345
Health of Dublin 346
The Army Hospital Corps 346
Metropolitan Water 346
Manzanilla from San Lucar 347
Royal Naval Medical Service............... 347
A Ticklish Manipulation....................... 347
New Specialities in Medicine 347
Birth and Death Registration in Ireland 347
Aeronautical Society of Great Britain .. 347
The Paris Medical School 347
Leave to British Medical Officers in India 348
The Small-pox in Dublin...................... 348

PAGE

SCOTLAND.

Edinburgh—
Memoir of Sir James Y. Simpson, Bart. 348
Lady Students 348

LITERATURE.

The Bavarian Ambulance Trains......... 349
A Report of Surgical Cases in the United States Army from 1865 to 1871 350
Experiences of an Army Surgeon in India. By Deputy Inspector-General Gordon, C.B., M.D. 351
The New Edition of Pereira 351

FOREIGN MEDICAL LITERATURE.

On the Usefulness of Bodily Exercise .. 351

CORRESPONDENCE.

Munster on *Post-mortem* Parturition 352
Charles H. Roche, L.R.C.S.I., L.M., on *Post-mortem* Parturition 352
C. J. Harris on Application of Cold in Fever 353
Ivor Murray, M.D., F.R.C.S. Edin., on Special Report of Discussion on Statistical Results of the Contagious Diseases Acts 353

Medical News 354
Notices to Correspondents................. 355
Vacancies 355
Appointments 355

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

Erasmus Wilson, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

(*Continued*).

LECTURE V.

Mr. President and Gentlemen,—In my previous lecture I endeavoured to show that, while giving rise to specific results, the manifestation or development of syphilis in the skin was governed by the special organisation of the integument, and variously modified by its vital dynamics; that sometimes it was a simple hyperæmia or congestion, sometimes a hypertrophy, sometimes an ulceration from asthenia, and sometimes a positive disorganisation resulting in loss of substance.

Pursuing my descriptive course, I have now to call attention to the specimens Nos. 179 to 184, illustrating that broad and flat papule, or rather tubercle, which I have named "lentiform." It is orbicular in shape, very slightly elevated, of a deep red colour, and prone to desquamation, the edge of cuticle around its base forming a kind of frill, and a remnant of cuticle still maintaining its hold upon the summit. The casts in plaster and wax, Nos. 179 to 182, are good examples of this kind of lentiform tubercle; their largest size on the face is a quarter of an inch, while on the back there is one which measures half an inch in diameter.

Of a similar nature are the lentiform tubercles exhibited in Model 183. They are interspersed with various gradations of the syphilitic eruption; in one place erythematous blotches, next puncta, and then papulæ of different size. A new feature of the disease, however, is observable in this case, namely, the ulceration of the tubercles; and the model must be taken as an illustration of the transition of cutaneous syphilis from the papular or tubercular to the ulcerous form. The ulceration is superficial, and the ulcer of a yellowish tinge of colour, and surrounded by a prominent border.

Model 184 exhibits an eruption of flat syphilitic tubercles, associated with venous congestion of the integument, probably resulting from phlebitis or obstruction of the deep venous circulation of the limb. One of the tubercles measures upwards of an inch in diameter, and two of smaller dimensions have vesicated and burst, the rupture of the cuticle bringing into view a deep-red, pulpy surface, partially encrusted around its circumference with dried blood.

The flat tubercles which we have just been observing, ulcerating superficially on the surface, also lead us on to a correct appreciation of similar tubercles thrown up in the midst of a moist, exuding surface, as in the vicinity of the pudendum and anus, and themselves giving issue to a muco-purulent fluid, the so-called "mucous tubercles."

Model No. 185 represents the male pudendal region with a scattered eruption of these mucous tubercles ranging in size between that of small papulæ, and larger ones measuring half an inch in diameter, the latter showing signs of superficial ulceration.

If for a moment we go back to Nos. 171 and 173, the beginning of this series of papular eruptions, and compare those papules with the large, flat, and lentiform eruption of Specimens 179 to 184, and the large and prominent outgrowths of 185; we are almost led to believe in some difference of their nature, and it requires that we should have pursued the series with attention to be assured that the difference is nothing more than one of bulk; in the one instance, a single follicle being the seat of morbid growth, and in the other, a circular portion of the skin involving, with the follicles, also the interfollicular structures. In a similar manner we fall in very naturally with the change of term of tubercle for papule, while we admit, at the same time, that, in pathological nature, there can really be no difference between them.

These considerations likewise draw our attention to the modifications of the cutaneous eruption which results from mode of manifestation and growth. The papular, like the erythematous eruption, sometimes assumes the clustered or corymbous form and sometimes the serpiginous form, growing by the circumference and fading in the centre, and in that manner giving rise to rings. We have already seen in several of the specimens which we have examined, that in a general papular eruption some of the papulæ will exceed others in magnitude, and now we may also learn that while the eruption is aggregated in one part of the body, as in No. 171, the same eruption may be segregated into clusters or groups in another, a state which we term corymbous. The plaster casts Nos. 171 and 200, are both taken from the same patient, the latter exhibiting the state of his abdomen on which the papulæ are developed in well-defined clusters or corymbi. In the same manner also it is not infrequent to find the eruption presenting a generally aggregate form on the trunk of the body, and a corymbous form on the limbs.

Specimens Nos. 197 and 198 are drawings of the corymbous form of the papular rash on the abdomen. No. 199 is a plaster cast of the abdomen on which the same form of eruption may be conveniently studied, and the drawing 201 and plaster cast 202 exhibit a corresponding eruption on the arm.

Next in order to these specimens which illustrate so well an affection of the skin in subdivisional compartments or districts giving rise to clustered groups of eruption or corymbi, we have a series of twenty-three specimens which exhibit the centrifugal or serpiginous manner of development or circinate form of the affection; and in these circinate or annulate forms we find two varieties of manifestation which call for our notice. In one of them, as shown in specimens Nos. 203 to 213, the papulæ are arranged in a concatenated circle around a central area, and not infrequently a papule or the vestige of a papule may be seen in the centre of the area; while in the other, as seen in specimens Nos. 215 to 225, the annulus is formed by the peripheral growth of a disc, and the subsidence of the central area to the level of the adjacent skin, leaving a circular limb of greater or less breadth.

In the drawings Nos. 203 and 204, representing the concatenated form of circinate papular syphilis, the diameter of the rings is half an inch, the limb of the ring being narrow and prominent, and the area yellowish and faded, while in the centre of the area of some of the rings may be seen a congested follicle, representing the starting point of the inflammation and growth of the ring.

In the Model No. 205, representing the face and neck of a young woman of twenty, the rings are somewhat larger than in the former specimens, ranging between a quarter and half an inch in diameter; they are collected most abundantly on the forehead, around the nares and mouth, and upon the chin, and in the latter situation are confluent in their arrangement; while on the rest of the face there will be observed a few isolated papulæ and several erythematous blotches.

No. 206 is a model of the back, on which the eruption is coarser in its character than on the face; the papulæ are of large size, measuring two lines in diameter; the rings have an average breadth of half an inch; here and there two or more rings have met in their growth, and become blended by their circumference, while on the shoulder is a broad blotch composed of numerous circles confusedly blended together. The papulæ are in a state of desquamation, and numerous isolated papulæ are scattered over the surface. This model is further illustrated by the plaster cast No. 207, on which is seen a considerable patch, made up of a confused assemblage of concatenate rings, the rings having a maximum diameter of seven lines, and the papulæ of two lines. On other parts of the surface are seen smaller patches similarly constituted, and separate isolated rings.

Drawings 208 and 209, and plaster casts 210 to 213 are illustrations of a similar form of papular syphilis of the circinate type; and all are from the same patient, a man fifty years of age. On the face and particularly on the neck may be seen concatenate rings of a circular or oval figure interspersed with isolated papulæ, while around the eyes and upon the forehead the papulæ have earned for themselves in consequence of their size the denomination of tubercles, and on the forehead have become blended together in a massive tuberous blotch that calls to mind the aspect of tubercular elephantiasis. In the plaster cast of the back of the shoulder, No. 210, the papulæ are seen in three several forms, isolated, clustered, and circinate; the average bulk of the papulæ is two lines, and the diameter of the rings about an inch. The two following casts, representing the arm and face, exhibit similar forms, and the cast No. 213 the massive tuberosity of the forehead.

From the concatenated circle to the discoid circle the transition is very obvious; the papule or tubercle is endowed with the property of serpiginous migration, and creeps into the surrounding integument, while the point first affected subsides to the normal state of the skin. The difference between the concatenate circle and the discoid circle would seem to be that in the one the *tendency* is conveyed from the centre to the circumference, while in the other the pathological process itself is in such wise propagated. Nevertheless, in the discoidal rings as well as in the papular rings it is far from rare to find the central prominence still remaining, and surrounded at a short interval by the circinate limb.

The plaster casts Nos. 215, 216, and 217 are taken from the same patient, a gentleman, aged about twenty. On the hip are seen two discoidal rings measuring one inch and a quarter and one inch and a half in diameter; in the centre of the area of both rings a certain degree of prominence is observable, particularly in the smaller ring. On the thigh there are several circular discs ranging in size between half an inch and one inch and a half in diameter; the smaller ones have a flattened area, but the larger are a little prominent in the centre. No. 217 is a cast of the penis, on which are two circular discs, the one measuring three quarters of an inch, the other one inch; the smaller of the two is perfectly flat, while the larger presents in the centre a tubercular prominence.

Nos. 218 to 223 are casts in wax and plaster of the neck and leg of a young woman, æt. 20, who became the subject of a syphilitic eruption a month after a miscarriage. On the side of the neck are seen several annular discs interspersed with isolated papulæ. The discs range in size between two lines and ten lines in diameter; some have a tubercular centre, while the largest is a simple ring with flattened area, and bordered by a narrow limb only one line in breadth. On the nape of the neck the preponderating character of the eruption is tubercular; one tubercle is flat and measures a quarter of an inch in diameter, and near it is an annular disc with a prominent centre. On the shin are several flattened tubercles, and one of larger dimensions, which has taken on a suppurative and ulcerative action.

The drawing of a female head, No. 225, shows a solitary circle on the side of the face, but of a later period than the preceding examples, and at a retrograde stage of its course; while a very interesting example of retrograde syphilis of the papulo-circinate kind is seen in the model 525. It affords an excellent illustration of the brown pigmentation of the skin consequent on syphilis; in this case the discolouration being accompanied with desquamation. The circinate character of the eruption is shown by the circular figures composing the large blotch on the shoulder, and especially by the arcs of circles of about three quarters of an inch in diameter which bound its circumference.

In successive attacks of syphilis the disease would seem to acquire an increased impetus, or possibly, and with greater likelihood, the tissues lose their capability of resistance—the result is pathologically the same; a *first* attack, or as we may term it, period, induces hyperæmia alone, which we designate erythema; the *second* attack or period is papulous; the *third* period is suppurative and ulcerous; and beyond this is a fourth period, one of disorganisation or degeneration and consequent destruction. In our present review of the dermato-syphilitic affections I have had occasion to notice the occasional intrusion of papulation into the region of erythema, and also the occasional transition of papulation into exudation and ulceration. We have an inkling of a similar notion of succession in the adoption of the terms secondary and tertiary. But, as at present employed, these terms are simply expressive, in the most vague manner, of a period of time, and any distinction between them must be altogether arbitrary. After the lapse of ten years from the moment of inoculation we may safely declare an eruption to be tertiary, but it is impossible to say where secondary ends and tertiary begins. While, on the other hand, if we adopt the progressive development of the eruption of the skin as our landmark, we shall have a more certain and a more pathological basis for our classification of the periods of the disease. It is for this reason that I wish to urge the acceptance of the four divisions to which I have just alluded, and according to which I have grouped the one hundred and thirty illustrations of syphilis included in our collection: they are, the erythematous group and the papulous group which we have already examined, and the ulcerative and degenerative group which remain for our investigation.

I have never seen any form of syphilitic eruption which I should consider entitled to the designation of vesicular and pustular; and both of these states when they occur may be more accurately treated of as papulæ vesicating at the summit, or as papulæ or papular tubercles suppurating at the summit, and, in fact, representing the commencement of the ulcerative process and the ulcerative period of the disease. I may remark with regard to the specimens of papular syphilis Nos. 171 and 200, that many of the papulæ were surmounted by purulent vesicles, the contents of which subsequently dried up into thin crusts. Then we find further examples of purulent vesicles in No. 175, in 521, in which they have dessicated into prominent crusts, and in several more besides.

The specimens Nos. 227 and 227 present the nearest approach to a pustular eruption that I have hitherto met with, but I cannot recognise the case as one representing a genuine pustule, but rather as a papule passing rapidly into a state of suppuration and ulceration. The distribution of the eruption in this case has a corymbous character, and the eruption itself presents the successive stages of papule with pustular summit, fully developed pustule, and deeply embedded crust concealing an ulcerous surface.

The model No. 228 is another illustration of a similar nature, but evincing a more chronic character of disease, and the eruption, moreover, is in the stage of decline. A number of retrograde papules are scattered over the surface, as well as numerous thick, brownish, yellow scabs; the largest of the scabs measuring nearly half an inch in diameter.

(*To be continued.*)

◆

HISTORY OF SIXTY CASES OF SMALL-POX TREATED ON THE ANTISEPTIC SYSTEM—FURTHER PROOFS AGAINST THE GERM THEORY OF DISEASE.

By Angus Mackintosh, M.D., Callington, Cornwall.

I have published last year a general statement of fifty cases of small-pox treated in my practice by carbolic acid, both internally and externally, and the great success that followed the comparatively new system, which on account of professional engagements, I was unable then to give in detail; now that I have a number of additional cases, and a few more leisurable moments, I venture to hope a more lengthened outline of the whole, may in some respects, appear novel, if not interesting to the Profession, being the first, so far as I know, to test the local treatment of variola with carbolic acid.

Towards the end of 1870, small-pox broke out rather violently in the South-west of England, and is up to the present time causing great alarm and uneasiness in many towns and villages in Devon and Cornwall, of these towns Callington is one, I have therefore attended no less than sixty cases since the commencement of the outbreak. In the vast majority of these cases, heads of families only were attacked, while the youngest members were passed over, showing unmistakably the real necessity of re-vaccination. Out of these sixty cases, many of which were confluent, three only proved fatal, one a child two months old, not vaccinated. The second a young man, twenty-four years old, also unvaccinated. The third a married woman subject to fits, not vaccinated, was seized with convulsions about the beginning of the pustular or third stage and died.

My plan of treatment from the commencement in all cases, was carbolic acid, combined with some bitter infusion and simple syrup, internally, dose varying according to age. Externally, carbolic acid was applied in several ways, for convenience I consider it best to classify them under three heads.

1st. Those to whom carbolic acid was administered internally, and iodine and carbolic acid applied internally.

2nd. Those to whom carbolic acid was given internally, and carbolic acid and oil used externally.

3rd. Those to whom carbolic acid was given internally, and carbolic acid lotion applied to the vesicle or pustule after being opened.

Various theories have been expounded by able men regarding the disfigurement of small-pox, and numerous articles recommended to cause the pustule to break or abort, so as to prevent pits or scars. Perhaps those who deserve our attention most, are the believers in the injurious influence of the atmosphere.

Among the most prominent of these advocates, may be mentioned Dr. Bennet, the illustrious Professor of Physiology in the University of Edinburgh, Dr. Alexander Roward, of Quebec, Dr. Crawford, of Montreal, and Dr. Graves, of Dublin; notwithstanding the almost overwhelming weight the opinions of such men carry with them, I am somewhat sceptical as to whether the atmosphere may be considered an injurious agent; from what I was able to glean from observation, I am inclined to believe that the destruction and disorganisation of tissue in each pock, as a consequence of the suppuration and ulceration processes, have infinitely more to do in favouring the disfiguration caused by the pits and scars, than any effect produced by the surrounding medium. This appears to be proved by the fact, that those vesicles and pustules that are opened the soonest, are always followed by the smallest amount of pitting. This must be apparent to every one who has closely watched the different stages of the disease. I hold, therefore, that such agents as the mercurial ointment, or plaster, sulphur ointment, calamine and olive oil, have no beneficial effect whatever by excluding the air, and that the sooner each pock is opened and free discharge of its contents allowed after it becomes vesicular the better. Each pock or pustule is nothing more or less than an abscess in a modified form, caused you will observe without the non-intervention of atmospheric spores or germs, and the practice of the Arabian physicians of opening the pustules after suppuration had commenced, appears to me not only the best, but by far the most scientific. The following cases are from notes carefully taken at the time of attendance.

Class 1.—*Those to whom carbolic acid was administered internally, and carbolic acid and iodine applied externally.*

Case I.—A young lad, æt. 13, vaccinated, was the first to whom I was called in 1870. He had a mild attack of small-pox, cured in eight days, and convalescent in twelve days. The iodine and carbolic acid (one of acid to four of iodine) were applied according to directions specially given, by the attendant three times a day to every vesicle and pustule, and carbolic acid in five minim doses internally, itching slight, desquamation small. The application was described as smarting but not painful.

Case II.—A married woman, said to be vaccinated, had a severe attack of confluent small-pox, which caused abortion, had a lingering recovery, though perfect; treated like No. I.; had many pits, owing to the circumstance that the local application was not regularly applied, neither was the medicine given according to directions.

Case III.—A married woman, vaccinated, was seized on Saturday with shiverings; the eruption visible on Tuesday morning; headache and sickness from which she suffered, ceased on the appearance of the eruption. Treatment as the above, with a slight variation, on account of congestion of the lungs. Convalescent in twelve days from the shiverings, slightly disfigured.

Case IV.—A middle-aged man, married, vaccinated in two places when young, had six children, varying from two years upwards, all the children and wife escaped the disease, while the father was for a fortnight confined to bed with a confluent attack. There was only one sleeping apartment in the house, and the wife and children were consequently obliged to crouch in the same room with their father. The only explanation I can give for the children and wife being passed over is, that the children were more recently vaccinated, and the wife being efficiently vaccinated, and considerably younger than her husband. Of course the house (as all the houses were where small-pox cases were under my care) was thoroughly disinfected with carbolic acid three times a day. Treatment the same as those already stated, pitting very slight.

Case V.—A young child, æt. two months, not vaccinated, had a severe attack, and died on the sixth day of the eruption. This case was also complicated with congestion of the lungs. Carbolic acid, antimonial wine, and syrup, were given internally, but I had reason to believe not regularly. This child became greatly discoloured after death, which I attributed to the comparative obstruction to the venous circulation, and the consequent extravasation of blood among the tissues.

Case VI.—A married man, æt. 35, vaccinated when four years old, was taken with cold shiverings underground, being a miner, on 17th December, and got out of bed for the first time on 31st. In this case, I opened all the vesicles on the left side of the face, and applied the lotion with a camel's hair brush, three times a day for two days following. The result was no pitting; the carbolic acid mixture internally, was continued throughout. The smarting created by the first application diminished on repetition.

Case VII.—A young woman, æt. 18, unmarried, residing in the same house as No. VI., vaccinated, had rather a mild attack. The eruption was but scanty over the bowels and chest; two dozen pustules perhaps on the face, and as many more on the arms and hands; was convalescent in ten days; no scars or pits could be observed three weeks after. Treatment the same as the foregoing.

Case VIII.—A young lad, æt. 8, the son of No. VI., imperfectly vaccinated, one mark only could be detected on both arms. In this case the pustules on the left side of face and leg were opened, the lotion was applied as in No. VI., with the same result, though not altogether so satisfactory, which might be attributed to the lotion not being applied so regularly, and to the same amount, in my absence, as the boy was rather restless. He was slightly pitted. Recovery complete in eight days from the appearance of the eruption.

Case IX.—A young girl, æt. 16, well vaccinated, who a few days before recovered from an attack of typhoid fever, was seized with small-pox. It was the opinion of every one concerned, that this girl was certain to succumb, having newly become convalescent from fever. She was of an agreeable and submitting disposition, and was willing to try any means to save her life. I therefore placed her on the carbolic acid treatment internally, and began at my third visit to open every vesicle as they appeared, and touched them with the lotion. This patient's father, being a shrewd man, I instructed him, in my absence, to follow out this plan, which he did carefully and well. In two days after scarcely a vesicle or pustule could be observed. The application was described as smarting, and rather warming for a few seconds, but followed by no pain; in fact, several pronounced it as soothing. She made a fast and complete recovery, being able to be out of bed six days from the appearance of the eruption, without a pimple, and hardly any trace of any mark or scar could be seen all over her body.

Case X.—A single woman, æt. 27, vaccinated when young, had been suffering for years from incipient phthisis, and showed all the symptoms and appearance of a consumptive person. She was seized on 15th November with a severe attack of variola. She seemed to suffer considerably from the fever in the first stage, and expectorated at various periods blood mixed with mucus and other purulent matter; cough was very trying at times, complicated with sore throat. I recommended plenty of beef-tea, milk and cream with port wine, and also suggested that unless a free use was made of them, under her reduced condition, that the result would inevitably prove fatal. Having a desire, like most people, to cling a little longer to life, she took the hint, and commenced with a great heart the line of treatment mentioned, with the usual mixture, combined with syrup and squills. Wonderful to relate, as the small-pox appeared to progress the cough and chest symptoms seemed gradually to disappear, and appetite to increase, contrary to all expectations. Ultimately she made a perfect recovery. The pustules and vesicles in this case were not opened, at the express wish of the patient. The lotion was regularly applied to the eruption, and although there were a few slight pits and scars, there was no great disfiguration, I have no hesitation whatever in stating but that variola was the means of curing this patient of her long-standing complaint. It would be interesting to know how far inoculation might be practised on phthisical patients with advantage. She is now stronger than ever she was before the attack, and evidently in the enjoyment of better health. She was considered convalescent on 30th November, fifteen days from the first signs of the disease.

Case XI.—A man, æt. 45, with four of a young family, and wife, vaccinated when a few years old, had a sharp attack of confluent small-pox. His thighs, arms, and legs were actually blistered, the cuticle in many parts peeling off to the size of three and four inches square. All the pocks on the face were treated on the new system, and the lotion applied to the eruptions all over the body with a soft brush made of sponge for the purpose. He was for two days unconscious, and his life almost despaired of. He, however, rallied, and though a little marked, made a good recovery. The usual mixture was given internally.

Case XII.—A young man, æt. 24, not married, and unvaccinated, a blacksmith by trade, was seized with rigors on 10th November, followed by a very distressing sickness and purging, and painful headache. In a few days a very severe attack of malignant pox appeared. He was at an early stage placed on the same treatment as previous cases, with plenty of beef-tea, milk, brandy, &c. He continued till the tenth day of the disease, and died from pure exhaustion, in spite of all that stimulants and attendance could accomplish. The blisters caused by the pustules running together were so large that the greatest part of the back, thighs and legs were raw. This patient strongly objected to any cutting or local application, he had, therefore, to rely altogether on the medicine. He had congestion of the lungs, but got better two days before he died. This was the worse case I had, in fact, the worse case I have ever seen before or since, and one sight of him two days before his death ought to convince any one, even the members of the Anti-Vaccination League, of the absolute necessity and wisdom of punishing a child, if punishment it may be called, to secure its efficient vaccination, rather than see the full-grown man suffer and die from the most disgusting of almost all diseases. It is melancholy to know that public bodies, such as Boards of Guardians, still oppose the Compulsory Vaccination Act, on theological and other unscientific principles, while many useful lives are being cut away from causes that might be avoided if vaccination was properly and efficiently carried out. It was only a few months ago that a prominent member of one of the Poor-law unions in this country, opposed the Vaccination Act, and actually went so far as to propose a resolution to the effect "that if there were any prosecutions under the Vaccination Act, the Local Government Board must do so at its own expense," and strange to say, this blind resolution appeared plausible to this enlightened body of Cornishmen, and was carried by a majority, receiving the sanction of the Chairman, who happens to be a man that has seen no less than seventy summers, and a landed proprietor to boot. It appears to me that such men are not qualified to be placed in a public capacity, for they evidently do not understand their duty. Guardians ought always to be elected on the belief that they know the law, consequently, ignorant men should not be returned, for they are a great calamity to the public weal. If I understand the position of a Guardian, and his relation to the public, on accepting office he pledges himself to do all in his power to punctually carry the law into execution, not to oppose it whenever an opportunity affords.

(*To be continued.*)

◆

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Wry-neck.—Fibro-cellular Out-growth on the Ala of Nose.—Recurrent Fibroid Tumour.—Removal.

(Under the care of Mr. Henry Smith.)

The case of wry-neck Mr. Smith observed was interesting in that it was a purely congenital or mechanical form, dependent upon contraction of the tendon of the sterno-mastoid muscle, and in no way connected with irritation of the spinal accessory nerve, or with glandular enlargement on one side of neck, consequently it was fair to presume that the subcutaneous operation would succeed. As soon as the patient was completely narcotised, Mr. Smith divided the clavicular portion of the sterno-mastoid, and from the favourable appearance this procedure evidenced in doing away with the distortion, the operator was of opinion that division of the sternal fibres would be unnecessary, particularly as the after-treatment would materially assist in the cure.

The progress of the case during the next six days, although satisfactory did not entirely remove the distortion, consequently Mr. Smith subjected the patient to a second operation, and divided the sternal origin.

A bandage was then applied round the head and another round the ribs, and between the two a short one was attached with the view of producing a temporary wry-neck on the opposite side to the one operated on. Mr. Smith having found a bandage of this kind of great use in facilitating the cure of cases he had previously operated on.

He then drew the attention of the class to the instruments he employed,—one was a narrow-bladed scalpel, with which he made the incision through the skin—the other was a blunt-pointed tenotomy knife, which he passed under the tendon and cut *from behind forwards*, instead as was ordinarily done *from before backwards*, and he believed that the method he adopted together with the employment of the instruments was likely to render the operation easier, and the danger of wounding the vein would be absolutely *nil*,—a point of some import when it was remembered that death from such a cause had occurred in one well-authenticated case.

The case of fibro-cellular tumour was situated or rather attached by a peduncle to the right ala of the nose near the apex. The tumour was about the size of a hen's egg, and had been growing there for the last five or six years. It was only latterly, however, in consequence of ulceration setting up that it had given much annoyance. Mr. Smith carefully dissected out the attachment, and removed as little of the ala of the nose as possible with a view of preserving the general contour of the organ.

Mr. Smith then remarked on the peculiar situation of the tumour, which he believed to be somewhat rare. A section of the tumour was made, and its characteristics pointed out.

The fibroid growth was about the size of a pigeon's egg, situated on the back of the right forearm, and was easily removed. Mr. Smith observed that the case was interesting, inasmuch as this was *the third time* the growth had reappeared in the same part, yet the constitution had remained unimpaired, and no adjoining textures had been in any way affected, and illustrated how exceedingly prone such tumours are to be re-formed at their original seat after complete extirpation.

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(*Continued from page* 232.)

MAYAR AND Co.'s SEMOLINA.

"Warranted Genuine."

"Recommended by the Faculty for Infants, Nurses, Invalids, Adults."

"£1,000 will be given to any one who can prove that Mayar's Semolina is not superior to arrowroot, tapioca, sago, corn-flour, &c.

"It having come to our knowledge that some unprincipled retailers are selling a very inferior Semolina at a lower price, and in order to deceive purchasers, persuade them that it is Mayar's Semolina, the public is hereby cautioned that our Semolina is sold only in tin canisters and in packets, and that none is genuine unless bearing on the wrapper our trade mark and signature."

Report of Dr. A. Hill Hassall, Analyst to the Lancet Sanitary Commission.

"I have carefully tested, chemically and microscopically, the samples of Semolina sent by Messrs. L. Mayar and Co. I find them to be perfectly genuine, of excellent quality, and eminently nutritious. They contain a very large per-centage of nitrogenous matter, chiefly gluten, and are far more nutritious than any other food such as arrow-root, tapioca, sago, corn flour, farinaceous food, ordinary wheat flour, or any of the cereals in use as food in this country."

They go on to speak in praise of their preparation as follows :—

"Semolina is the very best part of the wheat, the one which contains the largest quantity of gluten, *i.e.*, the most nourishing property.

"It is obtained by the process of a half grinding, semi-mola, whence its Italian name, Semolina.

"The enormous manufacture of this most wholesome of all food owes its entire and almost incredible success to the fact that it is made only of the very best wheat, at least as rich in gluten as the very finest which comes from Sicily and Russia.

"This is the reason why our Semolina stands pre-eminently above all others: not only this, but the alimentary pastes which are made from it surpass, both in quality and beauty, the finest renowned Italian pastes.

"Bread is no cheaper than Semolina, and, in a great many instances, cannot take its place. Tapioca and arrow-root are composed of fecula and starch, but scarcely any gluten.

"The analyses made in 1855 at the Laboratory of the Sorbonne, Paris, and also at the Analytical Sanitary Institution, London, by Dr. Arthur Hill Hassall, prove that Semolina contains all the elements to compensate for the wear and tear of the human frame. Azotic matters analogous to the albumen of the white of egg and the fibrine of meat, exterine of sugar, greasy matters, starch, phosphates, and alkali salts. It is, moreover, a fact, that of an equal weight of bread and Semolina, the latter contains double the amount of nourishment of the former."

The Semolina of Messrs. Mayar and Company is made from wheat, as evidenced by its microscopic examination. The following is its composition :—

Mayar's Semolina.

Gluten	16
Starch, dextrine, &c.	61
Extractives, salts, &c.	12·7
Moisture	10·3
	100

The ash amounted to 1 per cent., and consisted chiefly of phosphate of potassium and calcium. It is sold in eight-ounce packets, which are retailed at fourpence.

Mayar's Semolina is a preparation of wheat containing gluten and starch, the latter very nearly in the same proportion as found in the grain.

We fear Messrs. Mayar will not hand over the £1,000 so grandiloquently promised. Although made from wheat, it is not so rich in gluten as the other foods of this class examined, *ergo does not* "stand pre-eminently above all others."

FINEST SPANISH SEMOLINA.

Imported and sold wholesale by Keen, Robinson, Bellville, and Co., Cannon Street, London.

This preparation was particularly white, and seemed well prepared. It was in a tin canister holding about one pound. This was also prepared from wheat, and gave on analysis the following as its composition :—

Keen's Spanish Semolina.

Gluten	19
Starch, dextrine, &c.	57·5
Extractives, salts, &c.	12·1
Moisture	11·4
	100

The ash constituted ·9 of a per cent. It is retailed at eightpence per pound packets, and consists entirely of wheat.

Although this appears a carefully prepared article, made from good wheat, it contains a considerable proportion of starch. Semolina is stated in the popular works on food to be the "glutenous part of wheat;" but, as will be seen from this and the preceding analyses, it more frequently consists of gluten, with a very considerable quantity of the starch of the grain. Keen's preparation may, however, be considered as rich in gluten when compared with the analysis of wheat.

BULLOCK'S SEMOLA.

Prepared by Bullock and Reynolds, 3 Hanover Square, London.

In speaking of their preparation, the firm states that :—

"Bullock's Semola is prepared solely from the finest wheat. It consists of the largest proportion of the staminal, or *nutritive* principle of that grain which is adapted to culinary purposes, and is as nutritious as five times its weight of wheat flour, or considerably more than its weight of any kind of meat, whilst it is bland, non-stimulating, light to the stomach, and readily digestible.

"Many errors prevail respecting food for invalids and children; *arrowroot*, *tous-les-mois*, and the like are merely varieties of starch; they have their uses as articles of food, but they contain no nourishment.

"*Oats and barley*, so largely used, contain far less real nourishment than wheat flour; they are properly prescribed by the Profession when it is desirable to give only a small amount of nourishment. *Peas*, *beans*, *lentils*, and other leguminous seeds, require a strong stomach and vigorous exercise, for digestion: in delicate habits, they produce distressing flatulence, and irritation of the stomach and bowels.

"⁂ *In special cases, where there is any doubt as to the proper kind of food required by an invalid, a Medical man should be consulted.*

"Mr. Bullock pledges himself that his Semola contains nothing which is not derived from the finest wheat; the process of its manufacture rendering it admirably suited to a variety of culinary forms."

This preparation is, as stated, made entirely from wheat. It gave ·9 per cent. of ash, and had the following composition :—

Bullock's Semola.

Gluten	48·
Starch, dextrine, &c.	42·
Extractive matter, salts, &c.	3·1
Moisture	6·9
	100

It is retailed at one shilling per tin of six ounces.

This Semola, therefore, was found to answer exactly to the statements contained in the advertisement; in fact, it may be viewed as a typical gluten food, and is richer in that nitrogenous constituent than any of the foods so far examined.

Perhaps this will be the most appropriate place to consider the chemistry of the particular grain from which the last three preparations are formed. The composition of wheat, according to Millon and others, who analysed twenty-two samples, is as follows :—

Water	12·01 to 17·70
Starch	54 „ 63·00
Fat	1·41 „ 2·14
Cellulose	1·4 „ 2·35
Gum	3·5
Nitrogenous substance . .	9·92 to 13·81
Ash	1·7

The ash according to Lawes and Gilbert's (mean result of twenty-three analyses) consists of :—

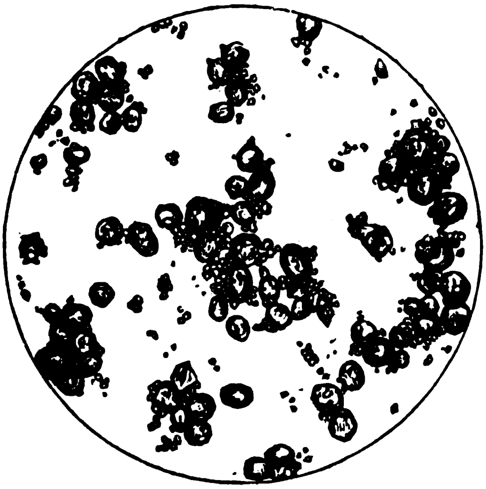
Potash	29 35
Soda	1·1
Lime	3·4
Magnesia	10·7
Peroxide of iron	2·4
Silica	2·5
Phosphoric acid	49·7
Chlorine	0·13

From a consideration of the structure of that important grain, wheat, we find that the gluten is contained chiefly in a layer of cells underneath the inner seed coat. These, with the outer seed coat, form the substance that is known under the name of bran, as they are much tougher than the fragile cells which contain the starch ; they are left behind in the process of grinding, and thus the whiter the flour the less gluten present : such a flour, therefore, does not represent the most valuable one from a dietetic point of view, and as the nutritive quality of any variety of grain depends upon its containing its due proportion of gluten, the proportion of gluten in the different preparations of wheat has been given as follows :—

Whole grain . . .	12	per cent. gluten
Whole bran . .	14 to 18	„ „ „
Fine flour . . .	10	„ „ „

The seed, or any of its preparations, are easily recognised by the shape of the starch granules when examined microscopically—*vide* Fig. 2.

FIG. 2.—WHEAT-STARCH MAGNIFIED 200 DIAMETERS.



This and other engravings are from micro-photographs taken for these Reports. It will be observed that, in the wheat starch the granules are larger than the rice—lenticular, and with the striæ very faint—although very regular in size, as regards the mature granules they are always mixed up with minute spherical ones. In the rice starch the granules are very firmly united, small and angular, but at the same time very regular.

SURGERY OF THE FRANCO-PRUSSIAN WAR.

(*Continued from page* 319.)

Upper Extremity.—Seventy-three cases occurred ; of these fifty-seven were simple wounds, one death only taking place among their subjects ; sixteen complicated, twelve proving fatal. Thus, the natural observation is made that wounds of the upper extremity present a remarkable benignity so long as the bones are not implicated, but that in cases where they are so, the gravity becomes greater in proportion as they are situated near the trunk. It is also remarked that, in all cases of this class that proved fatal in the *Ecole des Ponts et Chaussels,* death was caused by osteo-myelite, the result of pyæmia.

Shoulder.—Thirteen cases, of which eight simple and no death ; five complicated, and of these four deaths, all by pyæmia ; the sole recovery taking place in a man, the capsule of whose shoulder-joint being left intact by the wound, conservation of the limb was successfully practiced.

Arm.—Twenty-four cases, eight simple, and of these one death ; six complicated, and four deaths ; one being by pyæmia without an operation being performed ; two others in patients who had undergone resection of the humerus.

Elbow.—Three cases, two deaths, both by pyæmia. In one after excision had been performed, in the other, not having been subjected to the operation.

Forearm.—Six cases, two deaths. In one of the successful cases both bones had been severely shattered near the wrist by a bullet from a swivel gun (*fusil de rempart*) the soft parts being horribly lacerated. The fragments were extracted, the limb immobilised on a *gouttiere.* Irrigation employed for some days, at the end of which time a plaster apparatus was applied, and favourable recovery took place.

Wrist.—Three cases, all simple ; the wounds only furrows through the soft parts, recovery taking place without complication.

Hand.—Twenty-four cases, all with more or less destruction of parts, and all with a *benignity* that was remarkable. The necessary operations as extraction of fragments, disarticulations, were only practiced when no hope remained of conservation being successfully practiced.

Inferior Extremity.—Seventy-six cases in all ; of these simple, fifty, of which four fatal ; twenty-six complicated, and of these twenty-two followed by death. They were as a rule more serious, whatever there precise position, than wounds of the upper extremity, the general rate of mortality among all being 34·2 per 100, that is, double the ratio in cases of the upper extremity, while in regard to the wounds complicated with lesion of the bones, the rate of mortality was 84·6 per cent., as against 8 per 100 in simple wounds of the fleshy parts of the same members.

Hip.—Only one case. The subject was a Bavarian soldier. The bullet had shattered the neck of the femur at the point of origin of the capsular ligament ; a large incision was made, the patient being under the influence of chloroform, and the bullet extracted by M. Démarquay, but death followed on the second day.

Thigh.—Thirty-five cases in all ; of these twenty-five simple, no death ; complicated ten, and ten deaths. All the cases in which the femur was injured proved fatal *whatever was the plan of treatment followed,* pyæmia with osteo-myelite being the *constant* cause of death.

M. Cousin gives a brief abstract of some of the cases in question. A sous-officier of the 51st line regiment had his femur fractured on 30th September, 1870, by a bullet which struck it at the junction of the upper and middle third. The projectile could not be found, although many examinations took place; several fragments of bone were however removed from time to time; the patient was placed in a *gouttiere Bonnet*, and the greatest possible attention bestowed upon him. An abscess soon formed in the inner part of the thigh; it was opened, and a communication found to exist between it and the seat of fracture. Suppuration was excessive, the pus being most offensive; immense formation of callus took place; the patient became rapidly weaker; bed-sores formed, although water cushions were placed for his support in the *appareil;* he bore up, however, until at the beginning of December, when the battles on the Marne caused the ambulances to be overcrowded with wounded, and pyæmia broke out as a veritable epidemic, he became attacked by it. He was at once removed to his own house in the city, but almost immediately succumbed. This poor fellow was often seen by the writer of this review, and as day after day the certainty of death became more and more evident, and his sufferings more and more intense while undergoing the daily ordeal of *pansement*, it was characteristic of his courage and soldierly feeling to observe how his sunken eye glistened as he held up the *military medal for valour* presented to him on his *death-bed* by General Trochu on the occasion of his visiting the ward where he lay.

The second case noted was that of a cantinier struck by a fragment of a shell from a *Krupp gun*, the right femur being shattered and the soft parts reduced to pulp, although the external wound was of inconsiderable extent. Great tumefaction of the limb took place; the patient was removed to the hut hospital at Longchamps; large incisions made in the limb, some bony fragments extracted, but gangrene supervened, and death after two days.

Another case identical with the preceding, the fracture also caused by a fragment of an *obus Krupp;* the subject having, in addition, a slight wound in the head, and in both hands. He was removed to the huts at Longchamps, placed in the apparatus of *Boinnet*, cold compresses being applied to the wounded limb. At the end of two days putrid emphysema occurred in the limb, and at the end of two more he died.

A zouave sustained a comminuted fracture of the right femur by a bullet which struck its middle third. Free openings were made, several portions of bone extracted; the patient was placed in a *gouttiere*, cold applications used; at the end of five days he died.

A soldier of the 124th of the Line brought from the field of battle on 1st of December, 1870, with a gun-shot fracture of the left femur at the great trochanter. The limb was immobilised; cold applications used; free incisions made, and fragments of bone extracted. On 20th of the same month he died from pyæmia and osteo-myelite.

A soldier of 2nd battalion of the Garde Mobile sustained a gun-shot fracture of the left femur at the union of the middle and lower thirds. The treatment was similar to that followed in the preceding case; death by pyæmia taking place after sixteen days. Another soldier of the Garde Mobile sustained a gun-shot wound through the outer part of the middle third of the right thigh with contusion of the femur. Incisions were made, the limb immobilised, cold application used; but hospital gangrene took place, and on the twenty-third day of the wound death occurred by pyæmia.

Knee—Seven cases; three deaths. Four of the wounds were penetrant, with fracture of the extremities of the bones forming the joint; one was superficial, and two *perhaps* penetrant, of which one was in the service of M. Guerin, and by him treated by the exclusion of air.

Eugene P., a soldier of the 100th regiment of the Line, was wounded on 13th October, 1870, by a bullet which fractured the lower end of the right femur. The fracture was comminutive, and on the following day M. Démarquay opened the joint by means of a large flap which included the patella, and removed at least nine centimetres of the femur. Immobilisation of the limb in a *gouttiere* was practised; afterwards a plaster apparatus was applied, and ultimately the patient recovered, although it must be observed that in the report under review the condition of the limb is not stated. When the patient was last seen by the present writer, namely, in March, 1871, the knee was without firmness, and although the wound was all but healed, the limb was still supported in a wire *gouttiere*, and gave little hope of ever being useful. The leg was, in fact, pendulous.

A soldier of the 112th regiment of the Line was wounded on 29th November, 1870, a bullet having broken into fragments the inferior extremity of the femur. Conservative treatment was attempted, the limb immobilised, and cold applications used. Eight days afterwards resection was performed, but four days subsequently the patient died of septicæmia.

A corporal of the 123rd regiment of the Line was wounded on 29th of November, 1870, in the right knee, a rifle bullet having smashed the inner condyle of the tibia. Immediate resection of the whole joint was performed; the limb then treated by immobilisation, and cold applications, but he became attacked with pyæmia on the seventh day, and died of the affection on the fourteenth after admission.

A soldier of the 7th Saxon regiment was struck by a bullet in the knee on 1st December, 1870, and brought to the ambulance the same day. The projectile had struck the left knee at the lower edge of the patella, gone round the articulations, touched the end of the fibula, and escaped through the popliteal space. Complete immobilisation of the limb was practised, cold applications used. Evacuation and discharge from the joint took place; abscesses formed around it, but when, in February, 1871, the patient was sent back to Germany, his condition seems to have been considered satisfactory.

Leg.—Twenty cases, of these, nine simple and no deaths; complicated eleven, and eight deaths. Some of the more remarkable are related as follows:—A soldier of the 11th regiment was, on the 29th November, struck by a bullet which fractured both bones of the left leg. Some fragments of bone were extracted, the limb was placed in a *gouttiere*, cold applications used, and for some time he did well; he was attacked by pyæmia, however, and died on 23rd December.

A soldier of the 113th of the Line had his left leg broken by a fragment of a shell on 29th November. Immobilsation and cold applications were used; erysipelas, followed by sphacelus occurred; resection of the fractured part of the tibia to the extent of six centimetres was practised, but gangrene extended, and the patient died on 22nd December.

A soldier of the 50th regiment was wounded by an exploded shell in the calf of the right leg. A few days afterwards, some fragments of the missile were removed by means of incisions for the purpose. Subsequently phlyctænæ appeared in the instep, sphacelus of the small toe took place, secondary hæmorrhage occurred from the wound. Amputation of the leg was performed through a part immediately below the knee where discoloration had already begun; hospital gangrene and pyæmia, however, both attacked the patient, and he died on 20th December.

A captain of auxillary engineers was struck on 28th December by a bullet which fractured comminutively the head of the right tibia, between its condyles. On the 29th amputation was performed through the condyles of the femur; the patient being placed afterwards in an apartment by himself. It was very sad to see this young man. He was of good social position, and of great promise in his profession of civil engineer. From the moment of his resuscitation from chloroform, under which he underwent the operation, he abandoned hope of recovery. He was soon seized with pyæmia, and died on 13th January.

A *mobile* received a bullet in the inner aspect of the left leg; the tibia being severely *contused* by the missile. Diffuse phlegmonous inflammation after a time set in; the patient was seized with pyæmia and died, osteo-myelite in the whole extent of the bone being discovered at the *post mortem* examination.

A mobile *de la Seine*, on 6th November, 1870, received a bullet while in a kneeling position. The missile entered the calf of the right leg, then fractured the head of the fibula, and escaped. In the treatment some loose fragments of bone were extracted; the limb was placed in a *gouttiere,* and cold applications used. Two days afterwards erysipelatous redness appeared in the popliteal space. Hospital gangrene, attended by shivering and high fever set in, and on the 9th of the month he died with all the signs of acute pyæmia.

A soldier of the 129th regiment of the Line was struck on 12th of January, 1871, by an exploded shell which fractured comminutively the right leg at the union of its lower and middle third. Immobilisation and cold applications were employed; eight days afterwards amputation was performed, and in that succeeding but one he died with pyæmia and osteo-myelite.

Ankle.—One case, one death. The subject of the injury, a soldier of the 110th regiment received on 29th November, 1870, a bullet through the ankle, causing fracture of the lower ends of the tibia and fibula. The parts being reduced as far as practicable, immobilisation and cold applications were employed. On 3rd December hæmorrhage took place from the wound; compresses and styptics being used without result, a free incision was made upon the perdical artery, and that vessel succesfully ligatured. The condition of the patient being unsatisfactory, the lower ends of both bones were excised; pyæmia attacked him, however, and death occurred on 25th of December.

Foot.—Twelve cases, three deaths, all occurring where the bones have been implicated in the injury.

A soldier of the 112th regiment had the tarsus of the right foot traversed by a bullet on 29th November, 1870. Diffused phlegmonous inflammation succeeded; amputation of the leg was performed, but on 15th December death took place by pyæmia and osteo-myelite.

A man of the 139th regiment was wounded, 31st December, by a bullet in the left foot. The projectile crushed several bones of the tarsus; phlegmonous erysipelas occurred; secondary hæmorrhage set in, requiring the employment of ligature; death took place on 11th January by pyæmia and suppurative phlebitis.

A child, 10½ years old, was wounded on 7th January, 1871, during the bombardment of the city. Both feet were carried away by an exploded *obus Krupp.* Great hæmorrhage took place at the time, the child being in anæsanguine condition when brought to the ambulance. Immediate amputation of both legs was performed; oxygen was administered by inhalation, but the little patient died in the course of the night.

Among the sad cases recorded in the report from which we have made so many extracts this last case is one of the saddest. As to the general tale of death it has been our painful task to record, no more can be said than that could this terrible mortality have been averted by means at the disposal of the eminent surgeons who attended upon the wounded, it would have been so. Unhappily, however, it was due to conditions beyond the power of professional men to avert, they being, it is feared, of a nature inseparable from a state of siege of so long duration and relentlessly pressed on as was that of Paris.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

25th March, 1872.

Thomas Bryant, Esq., President, in the Chair.

Mr. Davy brought forward a new method of examining the spinal cord.

Dr. Crisp narrated three cases of

SUDDEN DEATH.

He gave a few remarks on the phenomena of death from lung, heart, and brain disease, and then mentioned,

Case I.—A child, aged 4 months, was suffering from slight catarrh, and was placed in bed with the tube of a feeding bottle in his mouth. Two hours after the child was found dead. The *post-mortem* showed signs of cerebral and pulmonary congestion.

Case II.—A child, 3 months old, was found dead in bed in the morning, the autopsy showed cerebral and pulmonary congestion. The thymus gland was found very heavy, weighing 1 oz., and also very hard. (Cast shown).

Case III.—A woman, æt. 21, of a stout build. Had had symptoms of secondary syphilis; was in tolerable health, but had a slight cough. She was looking out of a window and laughing, when she suddenly fell back dead. At the examination of the body, the right lung was found firmly attached to the diaphragm; in the pulmonary artery a clot was found, and the lungs were congested. (Clot and part of right lung shown). Now, in Case I., Could the pipe in the mouth of the child have caused death? in Case II., Could the enlarged thymus have caused death? in Case III., Could the clot in the pulmonary artery have caused death?

Dr. Cholmeley thought the bottle and the tube might have caused death in the first case, as there was catarrh, and in Case II. the hard enlarged thymus might have been a predisposing cause of asphyxia. With respect to Case III., was the clot channelled by the flow of blood?

Dr. Crisp said there was no channel mark on the clot.

Mr. de Merio asked if the heart was fatty.

Dr. Crisp said it was not.

Mr. Brudenell Carter remembered the case of a young pregnant woman with inflamed saphena vein; after her confinement she did not get on well, and it was hard to say why. Soon after she died suddenly, and a clot was found in the pulmonary artery. He mentioned also the case of a man who died suddenly in his chair, and the only morbid appearance was, that his stomach was greatly distended.

Dr. Routh had seen cases where over-distension of the stomach stopped the action of the heart, and sudden death ensued.

Dr. Tuke mentioned the case of a well-known surgeon who died from a clot rising from the saphena vein, which had been injured and become plugged by a clot.

Mr. William Donald Napier exhibited

A SOUND OF BRIGHT SOFT PEWTER

for detecting a calculus not by touch, but by the scratch a calculus would leave on its bright surface. He also showed another oxidised at its extremity, contact with any rough surface would remove the oxide and leave a bright mark.

Mr. Walter Coulson then read a paper on

LITHOTOMY AFTER LITHOTRITY.

He commenced by observing that, instead of discussing the comparative merits of the two operations, it would be far more useful and grateful to examine how often and in what cases lithotomy might be called to the aid of lithotrity. The full benefit of lithotrity can be obtained when the operation is confined to certain limits and to certain classes of cases. But experience and success have rendered operators more enterprising. The field of operation has been gradually extended, and now embraces fully two-thirds of the cases of various calculi occurring in adults and susceptible of an operation. But this extension has not been made without entailing certain disadvantages. In proportion as the field of operation becomes extended, so the obstacle to the successful termination of the case increases. Unfavourable symptoms are liable to occur, and serious accidents, unless promptly met, may terminate in death. The only prompt and effectual method of relief in the cases now alluded to is that afforded by lithotomy. Mr. Coulson then proceeded to show from statistics that the danger of having recourse to lithotomy was not increased by its having been preceded by an unsuccessful attempt at lithotrity. Lithotomy after lithotrity was not more fatal than lithotomy preceded by lithotrity, the class of patient remaining the same. This was shown by the statistics of Mr. Coulson and of Sir Henry Thompson, which gave a death rate of 1 in $4\frac{3}{4}$ cases of primary lithotomy for patients beyond the age of 50.

For patients of the same class, but in whom lithotomy succeeded lithotrity, the death rate was 1 in $4\frac{8}{9}$ cases. This conclusion is deduced by the author from cases of Civiale, Swalin, Velpeau, &c., to which are added six cases that occurred in his own practice. The conditions which may render it necessary to perform a second operation were next examined by the author.

The size and hardness of stone either singly or combined are, according to Mr. Coulson's experience, the most frequent causes of lithotomy after lithotrity. It is not difficult to perceive the connection between cause and effect. Large and hard calculi most require an extra amount of instrumental work, and it is quite impossible to tell beforehand what the extent or effect of that work may be. This remark, as the author observed, applies peculiarly to hardness or rather to the resistance which the stone may offer to a crushing force. Cases of multiple calculi he thinks should be reserved for lithotomy; but if attempts be made to crush them, the effects of each sitting should be carefully watched, for irritability and contractions of the bladder may set in. Seizing and fixing the stone between the blades of the instrument is the most important part of the operation. The author dwelt at some length on this point, and examined in detail the various obstacles which the surgeon may encounter in this part of the operation. They are:—

1st.—Cysts of the bladder, exemplified by two cases from the author's practice.

2nd.—Shape of the stone, viz., when very flat. This shape presents an obstacle to the lithotomist also; but what he does is done more quickly, and there is less danger of reaction.

3rd.—Great irritability and contractility of bladder. Many old cases of stone are complicated by these unfavourable conditions, which place the case beyond the reasonable limits of lithotrity. The progress of such a case must be carefully watched, and recourse had to lithotomy if any dangerous symptoms make their appearance. Complete retention of urine may ensue during lithotrity, and arise from various causes. The author, however, dwelt chiefly on retention accompanied by tumefaction about the prostate or neck of the bladder caused by the action of the lithotrite. *Débris* are apt to accumulate at the neck of the bladder, and the distressing symptoms are little, if at all, to be relieved by passing the catheter. The author thinks that lithotomy should be had recourse to in cases of this kind, and he stated the grounds on which his opinion is based. Finally, the author noticed a set of cases which he regarded as exceptional and not easily explained.

For instance, a case appears to be suitable in all respects for lithotrity, and goes on for some time favourably when suddenly, and without any discoverable cause, an unfavourable condition sets in with rigors and irregular fever; irritability of bladder, &c. Here the author recommended that the operation should be suspended and lithotomy performed, if Medical treatment should fail to give relief. The general rule which the author drew from his observation is, "That the operation of lithotrity, when commenced with a due regard to its indications, may be continued until the surgeon feels convinced that any further perseverance must endanger life; when this conviction has been arrived at, the author thinks that lithotomy should be performed without delay; but he insisted that the necessity imposed on the surgeon was, having arrived at a correct diagnosis of the nature and effect of the obstacles he has to encounter, he should weigh the latter against the patient's power of resistance, and if the former prevailed, the scales should be turned by throwing in lithotomy."

Mr. Henry Smith considered no surgeon should cut into the bladder unless he heard the ring of the stone. He alluded to a case he had brought before the Medical Society where after lithotrity the symptoms became so severe that he immediately performed lithotomy, and the patient made a good recovery. The beautiful instruments shown by Mr. Napier were, he thought, unnecessary for a surgeon who possessed a correct sense of touch.

The President thought it quite possible that there were cases occurring when the instruments shown by Mr. Napier might be of use.

Mr. William Adams mentioned a case where a man having symptoms of stone, sounding failed to elicit the necessary signs; the surgeon proposed to cut the man as a means of relieving the symptoms.

The President said the operation might be a means of giving rest to a very irritable bladder, even if no stone were removed. It was most important to select the cases for lithotomy, and very difficult to be sure of the number of stones. In one case he had crushed three large calculi with perfect success, but if he had been sure before operating of the number of the stones, he should have preferred to have performed lithotomy. He also mentioned a case where, after a mulberry calculus had been crushed, the irritability of the bladder seemed to subside.

Mr. Astley Bloxam, during eleven years at St. Bartholomew's Hospital, had rarely seen lithotrity, the preference being in favour of lithotomy.

Mr. Davy thought puncture of the bladder would allay irritation.

In his reply, Mr. Coulson mentioned a case where, by the advice of Dr. Golding Bird, the bladder was incised, although from repeated examinations the presence of stone was not suspected.

Small-pox in Utero.

Dr. J. T. Hampton, of this city, has forwarded the following interesting note to the *Phila. Med. and Surg. Reporter*.

At 10.30 a.m., Sunday, Nov. 12, 1871, I delivered a woman of a child suffering from small-pox. At the time of its birth the disease had reached the vesicular stage, showing that it had passed successfully through the macular and papular stages in utero. On the morning of the fifth day the pustular stage was reached. Up to this time, and until the morning of the tenth day, the child took nourishment and seemed to be doing well. On the morning following it vomited incessantly, blood gushing from its mouth and nose—the same evening it died. The mother was vaccinated successfully six weeks prior to confinement.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR. BUTLER, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 17, 1872.

SANITARY MEASURES.

NOT a few of our readers will have felt a thrill of pleasure at the apparent progress made in public opinion on measures affecting the public health. Since we wrote on these questions statements have been made by men whose lightest words are listened to by the million, and in spite of the apathy of the House of Commons it is generally hoped that a step in sanitary legislation may even yet be achieved. It may fairly be assumed that the cue of the leader of the great Conservative party will be generally taken by his followers, and in spite of the attempt to create a smile by the perverted aphorism *sanitas sanitatum, omnia sanitas.* The cry for education in sanitary laws may even yet be found powerful. This was particularly well illustrated by the able speech of the Earl of Derby at the opening of the Bootle Hospital—a speech worthy of the plain, practical, and forcible statements which have long been characteristic of Lord Stanley, and have been reported and commented upon by the Liberal Press with a confidence as well-placed if not so enthusiastic as that which has been observed by his own party. To us, as Medical journalists, party must be nothing, and we cannot but be glad to see any leading statesman taking up in earnest the medico-social questions which have so long vexed us. We feel constrained, therefore, to take up some of Lord Derby's points, and in doing so know that we only re-echo the desires of the Profession we so willingly serve.

How heartily we reiterate that it is important for us to remember that it is a fact that leading statesmen have indicated sanitary measures as leading ones! Not long ago it would have been thought impossible for such a circumstance to occur, and now, though an empty house bestowed little care on the Public Health Bill, we see that many men are putting forward sanitary legislation as one of the leading wants of the time. Gladly may we repeat Lord Derby's assertion that thirty years ago perhaps even a dozen years ago—language of that kind from a political leader would have been thought eccentric and paradoxical; now it is accepted as a fair expression of the feelings and wants of the time. That is a remarkable change; let the credit of it be given where it is due. It is owing to the collective labour of many individuals, personally for the most part obscure, but who have worked in a spirit of unselfish devotion to a great and useful cause.

"It is," said Lord Derby in his speech "to the honour of the Medical Profession that workers of that kind have never been rare among its members, and that, while on the one hand no class of society has so given its time and care for the relief of suffering among the poor, so, on the other hand, no set of men have so habitually looked beyond the mere temporary relief of existing evils, or so strenuously asserted the doctrine—some people would add against their own selfish interests—that prevention is better than cure. The conviction which sanitary knowledge brings with it as to the preventability in general of disease, is one of quite incalculable importance. Men are very slow to learn the extent to which their destinies are in their own power. They are apt to be astonished if you point out to them that nine-tenths of the calamities that have afflicted the human race are directly and obviously the work of men's own hands. They are inclined to confound that feeling which we all respect, that of cheerful acceptance of the inevitable, with that other kind of resignation to evils which are not inevitable, which is mostly laziness and apathy, and the prevalence of which is one of the most characteristic distinctions between the savage and the civilized man. No sanitary improvement worth the name will be effected, whatever Acts you pass, or whatever powers you confer upon public officers, unless you can create a real and intelligent interest in the matter among the people at large. In the first place, you can't get laws effectually put in force where they interfere with the profits or convenience of individuals, unless they are supported by opinion. In the next place, whatever administrative measures can do for the public health—and they can do a great deal—they can never supersede the necessity for personal and private care. It is no good providing pure water for drinking if those who are meant to consume it prefer less innocent fluids, and a good deal of them. It is no good setting up public baths or washhouses if people don't care to use them; though the want of such institutions on an adequate scale is one of the chief defects of our great towns. It is no good purifying the atmosphere from smoke and foul vapours if, when people have got clean air, they won't let it into their houses. The State may issue directions, municipal authorities may execute them to the best of their power, inspectors may travel about, Medical authorities may draw up reports, but you can't make a population cleanly or healthy against their will, or without their intelligent co-operation. The opportunity may be furnished by others, but the work must be done by themselves. Sanitary instruction is more essential than sanitary legislation; for, if in these matters the public knows what it wants, sooner or later the legislation will follow; but the best laws, in a country like this, are waste paper if they are not appreciated and understood. It used to be thought that the vast unnecessary destruction of human life which takes place in all populous countries was, if a misfortune, yet a misfortune not without its compensations; because, it was argued if that destruction ceased, all the inconvenience of surplus population would follow. But that is a danger which we have not now to apprehend.' There are only two dangers which an institution like this has to guard against. One is that its gratuitous benefits should be taken advantage of by a class of patients who can afford to pay for the help they get. That is an abuse of which some of the London hospitals have often complained. The remedy is care and honesty in the distribution of letters of admission. The other danger is that the appointments should be given away by personal favour or liking, or to the candidate who is most active in his canvass. Now that is—to put it plainly—a matter of life and death. Whoever votes for putting A, instead of B, in a post of that kind, knowing or believing A to be the less competent of the two, is morally responsible for whatever injury to life or health may ensue; and it is not the slightest diminution of that responsibility that he has been flattered or talked over into giving his vote, or, as very often happens, that he has given it without inquiry to the first person who asked for it. I am not speaking with any special reference. I don't even know by what form of procedure the Medical officers are to be chosen here, much less who are to be the candidates; but I do know that when subscribers and governors, as a mixed and numerous body, have to decide on the rival claims of professional men, they are undertaking an exceedingly difficult duty, and one which, with the most honest intentions, they are not always capable of discharging in a satisfactory manner."

HOSPITAL HYGIENE.

WE have frequently called attention to the various points of hospital hygiene, and often alluded to the Hôtel-Dieu. We have therefore much pleasure in drawing attention to a recent important debate on this subject.

According to the *Lyon Médical*, a most important question regarding hospital hygiene has just been decided, and in an entirely radical sense, by the Society of the Physicians and Surgeons of Paris. It is known how lively the debates on the subject of hospital hygiene have been for the last ten years, on large hospitals, small hospitals, and tent hospitals; how much the members of the Medical body have more than once shown themselves divided; how great the divergencies have been both in France and other countries. Since 1864, when there was a question of constructing in Paris a new Hôtel-Dieu, to replace the old one and its *annexe*, the Administration had submitted to a Medical Commission the plan of the future hospital. By means of its reporter, M. Broca, this Commission accumulated criticisms against the general system of construction proposed, especially against the particular application which it was intended to make, and against the number of beds, 800, which it was proposed to place in the new edifice. Later, in 1866, there was a long and interesting discussion on the same subject, and with the same conclusions, by the Surgical Society. The opposition to the project, so general in the learned societies, was almost unanimous in the Medical press, and has not since then ceased.

Nothing came of it; the construction was commenced, pushed on, and to the report of the Commission requiring the suppression of certain buildings, the Prefet of the Seine replied by doubling the height of the same buildings. At the same time that this special point was being discussed in Paris, and was judged in a sense contrary to the formulated conclusions both of the Commission and of the Surgical Society, the general question of hospital hygiene was partially studied everywhere. During the long and great war of the American secession they arrived at the result only desiring small hospitals, for the most part temporary, in tents or huts. The war of Schleswig led the Germans to resolve the question in the same manner; it did still more, and the hut hospital admitted for military Medical practice entered into the nosocomical civil practice of Berlin. I still recollect, observes the writer, the articles by Simpson, which were so convincing against great hospitals, his plea for cottage hospitals, and his dispute with Holmes, articles and dispute which have both been analysed in the *Lyon Médical*. In fine, on all sides, the great hospitals, "*hôpitaux monuments*" appear to be condemned, and the Prefecture of the Seine not the less carries on the construction of the new Hôtel-Dieu.

In the sitting of the 6th January, 1872, the Society of Physicians and Surgeons delegated nine of its members to the mission of visiting the new Hôtel-Dieu, and giving its opinion on this edifice as regards hospital hygiene. The members of the Commission were Messrs. Lailler, Lorain, Hérard, Broca, Trélat, Giraldès, Hardy, and Vidal. They assembled on the 7th January, in the new hospital, they visited it, then each gave his opinion.

Let us first state that, with one exception, all the members of the Commission declared themselves opposed, some radically, others partially, to the proposed appropriation of the new building.

M. Hérard alone attempted to support it, taking into consideration the necessity of a central hospital with the double object of indispensably replacing the old Hôtel-Dieu, which is about to disappear, and the advantage for the students who have then within their reach clinical courses and amphitheatres. This necessity stated, he finds that he cannot choose a better position in the quarter; he approves without reserve the system of pavilions heretofore adopted, the halls are broad and high, the ventilation would be sufficient, and the hygienic conditions good. In fine, says he, in concluding, I acknowledge that this hospital is not perfect, nor such as we should have desired; I should wish that the buildings were less lofty, and I assert that too many patients should not be placed there, the numbers proposed at first are too great; but I accept 500 beds, and I think that libraries and wards suitable for teaching may be arranged there. We should thus have a central hospital, which is necessary, and we should be able to offer to Medical students and to strangers a hospital establishment of which our national "*amour-propre*" should have no cause to blush.

Less approving, but still accommodating, M. Hardy asserts the danger of great hospitals, but this does not hinder him from saying farther on that for a great town one must have barracks, markets, colleges, and hospitals, which correspond to its grandeur. For the students it is necessary to have an hospital for instruction in the vicinity of their theoretical courses and their amphitheatres for dissection. But in proposing to take possession of the new buildings offered, M. Hardy wishes nevertheless to restrict the number of beds to 400, and to utilize the edifice in accordance with the data of science. "There is," says he, "a story too many, I would there instal libraries, museums, collections, laboratories, in a word, I would there establish the scientific services." Finally, out of the 400 beds of the new hospital, M. Hardy wishes to devote about 150 to special maladies not infectious, venereal diseases, skin diseases, and ocular surgery, so as to diminish the chances of miasmatic infection.

The seven other members of the Commission strongly condemned the principle which directed the construction of the new Hotel-Dieu. Two of them, Messrs. Broca and Trélat, accepting the accomplished facts, declared that if they are forced to receive the new building as a hospital, no more than 400 beds should be placed in it, and at the same time a certain number of buildings should be demolished, so as to make the others truly isolated. But in admitting this strict practical necessity, M. Broca has been able to say "While the central court is maintained as at present, with its 25 mètres of width, with its rectangular surrounding of high buildings which almost entirely exclude the sun, the hospital is inacceptable."

(*To be continued.*)

Notes on Current Topics.

Ipecacuanha in Epistaxis.

Dr. John Shrady, according to the *N. Y. Med. Record*, has successfully exhibited ipecacuanha in several severe cases of epistaxis, especially in the form associated with chronic alcoholism. In one instance, where, from a previous experience, plugging the posterior nares was strongly objected to, he used vinum ipecacuanha in teaspoonful doses until free emesis was produced, with the result of arresting the hæmorrhage in fifteen minutes.

Process of Embalming.

Alcohol of 90° in which is dissolved a fiftieth part by weight of carbolic acid, is said to form the best liquid to inject for embalming. It penetrates, says the *Pacific Med. Jour.*, the capillaries much better than when glycerine is employed as a solvent.

Galvanic Treatment of Bed-sores and Indolent Ulcers.

Dr. Wm. A. Hammond, of New York, recommends for indolent ulcers and bed-sores, the galvanic treatment as first suggested by Crussel, of St. Petersburgh. He says: "During the last six years I have employed it to a great extent in the treatment of bed-sores caused by diseases of the spinal cord, and with scarcely a failure; indeed, I may say, without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate—no thicker than a sheet of paper—is cut to the exact size and shape of the bed-sore; a zinc plate of about the same size is connected with the silver plate by fine silver or copper wire six or eight inches in length. The silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois-skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete in a great majority of cases. In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and half an inch deep, heal entirely over in forty-eight hours. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrisations begun in forty-eight hours. During his recent visit to this country I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent character and bed-sores."

Army Medical Department.

Staff Surgeon-Major Parr is about to retire from the service. Surgeon-Major Watt, 3rd Dragoon Guards, who is about to be gazetted to the staff, has joined at Aldershot, and assumed the duties of sanitary Medical officer of barracks and camps. Staff Surgeon Chapman is to join at Netley on the 1st prox. Staff Surgeon Johnson has rejoined at Dublin from leave. Staff Surgeon Miller has been directed to take Medical charge of the provost military prison at Aldershot. Staff Assistant-Surgeon Maturin has been granted leave to April 30, and Staff Assistant-Surgeon J. G. Rogers to May 15 next. Staff Assistant-Surgeon Purcell has been seconded in his department, having obtained an appointment under the Japanese Government. Staff Assistant-Surgeon A. Minty, late of the 4th battalion, Rifle Brigade, is about to proceed from Chatham to Manchester for duty. Staff Assistant-Surgeons Connolly, Blood, and Edge have joined for duty at Colchester, Trim, and Newport; and Drury and Dwyer at Dublin. Staff Assistant-Surgeons Spence, M'Carthy, and Brown have rejoined at Sligo, Bandon, and Fethard. Staff Surgeon Paliologus has been struck off the strength of the Aldershot division.

The Invention of Dr. McGrigor Croft.

At the annual meeting of the Society of Naval Architects a lecture was delivered by Dr. McGrigor Croft on his improved Fish tail rudder. A most interesting discussion took place, in complete favour of the invention, particularly as it was taken from nature, *i.e.*, the motion of a fish with the upper flange of his tail when turning round. Admiral Sir Edward Belcher, F.R.S., Admiral Ryder, C.B., Mr. Menifield, F.R.S., Mr. Scott Russell, F.R.S., and several other eminent men in the naval world warmly supported the Fish-tail rudder, on its action being explained by Dr. Croft, as observed by him in the fish. The President of the Society, the Right Hon. Sir John Pakington, Bart., G.C.B., formerly first Lord of the Admiralty, in the chair, highly complimented the lecturer on his invention and fully appreciated its important value, particularly for ships of war, which would place an enemy's iron clad at the disposal of its opponent.

Dermatology in Glasgow.

For a long time, under the enlightened direction of Dr. McCall Anderson, the Dispensary for Diseases of the Skin in Glasgow has been a most valuable scene of clinical instruction. We are very glad to notice that a great step in advance has been taken by which this special institution becomes, so to say, amalgamated with the large hospital in connection with the new University. Nothing could be more advantageous to the Profession and to the public than the arrangement which, from the Report of the dispensary, seems to be settled upon.

The annual general meeting of the subscribers to the Dispensary for Diseases of the Skin, was held last week. The necessity of building or buying premises had been removed by an arrangement with the new Hospital in connection with the University of Glasgow, whereby with the consent of the contributors to the building, their contributions, together with a sum taken from the savings of the Dispensary amounting together to £2,000, had been paid to the treasurer of the new hospital, upon agreement entered into and signed by the proper authorities, giving the Skin Dispensary a male and a female ward (each of 10 beds) in the hospital. This arrangement effected in a most economical way the object of the Dispensary. In place of a separate building, costing perhaps £5,000, and required to be upheld and retained by annual subscription, the Dispensary would now be secure without further cost in bed and bath accommodation, and the specialty of skin diseases becomes a subject of regular instruction under the Medical Faculty of the University. The ordinary work of the dispensary would continue to be carried on as usual at the premises in John Street, which continue to be largely frequented. The voluntary contributions of the patients attending the dispensary during the year amounted to £23 1s. 8d. The directors, in concluding their Report, expressed their pleasure in having observed that the trustees of the late Mr. Alexander Mitchell had made the handsome donation of £500 toward the funds of the institution. The treasurer's statement was submitted by Mr. M'Lelland, which showed that the receipts during the year amounted to £263 8s. 6d., and the expenditure to £155 15s. 6d., leaving a balance on the 29th February of £107 13s. The physicians' report, read by Dr. T. M'Call Anderson, showed that during the year 1,223 new cases had been admitted, of which 298 were diseases of the ear. The whole number of skin diseases treated since the foundation of the dispensary had been 11,738, and of ear cases, 2,014. The number of students enrolled last year was 25, and since the commencement, 340.

Health of Dublin.

THE births registered during the week amounted to 156; the average being 158. The deaths were 181; the average in the week of the previous eight years was 157. The number of deaths from small-pox registered during the week amounted to 44; of these only 22 occurred during the week. No death has been returned from the Mater Misericordiæ Hospital since the 1st of March; nor from Sir Patrick Dun's since the 5th of March. There was no return from the South Dublin Union Workhouse for the past week, nor from the small-pox hospital of the North Dublin Union. Six deaths from small-pox were registered in Belfast, and a like number in Cork. Five deaths were caused by fever, viz.—1 each from typhus and typhoid, and 3 from simple continued fever. Scarlet fever proved fatal in 5 instances, measles in 2, and croup in 1. Nine deaths were referred to convulsions. Thirty-three deaths resulted from bronchitis, and 3 from pneumonia. Five deaths were ascribed to paralysis. Three deaths were caused by liver disease, 1 by jaundice, and 1 by kidney disease, unspecified. Seven deaths were caused by heart disease. Eighteen persons died from phthisis, 3 from hydrocephalus, and 2 each from scrofula and mesenteric disease.

The Army Hospital Corps.

WE announced last week that the Royal Warrant for the reconstitution of the Army Hospital Corps was in print, and that it would shortly be issued. The *United Service Gazette* publishes the principal features of the Warrant. The Regimental Establishment of Hospital Sergeants and Orderlies will be abolished. The ranks of captains of orderlies in general hospitals and of apothecary in the Army Medical Department are to be abolished, but the officers at present holding these appointments will be utilised for filling up the new ranks of Superintendent and Deputy-Superintendent, and whenever the rank they now hold is greater than that of their new position, they will be permitted to retain the status and emoluments of their former appointments. There is to be a staff officer of the corps, who will be stationed in London, and he will most likely be a Deputy Inspector-General of Hospitals, with extra pay of 6s. a day. The corps will be officered by the surgeons and assistant-surgeons of the Medical Department, and when no officers of the corps to which the patients in hospital belong are attached to the hospital, the sick men will be entirely under the Medical officers, as well for military discipline as for professional treatment. The corps will be composed of one superintendent, as captain, 10s. a day; 11 deputy superintendents, as lieutenants, 6s. 6d. a day, and 8s. 6d. after five years, with the allowances of their relative ranks; and 1,324 non-commissioned officers and men, at payment from 4s. 4d. to 1s. 2d. per day. One special paragraph points out that the whole of the hospitals, whether regimental, garrison, or general, at home, in the colonies, or in the field, will be under the management of the Medical Department, and be supplied with servants from the Army Hospital Corps. The *United Service Gazette* says this is a revolution of those ideas which have hitherto guided our administrators of army hospitals. It was long contended that the sick were better cared for and more rapidly cured by having their own comrades for their nurses, upon the same principle as we ourselves prefer to see around our sick beds the faces of our friends. The new system may be better than the old, but the old we know has worked well, and the new may possibly work ill. In a short time the surgeons will cease to be regimental; and when the sick are treated by doctors and nurses altogether strangers to their modes of life, and unfamiliar with their temperaments and general health, then we shall be able to watch the result of a Warrant which we venture to assert is more important than is supposed.

Metropolitan Water.

MR. CHICHESTER FORTESCUE, in reply to a question in the House of Commons, has stated that his attention had been called to the report of Dr. Frankland, who was not connected with the Board of Trade, to the Registrar-General. Under the Act of last Session, the Board of Trade appointed Major Boulton as Water Examiner, and that gentleman had made a special examination of the reservoirs and filtering beds of the two companies mentioned in the question and prepared a full report, which had been laid before the House. Major Boulton agreed with the Royal Commission on the water supply of the metropolis, in thinking that Thames water, if properly filtered, was harmless, and formed a fit and proper supply for the use of London. Everything, however, depended upon the filtration. Major Boulton also stated that both companies had during the last winter supplied water which had not been properly filtered, the cause of the failure being, in his opinion, that in the first place the companies were at the time constructing large works for the purpose of improving their establishments, and in the second, that the heavy floods which occurred at the time rendered the water turbid. The examiner also reported that the works in course of construction by the companies in the form of reservoirs and filter beds would, in his opinion, remove the ills complained of, and meet the requirements of the case. If it should turn out that this was not the case, it would be necessary for the Board of Trade to interfere. He meant to insure, as far as the powers of the Board of Trade extended, that there should be a careful and complete filtration of the water supplies; but, as remedial measures were now being taken, he did not think it necessary at present to take any further steps.

Manzanilla from San Lucar.

Those of our readers who followed with interest our reports on wines will remember that the great complaint of our analysts against sherry was the extent to which it is so generally "fortified" by the addition of alcohol. This is defended by many on the ground that it is necessary to keep the wine; but the practice is certainly carried much further than is to be tolerated by even those whose corrupted taste demands strong wine. Since these analyses, we have from time to time examined such new vintages as appeared in the market.

The last of the Spanish wines we have tried are two samples, sent by post, by Messrs. Denyer and Co., of Regent Street, and labelled "Pure Manzanilla from San Lucar," and priced respectively 36s. and 48s. per dozen. They do not taste so fiery as the usual run of fortified wines. On the contrary, their flavour is excellent, and all that could be expected from a sound Spanish white wine.

Royal Naval Medical Service.

The *Pqll Mall Gazette* states that "the authorities have decided that in future assistant-surgeons of the Royal Navy shall no longer be compelled to pass their qualifying examination at Somerset House, but shall go through this ordeal on the station where they may be serving when they have complied with the regulations."

A Ticklish Manipulation.

In the last number of the *Madras Medical Journal*, Dr. Shortt, Superintendent-General of Vaccination for Madras, explains the method which he has employed in some hundreds of experiments on snake poison, the results of which he contributes to the journal. He says he invariably keeps a cobra or two for the purpose of experiments, and these snakes are attended to by a snake-man that he employs for the purpose. Once in every ten days or fortnight they are fed with sour milk or curds, a leaf funnel is placed in the open mouth of the snake and the curds are poured in till the snake is filled out from end to end like a sack. When an experiment is about to be conducted, the snake-man pushes the cobra out of its receptacle by the end of a stick, and then seizing the snake by the tail, he places his stick on the neck, as close to the head as possible, and now stamping the tail with his right foot, he seizes it by the head with his left hand, and Dr. Shortt receives the snake from him by seizing its head with his left hand, placing the thumb on the top and the index finger under the head near to the base of the skull, so as to give the jaws free play. In the meantime the snake entwines itself around his forearm, and its struggles are very powerful. In the case of a full-sized cobra, the animal to be bitten being already thrown and held fast by assistants, the experimenter seizes a part of the back of the thigh with the thumb and index finger of the right hand, and the part to be bitten is pushed out prominently, and with the left hand the mouth of the cobra is brought to bear against the part.

New Specialities in Medicine.

Dr. Covernton, President of the Ontario College of Physicians and Surgeons, says the *Pacific Medical Journal*, advances the extraordinary proposition that there should be a Professor of Homœopathy and one of Eclecticism in each regular school, so that students of different proclivities should be attracted, and have their eyes opened to the folly of those systems. The *Pacific Journal* proposes to Dr. Covernton to go a few steps further in the same direction, and volunteers to supply them from California with occupants for additional chairs: *e.g.*, a Professor of Oriental Medicine and Insect Decoctions, a Professor of Baunscheidtism, a Professor of Lying on of Hands and Lying in general, and a Professor of Clairvoyance and Egyptian Darkness, &c., &c.

Birth and Death Registration in Ireland.

Although the Irish Registrar-General does not reproduce his usual complaint of the inefficiency of the Registration system in Ireland, we regret to observe that the returns of mortality bear evidence of a baneful amount of irregularity in the furnishing of returns. If the statistics produced by the Registrar-General were accepted as reliable—and, indeed, they have been made use of to prove the great benefits as regards decreased mortality which have accrued from the Irish Poor-law system—it would appear that the fecundity of the female population in the suburbs of Dublin was only half that of the Glasgow women, and that the risk of living in Sligo was only half that of living in Dublin.

It is not wonderful that such glaring discrepancies should appear in the returns when we find in the weekly report of the 6th of April that "no death had been returned from the Mater Misericordiæ Hospital since the 1st of March, nor from Sir Patrick Dun's since the 5th, and that no return at all had been made from the South Dublin Union Workhouse, or the North Union Small-pox Hospital for the last week."

Aeronautical Society of Great Britain.

The members of this Society will hold their first general meeting this season at the Society of Arts on Thursday, the 18th inst., at eight p.m. The Council have lately been conducting some experiments at Messrs. Penn's Engineering Works, Greenwich, with planes of various dimensions held at different angles against the blast from the fan-blower, the pressure being recorded by an instrument specially constructed. Without such data experimenters have hitherto been working haphazard. Those who have studied the Report of the Society for last year will remember the very remarkable paper of Mr. Wenham. Indeed, it is that paper alone which may be said to show that the work of this Society is really worthy of encouragement. If such another be produced this year, the Society will be at no loss to present its *raison d'être*.

The Paris Medical School.

An official inquiry into the conduct of Dr. Dolbeau, Surgeon to the Beaujon Hospital, accused by the students of having given up a Communist patient to the authorities of Versailles, clears him of the charge. After signing papers for the discharge of eight convalescent patients, he was led to remark by an observation made in his presence, that one of them, named Bredon, was described as a trumpeter of Chasseurs, whereas he was registered on the card on his bed as a "lieutenant of the Avengers of Paris." He told a Sister of Charity to get the certificate corrected, and finding this had not been done, relieved himself from responsibility by reporting the circumstance to the officer in command of the corps which occupied the hospital. Bredon was not shot. He was set at liberty after twenty-four hours' detention.

Leave to British Medical Officers in India.

The Official Gazette of the 5th December contains a notification that an officer of the British Medical Service in India, who may be holding an administrative office tenable for five years, if compelled by ill health to return to England, can only receive from the Indian Government under which he is serving, permission to return home for the purpose of appearing before a Medical Board in London.

The leave which will be there granted to him on the recommendation of such Medical Board will not exceed six months from the date of his departure from India, and if, on arrival in England, the state of his health is such as to render it unlikely that he will be fit to return to his duties within the above-mentioned period, he will be replaced on the Indian Establishment by an efficient officer.

The Small-pox in Dublin.

The epidemic has left a terrible mark on the mortality returns of the last quarter. In the three months ending March 30, no less than 654 deaths took place in Dublin and its suburbs alone, being more than one-fifth of the whole mortality from all causes.

According to the last Poor-law returns, the number of paupers in metropolitan workhouses was 34,416, and 82,424 received out-door relief—total, 116,840. These figures show a decrease compared with the years 1871, 1870, and 1869, of 18,173, 41,934, and 31,227 respectively.

In opening a new hospital at Bootle, near Liverpool, last week, Lord Derby urged the necessity for improved sanitary legislation for large towns, and for that amount of public sanitary education which would enable people to appreciate and apply the Acts passed for their benefit.

The *Pioneer* records a very brutal assault on an officer at Meean Meer by three European privates. It is said that the officer in question, a Medical man, was waylaid in the neighbourhood of the Rest Camp, and dragged, bruised and bleeding, for nearly a mile along the ground. He was lying in a precarious state.

During the week ending Saturday 3,690 deaths were registered in London and twenty other large cities and towns of the United Kingdom. The mortality from all causes in these towns was at the rate of 26 deaths annually to every 1,000 persons estimated to be living.

In Edinburgh the annual rate of mortality was 33 per 1,000 persons living, in Glasgow 31 per 1,000, and in Dublin 30. The fatal cases of small-pox in Dublin, which had been 32 and 67 in the two previous weeks, were 44 last week.

The last meeting of the Surgical Society of Ireland will take place on Friday evening next. Dr. B. F. McDowel will make a communication. Dr. Jacob will exhibit some recent additions to ophthalmic and aural instruments, and the President will deliver the closing address.

The Dublin Obstetrical Society will hold its sixth meeting in the College of Physicians on Saturday next, the 20th April, when the following business will be transacted :—Adjourned discussion on Dr. Denham's paper "On the use of Ergot of Rye ;" Dr. Atthill, "On the treatment of some Inflammatory Affections of the Uterus ;" Dr. Churchill, Report of Private Obstetric Practice ; Dr. Tabuteau, "On Recession of the Fœtal Head after extraction from the Vagina."

The Medical Society of the College of Physicians of Ireland will hold its seventh meeting in the College Hall, Wednesday evening, 17th April. The following communications are set down for reading :—1. Dr. Lyons, "On some Statistics of Small-pox." 2. Dr. Finny, "On a case of Atropia Poisoning successfully treated by Morphia." 3. Dr. Cameron, "On the Inutility of Ordinary Disinfection by means of Gases."

SCOTLAND.

EDINBURGH.

MEMOIR OF SIR JAMES Y. SIMPSON, BART.

We understand that, at the request of the Executors of the late Baronet, his friend, Professor Duns, D.D., F.R.S.E., has undertaken to write his Biography.

Lady Students.—The managers of the Royal Dispensary have permitted three of the lady students to make arrangements with the Medical Officers of the Institution for instruction.

Literature.

THE BAVARIAN AMBULANCE TRAINS (a).

This very elegant volume, of which we give rather an abstract than a review, contains a full account of the Bavarian railway trains used for the conveyance of the German sick and wounded during the Franco-Prussian war of 1870 and 1871. In a preface the author gives an account of the amount of good effected by the various associations working under the Convention of Geneva. He then goes on to consider in succession—1. The Bavarian hospital trains ; 2. Those actually used for transporting wounded ; 3. Duties and appointed work of the accompanying *personnel* during the transit, and enumeration of the *matériel* of a departing hospital train ; 4. Opinions and decisions of Medical men and other persons after having examined the Bavarian trains, and remarks about the accommodation in hospital trains for diseased persons, and Swiss railway carriages ; 5. The Geneva Convention of August 22nd, 1864, instructions for the transport of diseased and wounded persons, rules for those engaged in active hospital service during war, &c. ; 6. Carriages generally, for the transport of the wounded. The first chapter contains a description of the *Bavarian* hospital trains, the arrangement of which consisted of one first-class, four second-class, fifteen third-class, and twenty covered-in vans or goods carriages. Every train contained one commandant, one chief surgeon, one inspector and steward, or director of all materials; in most cases several other Medical men, and dressers or assistants, several orderlies or male nurses, sometimes women as nurses, in addition to the others (*i. e.*, sisters of religious orders and lady volunteer nurses); in most cases one or more cooks.

(a) "Die Bayerischen Spitalzuge im Deutsch-Franzosischen Kriege, 1870-71." Von Reinhold Hirschberg Baumeister. Munchen : Theodor Ackerman. 1872.

The author here gives an index of the different hospital trains and *personnel*, the routes and days of the month on which they started; then follows a statement of the cost of such a train—*i. e.*, its furnishing, with the exception of the actual cost of transit, which was defrayed by the railway authorities, all railways in Germany belonging to the State; and an account of 39 hospital trains, by which 10,800 men were brought back from the war into Germany. The second chapter contains a minute account of the 2nd, 25th, and 28th railway hospital trains, with the incidents of their journey from Munich and return; also a description of the kitchen, the wards (or carriages for the sick and wounded), the dispensary and store carriages, with drawings and measurements of the same.

The account of the 28th railway train contains a description of how the beds in a railway carriage are arranged for the slightly and for the severely wounded, illustrated by drawings of the same; a description of the commandant's and inspector's carriage, of the kitchen, of the depôt carriage in the *middle* of the train, and of two depôt carriages at the *end* of the train. Then follows a description of the carriage used for water-closet purposes, with drawings of the same, and of the "steam-heating carriage," by means of which the whole train was warmed.

The second paragraph contains a description of the duties and appointed work of the *personnel* of a hospital train during its transit, going or returning; viz, firstly, to bring in order all the things they had taken with them; secondly, to make arrangements for the sleeping, eating, &c., of all who accompanied the train; with remarks upon the duties of these persons upon their return journey. This chapter contains also a minute detail of the materials of a departing hospital train—such as beer, wines, cognac, soda-water, meat, milk, coffee, vegetables, tobacco, &c.; materials for dressing wounds, clothing, bed furniture, &c.—also a statement that the expenses of 36 trains from Munich to the French frontiers amounted to 229,452 florins.

The third paragraph contains the judgments and opinions of those Medical men who have been with the hospital trains, including Baron Mundy, of Vienna, and Dr. Gordon, C.B., the commissioner from the British War Office, Dr. Erhardt, from Rome, and Dr. Herold, who consider that large trains are very inconvenient, and that the carriage for the surgeons or Medical men should always be in the middle of the train.

The Professor Herz, of Erlangen, disapproved of the "goods carriages" for the transport of patients, considered a special carriage for a *Pharmacie* unnecessary, that special care should be taken for *all* carriages to be well warmed, and that no patient suffering from typhus, dysentery, inflammation of the lungs, or acute disease should be transported by these trains; that severely wounded *may* be transported if the carriages are good; that a strict distinction should always be made between severely and lightly wounded men, and that every train should have two Medical men (*chefs*) and two assistant surgeons. If possible, the *personnel* should be volunteer, *i.e.*, unpaid, and on no pretext should *young* paid nurses be admitted, sisters of the various orders, Roman Catholics and Protestants, excepted. Dr. Carl Beyerlein, of Burgbernheim, praised highly the mattresses suspended in the caoutchouc springs or loops. He blames the carelessness of the engineer of these trains, who causes much pain to the sufferers by starting too abruptly. He recommends each train having one Medical *chef* and three assistants. He considers a certain list of medicaments as absolutely essential. (These are given in full.) Dr. Arnold Heller, of Erlangen, states that wounded who were obliged to sit suffered more than if in a recumbent position. Reserved carriages with seven mattresses suspended on india-rubber rings are the most to be commended. The wounded should never be permitted to sit too close to each other. There should be a nurse to every two carriages. He compares two systems of hospital trains. The first, or *Prussian*, being to transport the patients as quickly as possible, the carriages, &c., have not been fitted up with sufficient regard for the comfort and well-being of the men; the mattresses were not good. *These* carriages should in no case be used for severely wounded; but the *Bavarian* carriages might be so, their interior arrangements being in every respect most admirable. He recommends a complete dispensary, and the most rigid regard to cleanliness with regard to the smallest details, in these trains when in transit.

Dr. Stör, of Rengensbourg, gives a minute account of a journey in one of these hospital trains from Munich to Le Mans. He recommends as nurses sisters of the Franciscan order. Dr. Auer, of Landshut, gives a detailed account of a journey from Munich to Orleans. Dr. Solgier, of Reichenhall, who had charge of a train for the sick—*i. e.*, chiefly dysentery and typhus fever cases—objects strongly to the use of soldiers as watches or night nurses. He states that they increased both the responbility and cares of a Medical man, knowing that if these men thought themselves for a moment unwatched they would grossly neglect their duties. Dr. Solgier strongly recommends a large supply of beer for convalescents, as being of great service in *strengthening* the patients and affording an immense gratification to the men at little extra cost. Judgments and opinions of other persons after visiting the Bavarian hospital train are now given by the author. They consist chiefly of a large extract from a book by Dr. Steinberg on "Kriegslazarethe und Barracken in Berlin," in which he recommends the Bavarian trains, as being like a well-arranged lazareth; and the warm approbation expressed by the Medical men from every country, Dutch, Swedish, English, and even French, with regard to these said arrangements. He adds that the Herr Dr. Gordon, one of the delegates from England, could not resist making sketches of the arrangements which he saw, and most carefully took measures of such arrangements and made notes of them. These trains were also visited by His Imperial and Royal Highness the Crown Prince of Germany, and many of the princes and officers, all of whom expressed their delight with the arrangements made for the comfort of patients during transit. Besides these hospital trains, there were others called "patient trains." The former had a military organisation, the latter not. Of the wounded and sick in the Bavarian army 50,000 were *evacuated*, or brought in from France and distributed amongst the different German lazareths. For slightly wounded the railway authorities also used the Swiss carriages with eight wheels, which were easy and well sprung, but absolutely useless on the *Pfeld* (or temporary) railways, from the shortness of the *curves* used for the latter. The author finally submits various suggestions, from which we quote the following, namely:—The *matériel* of the hospital trains—*i. e*, furnishing, &c.—should be as simple as possible, clean and fresh. It is best to have the same *personnel* during the transit of a train; more particularly the same Medical men, inspector, and steward. Secular or *paid* women nurses should never be admitted for this service, it being impossible to obtain the same supervision over them day and night, which is attainable in ordinary hospitals. Sisters of religious orders, who can be implicitly trusted to obey the orders given them by their Medical *chefs*, are therefore best; and their uniform kindness to their patients makes their services always acceptable to the men. A small divided partition in each carriage should ensure privacy for the sister for sleeping or washing arrangements. The commandant and inspector should not live in the same carriage. The latter should always have a private carriage large enough to contain all things of value, such as linen, wine, medicaments and surgical instruments, cigars, smoked or dried meats, &c.

Only an absolutely necessary number of persons should ever be permitted to accompany the train. Every mattress of horse-hair should have underneath it a woven sea-grass or straw mat, for horse-hair being such a good conductor, it ensued that the patients complained of cold whenever the doors of the carriage were opened, although, by means of extra blankets *under* the sheet, this had been tried to be obviated.

The best stoves for warming the carriages are those called "*Füllöffen*," which are filled from the top. They are very economical, and being regulated by a key are beyond the reach of harm or waste from patients or others.

Reference is also made to a suitable carriage or van for the transport of wounded from the field of battle. It consists of a wagon, or rather two pair of wheels with good springs, the body of the carriage being removed. On this is placed a large case, or four-sided chest. Two beds are arranged facing the horses, with two more at the back. A waterproof covering at the sides, with small openings—*i. e.*, glass windows, for light and air—protects them when necessary from cold night air or rain. This covering can be rolled up on each side, to the covering or support overhead, the height being sufficient to allow the patients to sit up with ease. The wooden back and front of the carriage can be removed bodily, for the easier admission or removal of patients. The author concludes with a few words of high testimony to the good wrought by the Bavarian *Vereins* for the relief of the sick and wounded, and the energetic assistance and encouragement given by the Queen Mother. The concluding *sentence* should, we think, be given entire. The author states that his *special* aim in writing this book was that he might feel he had helped to lay the foundation, even were it only a stone, upon which others more gifted than himself might build, with a hope that such men *might* be found, with power and energy to execute the same for the happiness and well-being of their great, united Fatherland, to which their love would be devoted for ever and ever.

We would venture to suggest that an English translation of the work be made for reference by such officers in the British army as are unable to read it in the original.

CIRCULAR NO. 3. WAR DEPARTMENT: SURGEON-GENERAL'S OFFICE (*d*).

This volume has no connection with the surgery of the American War, but consists merely of cases that have occurred from 1865 to 1871, the gun-shot wounds having been received in Indian hostilities, in accidents, or in brawls, or in attempts to evade or escape from arrest.

The editor (Dr. Otis) in the preface states "the cases in each category are not sufficiently numerous to warrant any important generalizations;" but, nevertheless, quite a number of interesting and remarkable cases are carefully reported in detail, the results of which are valuable as tending in a measure to verify the statistical reports of the surgery of the war, which are being so ably collated and published from time to time in circular form, similar in style to the present volume, by the same editor.

Three hundred and eighty-seven cases are reported, of which two hundred and ninety-seven are given in detail.

In twenty-seven cases of gun-shot wound of the lung, only eleven recovered.

Five fatal cases of gun-shot wound of both lungs are related, Dr. Otis remarks that he knows of no authenticated case of recovery from gun-shot wounds of both lungs.

Two cases of gun-shot wound of the chest were treated by the "hermetically sealing" process. We are surprised that this unscientific and barbarous treatment, after having been so severely denounced in circulars from the Surgeon-General's Office, should still find supporters among Medical officers of the United States army.

The method was tried in numerous cases during the war, but the complications and sufferings it entailed upon the patients, even when recovery took place, led to its early abandonment. The writer, whilst serving in the Army of the Potomac, had frequent opportunities of testing it in fresh or primary cases of wound, but the results were almost without exception unsatisfactory.

In nine cases of gun-shot wound of the abdominal and thoracic viscera, all proved fatal.

In eleven cases of wound of the liver, four recovered.

Twenty cases of gun-shot wound of the small intestine are reported, all fatal.

In wounds of the abdominal cavity, Dr. Otis thinks the walls should be cut through, the track of the projectile explored, and the mischief, if possible, repaired by operation: he remarks that by so doing the patient in many cases only exchanges the probability of inevitable death for the possibility of recovery. We quite agree with the editor on this point, and trust that the exploring process may yet be fairly tested; the fatality consequent upon the treatment now in vogue of this class of cases is a reproach to scientific surgery.

In nine cases of gun-shot fracture of the femur six recovered; in the three fatal cases, the fracture was in the upper third, one involving the hip-joint.

Four cases of gun-shot wound of the knee-joint are reported. Dr. Otis remarks that the evidence given of penetration of the joint will scarcely satisfy sceptical military surgeons. In one of the cases it is stated that the ball passed through the joint without injuring the condyles of the femur or head of the tibia, and that the patient recovered "without an unfavourable symptom."

Two amputations at the hip-joint are related; one of the cases, a re-amputation, recovered. Operator, Dr. Otis.

A case of amputation of all four limbs is also related among the recoveries.

Three excisions of the head of the femur were performed, two of which recovered.

The common carotid was ligatured in one instance, and the patient recovered.

The volume contains an interesting chapter on arrow wounds, but few cases are reported; the results, however, show, as has frequently been claimed, a greater mortality when inflicted at short range than gun-shot wounds.

Arrow wounds are rarely met with now even in pitched battles with the Indian, the strides of civilisation and constant intercourse with the whites have enabled him to discard this simple and primitive weapon for the more deadly rifle.

Under "poisoned wounds," a case of a soldier bitten by a water mocassin (*Toxicophis piscivorus*) is reported. The patient was permitted to consume *three quarts* of *whiskey* in *two hours*! to neutralize the *poison*; he recovered from the effects of the whiskey. Our own experience whilst serving on the frontiers in the army of the United States led us to regard the bite of this species of reptile as harmless.

Our space will not permit us to give a more extended notice of this interesting volume, it concludes with the report of numerous miscellaneous cases, and several interesting papers by the late Dr. McGill on the advisability of periosteal flaps to cover the ends of the bone after amputation. Several cases of lithotomy are related, in which a foreign substance in the bladder became the nucleus for the stone.

Great credit is due, not only to the able editor, Dr.

(*d*) A Report of Surgical Cases in the United States Army from 1865 to 1871. Washington, U.S.A.

Otis, for the manner in which he has prepared this and other circulars which have preceded it, but also to the Medical officers, who have reported the progress of the cases under their charge with such minuteness and accuracy of detail.

INDIAN MILITARY EXPERIENCES (a).

THIS neat little volume is a reprint of the author's experiences as they first were published in our columns, and we have no doubt now that they are issued in a compendious form that many of his army brethren will be pleased to possess them. There are twelve subjects, viz., Wounds and injuries, dysentery, hepatitis, jaundice, fevers, remittent fever, continued fever, heat apoplexy, paralytic affections, neuralgic affections, hydrophobia, and cholera. We were pleased to have the opportunity of printing these experiences in our columns, and we heartily wish a number of army surgeons would follow the example of Dr. Gordon in contributing their share to the general fund of information.

THE NEW EDITION OF PEREIRA (b).

THIS abridgement of Pereira is the best work on Materia Medica for the use of pharmaceutists. As might be expected from the fact that its editors are the Professors of Botany and Chemistry at the Pharmaceutical Society, the book is brought down to date both in botany and chemistry, and the editors may be congratulated on the work they have accomplished. At the same time we are compelled to state that for Medical men it is not so useful, for the therapeutical department is too much neglected. In these days, when we have given so much attention to therapeutics, it is really too bad to have all our work ignored in a volume which professes to contain an account of it. If the words "and therapeutics" had been dropped from the title we should have had nothing to say, but it would be unjust to our readers and to the memory of our teacher to omit to call attention to this defect of the valuable volume before us. Pereira's work was an encyclopædia of the subject as understood in his day, but it was necessarily one of which new editions would be frequently required. The idea of an abridgement was not unnatural, but it was negligently carried out at first by the former editor. This new edition should have at once taken the foremost place as a manual for both "Medical and Pharmaceutical Practitioners and Students," as stated in the preface, but it will not do so in its present form. For pharmaceutical practitioners and students it will, for it is, in its way, almost perfect. Both editors deserve great credit for this, and we hope that the chemists of the country will soon buy up this edition in order that the next may be made equally valuable to "Medical practitioners and students," by the addition of an editor who could do justice to that part of the work which is beyond the range of the learned professors of botany and chemistry who edit this edition.

Foreign Medical Literature.

ON THE USEFULNESS OF BODILY EXERCISE.

Selections from French Writers.

(Translated by B. BERTRAND, Professeur de S.A le Prince Impérial.)

GYMNASTICS are not only the art of exercising the body, says Broussais, but have also in view to influence the mind in acting upon the exterior.

We may also say that gymnastics develop robust temperaments and fortify weak ones. As in the intellectual order abilities grow by studying and working, so in the physiological order vital strength collects itself upon every organ which acts in a regular and continued way.

The muscular system is the most bulky of the body; the changes which it undergoes, or of which it is in some way the dispenser, are of immense importance to animal life. The muscles, recoiling upon themselves, or performing simple internal or concentric movements, oppose a considerable impediment to the circulation of the blood, to the transformation of the humours, and to the free action of the organs; while the extension of the limbs, muscles, and fibres, sends the blood quickly towards the extremities, determines a swifter course of the nutrient fluids, and provokes an excitement favourable to the exchange of the contents, to the nervous activity, and also to the manifestation of thoughts.

Gymnastics have a share in education, in politics, in hygiene, and in therapeutics; they require, by those different rights, the meditations of the statesman, of the instructor, of the philosopher, and of the physician; they especially concern the father of a family, who cares ever so little about the beauty, the strength, the intellectual and physical improvement of his offspring.

The most beautiful patrimony a father can leave to his children is a calm and powerful mind, which no fatal habit, no abnormal excitement can sully or tarnish; it is, after the magnificence of an honest and unsullied soul, the superb plastic beauty, the grace and harmony of forms, the strength, the skill, and the courage, and above all, the health, this supreme earthly good, without which all others are chimerical and deceiving ones.

In the last few years a very sensible movement has taken place in favour of gymnastics; we begin to recognise almost universally the usefulness of bodily exercise; but we are yet far from having allotted to it its right place in education.

A meeting of a most interesting kind was held some time ago in the gymnasium of M. Paz in Paris.

The manager of this magnificent establishment had invited members of the official world and the Press to an entertainment in which his numerous pupils were to perform.

The first part of the proceedings was occupied by the pupils of the College Chaptal, who executed with astonishing precision and spirit rifle exercises and platoon and battalion drills, and were at the end of them warmly and deservedly applauded.

To this succeeded gymnastic exercises, and one was then able to judge of the happy results of their being applied to the development and employment of forces of which man scarcely knows himself to be the possessor.

For an hour and a half the pupils of M. Paz vied with each other in strength, skill, suppleness, and nimbleness, without seeming attacked or threatened with fatigue, and without any of them leaving the place.

We observe with pleasure that gymnastics now take in education the place which it ought to have always possessed, and it can be proved that for some time past the gymnasiums are regularly visited by people of all ages and sexes, who come there to obtain the strength and health which can only be procured by these exercises,

---

(a) "Experiences of an Army Surgeon in India. By Deputy-Inspector General Gordon, C.B., M.D. London: Baillière, Tindall, and Cox.

(b) Dr. Pereira's "Elements of Materia Medica and Therapeutics." Abridged and adapted for the use of Medical and Pharmaceutical Practitioners and Students. Edited by Robert Bentley, M.R.C.S., F.L.S. and Theophilus Redwood, Ph.D., F.C.S. London: Longmans, Green and Co, 1872.

Correspondence.

POST-MORTEM PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It was with the greatest interest I read the case of "*Post-mortem* Parturition" so clearly and skilfully reported by Dr. Swayne in your number of the 3rd inst. I have thought deeply on the matter, and am compelled to come to the conclusion that *post-mortem* parturition did not happen in the case of Eliza Maloughlin.

I shall now try to analyse the evidence brought forward, and shall quote Dr. Swayne freely, on account of the terseness of his style, and that there may be no mistakes. At the first examination he found "a well-developed male infant lying on and parallel to the lower limbs of the supposed mother, with the head towards the feet of the latter." I presume the woman was on her back in the coffin with her lower limbs stretched, and from the description it would appear that the limbs were placed together, and the child, parallel to both, was found in the depression caused by their curvatures. Now, I think if a woman in labour were to keep the position of the deceased woman it would be exceedingly difficult, if at all possible, that she could deliver herself. The apposition of the thighs, they being at the same time in a direct line with the body, would offer a most serious obstacle to the egress of the fœtus; and, furthermore, if a woman assume that position we find we cannot easily introduce, from the anterior aspect of the body, even the index finger into the vagina. Let the thighs be parted, and the infant on its egress will be directed backwards rather than forwards, on account of the posterior position of the *os externum;* whereas, in the case under consideration we find the head, body, and limbs, of "a well-developed" infant born on to the anterior surface of the thighs. Again we find "the feet of the infant about eight inches from the vulva of the supposed mother." In natural parturition, even with the most violent contractions, the uterus is only able to expel the child, never expelling it with such force as to drive the head, body, and limbs, "*eight inches from the vulva.*" In this case it is supposed that a sudden and rapid generation of gas became so great that the fœtus was blown off to such a distance. If a *gradual* accumulation of gas brought about the result, we would not find the body arranged so regularly as to be parallel to the lower limbs, rather, the head and body having come first, the knees would be bent on their egress as they would be unable to push the head and body before them, and the feet could not, by any chance, be eight inches from the vulva.

How did the placenta become detached from the uterus? The woman died undelivered, the placenta was not detached during life, or we would have evidence of *ante-partum* hæmorrhage, and without a contraction of the uterus it is not likely the pressure of gas would succeed, rather, the placenta would be found in the prolapsed uterus. I regret Dr. Swayne omitted to mention the position of the placenta in the coffin. He says "the cord and placenta were attached to the infant, but entirely unconnected with the mother." I would expect to find the placenta, if expelled, immediately outside the vulva, and beneath the superior extremities of the thighs.

With reference to the witnesses, I do not for a moment impugn their veracity, still, I cannot but think that, the most circumstantial and direct evidence from intelligent witnesses is necessary when substantiating a case so contrary to all experience. "Six apparently credible witnesses swore positively the woman died undelivered;" but what opportunity had they of knowing the truth if anyone who was in error chose to conceal it, more especially as no suspicions were aroused. "The body was washed after death," but surely the six witnesses were not engaged in that process; and it would be interesting to know if the midwife was there, and if she did the washing of the abdomen, leaving the extremities to the witnesses. In such a process as washing, it would be easy to prevent delivery being discovered. Before the coffin was closed, are we certain it was in the power of no one to place the infant on the limbs of the mother?

One witness swore she heard a rumbling noise in the coffin, "and that this was followed by a gush of blood through the latter." In this remark the witness is hardly exact, for if the gush of blood ran through the interior of the coffin, how could she say whether it was blood or "the waters" caused the gush; and if there was a gush of blood "through the coffin," in the sense that it ran through the boards and was visible, surely such a horrible sight must have appalled her, and made her draw the attention of others to it. Dr. Swayne does not say if he found the appearance of a gush of blood in the coffin, or the shroud stained by any discharge. The evidence was not corroborated, and ought not to receive much credit.

With reference to the rupture of the uterus, I think it proves nothing, for if I admit that the pent up gas forced out the fœtus, I must admit the possibility of such forcible delivery rupturing the uterus. This is not so with the position of the child, for even granting the power of the gas, the child could not be placed where it was found. Anyhow, the woman calling out for "the priest and the doctor" for the first time, and being dead in two hours afterwards, is presumptive evidence that the rapid sinking was due to the rupture.

Whether *post-mortem* parturition is possible or not, I do not now argue, but I submit that the evidence in the case of Eliza Maloughlin is not strong enough to show she was so delivered.

I have now tried to argue the matter in a dispassionate manner, and while differing from Dr. Swayne, I respect the conclusion he has come to, as the result of impartial judgment and sterling knowledge.

Yours, &c.,
MUNSTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your valuable paper of the 27th ultimo, my attention was arrested by an article headed "Supposed *Post-mortem* Parturition," the details of which are given in your last number by Dr. Swayne, and another case reported by Dr. Dillon Lanigan bearing on the same subject. You will please give publicity to the following case which came under my observation.

Your obedient servant,
CHARLES H. ROCHE, L.R.C.S.I., L.M.,
Medical Officer Kilsharmig Dispensary.
Scarragh Cottage, Mallow, April 8th, 1872.

On the 4th January, 1869, I was called to remove a child from Mrs. R. who died at 3 a.m. undelivered; being inclined to take advantage of the dissection, I attended immediately, but some members of the family of deceased objected to the operation, consequently I did not interfere. From what I could learn, the woman, aged 35 years, primipara, was forty-eight hours in labour; the pains were severe and quick in the beginning; grew weaker and less frequent, in the morning she died, until they ceased altogether; she then fell into an apparent sleep or syncope from exhaustion, from which she never recovered. At 9 a.m. on the following day (thirty hours after death), when the body was being placed in the coffin, there was expelled a fully developed child with secundines.

I do not hesitate in giving it as my opinion that *rigor mortis* was the cause of the expulsion of the child in this case, as it usually sets in before six or eight hours. We might suppose that the child would be expelled sooner were it the cause; but it is not possible that it may be delayed longer, or that the rigidity of the muscular tissues of perineum, vagina, and lower part of abdomen may have negatived the contraction of the uterus, and that as soon as the *rigor mortis* subsided in these parts, the contraction of the uterus was unopposed. It would thus appear to be more likely to occur towards the termination of *rigor mortis*, and this would account for the length of time which elapsed between the death of the mother, and the expulsion of the child.

May not *rigor mortis* also account for Dr. Swayne's case, or is it not possible that laceration of the womb may be a *post-mortem* occurrence due to the presence of the child offering resistance to the contraction from *rigor mortis*, or may not the abdominal muscles and diaphragm (*per se*), the womb being ruptured, have expelled the child under its influence, and also have caused the prolapsus uteri, the gaseous distention being caused by decomposition at a later period.

APPLICATION OF COLD IN FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Observing in the *British Medical Journal* an article "On the Application of Cold in Fever," I was induced to send the following communication, and the way it was inserted (omitting my remarks altogether) proves, I think, their unwillingness to admit anything that reflects on any abuses that exist or questions the ingenuity or presumed originality of their favoured clique. I therefore send it to your Journal, which professes to be more liberal and independent.

The following extract, relative to the application of cold in fever, is from Dr. Beales' "American Practice of Medicine," and at the present moment may not be uninteresting :—

"According to Sir John Chardin, the celebrated traveller, the Persian physicians (devoted followers of the Galenical school) had frequent recourse to bathing in febrile diseases. His own case particularly is a remarkable example of their practice.

"He had with him a French surgeon, who gave him every assistance in his power during the violent remittent fever with which Sir John was attacked ; but on arriving at Laar, they concluded to send for the governor's physician. The latter, on his arrival, stated the nature of his disease (the fever of Bender, or bilious remittent), and, contrary to the gloomy prognostics of Sir John and his professional friend, promised a speedy cure. Chardin called out, 'I am dying of heat.' 'I know it,' said the physician, 'but you shall soon be cooled.' Chardin says :—'The apothecary,' who paid me the most constant attention, then procured two buckets of water, and having placed me on a chair, on which I was supported by two men, poured the water over my body, little by little, from the haunches downwards, and then taking a large bottle of rose-water, bathed in the same manner my head, face, arms, and breast. I blessed in my heart the Persian practice of medicine, which treated sick people so voluptuously. But our French surgeon, who was always by me, could not contain his indignation. 'He is killing you, sir,' said he to me, in a compassionate tone. 'What! bathe you with cold water in the heat of a malignant fever ; with a pint of emulsion, two pints of decoction, and a pound of confection in your belly ; with I do not know how many draughts of snow-water ? Depend upon it,' he continued, 'that instead of being very soon without fever, as he has promised you, your death will be the end of the business.' 'I do not know what will happen,' I answered, 'but, at any rate, I do not feel as if I were about to die, as you suppose.' 'Indeed, at that moment, I felt the heat within me diminish and my senses return ; upon which my apothecary, having felt my pulse, said, 'Your fever is abating.' 'It went off from that time so quickly, that by one o'clock in the afternoon I was quite free from it, even in the opinion of the French surgeon. He was quite astonished, and I was transported with joy."

The following is also from the same work :—

"One of the worst cases of quinsy in an adult patient of ours, was treated on the cold water system, which was followed by speedy relief and subsequent recovery ; and this occurred after all other means had failed. A towel was dipped in cold water and applied round the neck, and either ice or cold water was taken internally in small quantities. This hydropathic course should be further tested in this as well as in other diseases. In many cases it may be made, no doubt, very available when other means fail ; at all events, it should be used as an auxiliary."

I can but be amused at the sudden prominence that is just now given to the treatment of fever by cold, just as I was a short time since at the fuss that was made about the application of the binder prior to delivery, and the desirability of giving something more than gruel after that event. I happen to know a gentleman who, for about twenty years, has practised and advocated privately each of these reformations, and, indeed, is now practising others, which doubtless, sooner or later, will be recognised by some one else. I have no doubt, also, that there are very many obscure members of the Profession who are adopting treatment, and sound treatment, too, totally opposed to received opinion ; but what would be the use of *their* making it public? Modesty and merit often go together, and such men are very sensitive, and hesitate to subject themselves to be snubbed by bigoted partial critics, because they do not happen to hold a prominent hospital or other position. The result is that some favoured and approved individual gets the credit that would have fallen, but for this partiality, to the lot of another.

Improvements of every kind are too often not recognised according to their worth and merit, but according to the party who introduces them. I fancy, also, that the same remark applies to reviewers, who too often review the name on the title-page rather than the contents of the volume.

I am, Sir,
Your obedient servant,
C. J. Harris.

SPECIAL REPORT OF DISCUSSION ON STATISTICAL RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have no desire to carry on a discussion with Dr. Taylor, as I am aware that "a man convinced against his will, is of the same opinion still ;" but I must ask you to be good enough to insert the following tables : No. 1 furnished to the Hong Kong Government officially, by the principal military medical officer of the station ; No. 2 furnished in the same way, by which the average strength of the troops serving in Hong Kong in 1869 is shown to have been 1,447, and not 577, as stated by Dr. Taylor ; and also to reprint the enclosed letter, referring to the year 1869, from an independent source. I am not acquainted with Surgeon D. Wilson. Had he taken any great amount of interest in the question he would probably have made my acquaintance. But I cannot admit that his assertion weighs against that of his superior officer, Deputy-Inspector Pottinger, whose letter you were good enough to print, and who had the rare advantage of knowing Hong Kong both previous to, as well as subsequent to, the introduction of the protective Acts, and who is supported in his opinion by every medical officer, British or foreign, who has taken the trouble to see for himself the working of the Acts in Hong Kong. I believe that I am justified in stating that this view was equally held by Drs. Bernard and Mackay, Dr. Pottinger's predecessors as Naval Deputy-Inspectors at Hong Kong.

I am, Sir, &c.,
Ivor Murray, M.D., F.R.C.S.E. Edin.,
Colonial Surgeon, Hong Kong.

The Knowle, Brenchley, Kent,
April 13, 1872.

United States Flag Ship, "*Delaware*,"
Hong Kong, 12*th March*, 1870.

My dear Dr. Murray,—Since my arrival on this Station in the spring of 1868, I have been struck with the benefit derived from the system of registration and inspection of public women, so ably carried out in this colony.

In most of the ports visited by our ships, the men have suffered from syphilis, and especially in Japan, where the disease exists in its most virulent form. But during our visits to Hong Kong, but few have been affected, and the type of the disease is very mild. In proof of this, I would mention that the crew of this ship, numbering four hundred and seventy men, have lately been granted liberty and only five cases of chancre (chancroid) have been noticed.

Such a result as this proves the great benefit derived from the system; and on the eve of my departure from Victoria, I deem it a duty, as well as a pleasure, to express to you my high appreciation of your labours in the cause of humanity, as well as to congratulate you upon the success with which they have been crowned.

Very truly, your obedient servant,
ROBERT. L. MACCOUN,
Fleet Surgeon, U.S.N.

DR. MURRAY, *Colonial Surgeon*, Hong Kong.

NO. 1.—TABLE *showing the Number of* CASES *of* PRIMARY VENEREAL DISEASE *in the* GARRISON *during the undermentioned Years.*

DISEASES.	1867.				1868.				1869.			
	Europeans.	Asiatics.	Total.	Per Centage of Strength	Europeans.	Asiatics.	Total.	Per Centage of Strength	Europeans.	Asiatics.	Total.	Per Centage of Strength
Bubo	4	4	8	0·69	8	2	10	0·73	2	...	2	0·13
Syphilis, Primary	21	18	39	3·40	31	7	38	2·78	19	3	22	1·50
Gonorrhœa	29	19	48	4·18	57	12	69	5·06	52	8	60	4·10
Orchitis	4	4	8	0·69	3	1	4	0·29	15	1	16	1·09
Phymosis and other	4	...	4	0·34	1	3	4	0·29	...	...	...	...
Total	62	45	107	9·32	100	25	125	9·17	88	12	100	6·83

NO. 2.—TABLE *showing the* RATE *of* SICKNESS *and* MORTALITY *of the* TROOPS *serving in* HONG KONG, *during the Year* 1869.

AVERAGE STRENGTH.			ADMISSIONS INTO HOSPITAL.			DEATHS.			RATE OF SICKNESS.	RATE OF MORTALITY.
White.	Black.	Total.	White.	Black.	Total.	White.	Black.	Total.		
555	892	1,447	720	540	1,260	5	20	25	87·07 per cent.	1·72 per cent.

◆

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in anatomy and physiolgy at a meeting of the Court of Examiners on the 10th inst., and, when eligible, will be admitted to the pass-examination:—Messrs. Richard Jelley, Thomas E. Maclean, John W. G. Sellon, John Hopkins, and Winckworth F. Smith, of University College; Leonard J. Wilding, Edward O. Reynolds, and Arthur B. Crowther, of Guy's Hospital; Alfred P. Woodforde, Philip N. Hart, and William Squire, of St. Bartholomew's Hospital; Mancel Martinho Gonsalves and Frederick Tyrrell, of St. Mary's Hospital; John H. Allden and William F. F. Bosse, of the London Hospital; William Bickford and Henry W. Verdon, of St. Thomas's Hospital; William Jackson and Timothy C. Denby, of the Leeds School; Lewis J. Newnham, of the Charing-cross Hospital; Edward P. Vines, of King's College; William E. Cree, of the Middlesex Hospital; and George J. Briggs, of the Hull School. Thirteen candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their anatomical and physiological studies for three months.

British Medical Benevolent Fund.—Her Majesty the Queen has granted a donation of £100 to the British Medical Benevolent Fund.

Density of Population in London.—The population of London—that is to say, of the Metropolitan registration "division," one of the 11 divisions of England—was stated at 3,251,804 in the preliminary report of the census of April, 1871; the revision at the Census Office has shown the true number to be 3,254,260. In 1801 the population was but 958,863. The revised area is given as 78,080 acres, or 122 square miles; this includes 2,718 acres of the Thames. The mean density of population in this area, as shown by the census, is 42 persons per acre—150 in the central districts, 107 in the east, 56 in the north, 52 in the west, and only 21 in the south districts, which last include considerably more than half the entire area of London. This density ranges from one person per acre in Eltham, and three in Lewisham and in Dulwich, to 410 and 418 respectively, in St. Andrew and Whitecross sub-districts of Holborn, and 429 in Berwick Street sub-district of Westminster. The decennial increase of population in the whole of London was 21·2 per cent. in the period 1841-51, 18·7 per cent, in 1851-61, 16·1 per cent. in the decade 1861-71. The increase between 1861 and 1871 was 25·2 per cent. in the south group of districts, 22·5 in the west, 21·6 in the north, 11·9 in the east; but there was a decrease of 12·8 per cent. in the central group, which comprises not only the City, but also the Strand, Holborn, and St. Giles-in-the-Fields.

◆

Treatment of Hæmorrhage from Teeth.

DR. W. H. WAITE, in the *Canada Journal of Dental Scienc*, recommends strongly, in cases of troublesome hæmorrhage following extraction of teeth, the use of a saturated solution of alum. He packs the empty alveoli with a compress of cotton saturated with the alum solution.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Alpha writes to us asking why, being a subscriber, he does not receive the Supplement published with the Journal, and suggests that, perhaps it is not now issued. As our correspondent does not favour us with his name or address, we are unable to answer him, as to the reason he does not receive it. But this much we can assure him that it is published weekly—with few exceptions—and that he can always receive it with the other part of the Journal if desired. In fact, although the Supplement is published specially for members of the Irish Poor-law Medical Association, and contains matter chiefly interesting to them. Subscribers in any part of the United Kingdom can have it weekly without additional charge if they signify the same to the Publisher.

Post Cards.—In the House of Commons on Friday last, Mr. Dickinson asked the Postmaster-General whether under the proposed new regulations of the Post Office allowing private cards with written communications to pass through the Post Office for the postage of one halfpenny, it was intended that the postage should be paid by impressed stamps only, and not by adhesive stamps also; and, if so, on what grounds the public were to be prohibited from using the more convenient form of adhesive stamps for paying the postage.

Mr. Monsell replied that "the subject had been carefully considered, and it had been found that unless the exclusive use of impressed stamps was insisted upon, it would not be possible to offer the public the facilities of the post card." This grand concession of the Government, therefore, amounts to almost nothing.

Methelevne.—1. Certainly. 2. You will probably be able to get it at most respectable chemists; the original manufacturer is Mr. Robbins, of 372 Oxford Street, W.

Dr. E. W., Liverpool.—Not for the reason you assign; we waited some weeks expecting the promised communication from you, when we were compelled to close the correspondence for want of space. Your exhaustive letter arrived some few weeks afterwards, but as we had refused insertion to others, in justice to them, we were compelled to adopt the same course with you.

Dr. Roth.—The copies were forwarded to your old address; we were not aware of the change.

Mr. Toby, Exeter.—As some of the copies of this Journal containing the "Sewage Reports" are out of print, a perfect set cannot be sent to you. The Reports, however, have been thoroughly revised, and are now reprinted in a handy volume at 4s. 6d., and published by Baillière, Tindall, and Cox.

F. E. R.—Let us see the MS. Woodcuts, if well done, are very expensive.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Communications, Enclosures, &c., have been received from:—Sir R. R. Simpson, Edinburgh. Dr. Paget, F.R.S., Cambridge. Dr. Morgan, Dublin. Mr. Courtenay, London. Dr. Webster, Bristol. Dr. Douglas, Wymondham. Dr. Allott, Hayland. Dr. Summers, Haverfordwest. Dr. Speer, Liverpool. Dr. Wise, Norwood. Dr. Jerrard, Honiton. Mr. Robertson, Edinburgh. Dr. Davey, Bristol. Dr. Johnstone, Brampton. Dr. Mapother, Dublin. Dr. Agar, Ponders End. Dr. Byron Booth, Chorley. Dr. McGrigor Croft, St. John's Wood. Mr. Ansell. Mr. Dowse, Skelmanthorpe. Dr. Symonds, Ormskirk. Dr. McGreger, Weaverham. Dr. Hughes, Bangor. Dr. W. Bennett, Clevedon. Dr. Thorowgood, London. Mr. Fox, Manchester. Dr. Boreham, Dorchester. Mr. Ignatius Wilkins, Wadebridge. G. Von Schmitt, London. Dr. F. Barton, Malton. Dr. P. J. Nicolls, Belmont. Dr. Dudgeon, London. Dr. Crean, Brewood. Dr. Lane, Bishops Castle. Dr. Wright, Passage West. Professor Erasmus Wilson, London. Dr. Croly, Rathgarnham. Dr. Mullen, New Ross. Dr. Hartland, Villierstown. Dr. Byrne, New Ross. Dr. Ewing Whittle, Liverpool. Dr. Robinson, Arvagh. Dr. Sampson, Scariff. Dr. Williams, Great Malvern. Dr. Morrow, Downpatrick. Dr. Beach, Cheltenham. Dr. Furlong, Wexford. Dr. Burke, Ballinasloe. Dr. Thomas, Glasgow. Dr. Tremble, Castlebellingham. Dr. Webb, Dundrum. Dr. Roth, London. Dr. Brodie, Galway. Mr. T. F. Hale, Barrow-in-Furness. Dr. Fry, Boyle. Dr. Burnett, Tullow. Mr. W. Meadowcroft, Great Bentley. Dr. Spotswood, Kerry. Dr. McDermott, Ballaghadereen. Mr. Tichborne, Dublin. Dr. Johnson. Dr. Williams. Mr. Redmond, Waterford. Dr. Sinclair, Dublin. Dr. Buchanan, Glasgow. Dr. Daniel. Dr. Clark, &c.

VACANCIES.

Staffordshire General Infirmary. House-Surgeon. Salary £100, with board.

Skirlaugh Union, Beverley. Medical Officer. Salary £32, fees exclusive.

Middlesex County Lunatic Asylum. Medical Superintendent of the Male Department. Salary £600 per annum, with furnished residence.

Royal Albert Hospital, Devonport. Resident Medical Officer. Salary £250 per annum, with board.

St. Peter's Hospital for Stone, London. House-Surgeon.

Hamadryad Hospital Ship off Cardiff. Resident Assistant Medical Officer. Salary £75 per annum. with extras.

Dundee Infirmary. House Surgeon. Salary commencing at £50.

◆

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

Clinical Surgical Report of the Glasgow Royal Infirmary for the Year 1871. By George Buchanan, A.M., M.D.

The Census and its Results as affecting Population Theories. By Ewing Whittle, M.D.

The Provident System of Medical Relief. London: H. K. Lewis.

The Curability of Cancer. By G. Von Schmitt.

Annual Report of the St. John's Hospital, Ashford.

Nature; Gazette Médicale de l'Algèrie; The Shield; Journal de Médicine et de Chirurgie; La Presse Médicale Belge; Le Mouvement Médical; Le Courrier Médical.

◆

MEETINGS OF THE LONDON SOCIETIES.

Thursday, April 18.—Royal Institution, 3 p.m. Professor Tyndall, "On Heat and Light."

Friday, April 19.—Royal Institution, 9 p.m. Mr. Vernon Harcourt, "On the Sulphurous Impurities in Coal-gas, and the means of removing them."

Saturday, April 20.—Royal Institution, 3 p.m. Mr. R. A. Proctor, "On the Star-Depths."

Monday, April 22.—Medical Society, 8 p.m. Ordinary.

Tuesday, April 23.—Royal Medico-Chirurgical, 8.30 p.m. Ordinary.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 17.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, April 18.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, April 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 20.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, April 22.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's osHpital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 23.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Buntine, R., L.F.P. & S.Glas., Medical Officer for the Borough District of the East Ward Union, Westmoreland.

Boreham, W. T., L.R.C.P., M.R.C.S., L.S.A., Admiralty Surgeon to the Coast Guard Stations of Langton Herring and Abbotsbury, and Medical Officer to the Abbotsbury District of the Weymouth Union, and Medical Officer to the Long Bredy District of the Dorchester Union.

Drapes, T., M.B., L.K.Q.C.P.I., Visiting and Consulting Physician to the District Lunatic Asylum, Enniscorthy, Co. Wexford.

Gentle, D., M.D., Assistant Medical Officer to the Middlesex Lunatic Asylum, Colney-hatch, vice A. Strange, M.D., appointed Medical Superintendent of the Salop and Montgomery Lunatic Asylum.

Moore, C. F., M.D., F.R.C.S.I., Physician to the Fever Hospital and House of Recovery, Cork Street, Dublin.

Myles, T. W., L.A.H.Dub., Resident Apothecary to the House of Industry Hospitals, Dublin.

Simpson, T. P., M.D., Medical Officer to the Portsea Workhouse.

Sims, C., L.D.S., Dental Surgeon to the Queen's Hospital, Birmingham.

Smith, A., M.D., Medical Officer for the Parish of Tannadice, Forfar.

Swan, W., M.B., House-Surgeon to the Seaman's Hospital, Greenwich.

Vickery, G., M.D., Medical Officer, &c., for the Ballymartle Dispensary District of the Kinsale Union, Co. Cork; also Medical Attendant to the Royal Irish Constabulary, Ballymartle.

Vores, W. M.; B.A., Resident Medical Officer to the Royal Free Hospital.

White, H. F. La Touche, L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the District of the Caxton Union, Cambridgeshire.

Army Medical Department.—Surgeon-Major William Watt, from the 3rd Dragoon Guards, to be Staff Surgeon-Major, vice Staff-Surgeon James Landale, M.D., who exchanges.

Surgeon James Hornidge Finnemore, from the 45th Foot, to be Staff-Surgeon, vice George Whitla, appointed to the 45th Foot.

Assistant-Surgeon George Whitla, from the Royal Artillery, to be Staff-Surgeon, vice William Thomas Paliologus, placed upon half-pay.

Staff Assistant-Surgeon Arnold Royle retires upon half-pay.

Staff Assistant-Surgeon James McCully, M.D., resigns his commission.

◆

Marriages.

Johnson—Boardman.—On the 10th inst., at St. George's, Leicester, C. J. B. Johnson, L.R.C.P.Ed., of Whitwick, to Annie, youngest daughter of the late Thomas Boardman, Esq., of Swadlincote.

Moorhead—Gillman.—On the 11th inst., at St. Thomas's Church, Dublin, William R. Moorhead, M.A., M.D., Benburb, Co. Tyrone, to Amelia Davis, only daughter of the late J. Gillman, Esq., J.P., of Oakmount, Co. Cork.

Spencer—Harvey.—On the 12th March, at Agra, India, Lionel Dixon Spencer, M.D., Bengal Medical Staff, youngest son of the late William Spencer, of Newcastle-on-Tyne, to Elizabeth Gordon Lamond, eldest daughter of Alexander Harvey, M.D., Professor of Materia Medica in the University of Aberdeen.

◆

Deaths.

Barnes.—On the 31st of March, T. Barnes, M.D., of Bunker's hill, Carlisle, aged 78.

I'Anson.—On the 4th of April, W. A. I'Anson, M.R.C.S.E., of Newcastle-on-Tyne, aged 56.

Ridley.—On the 27th of March, John Ridley, Surgeon, of Cleator Moor.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Notice is hereby Given, that on TUESDAY, the 7th of MAY next, at the hour of Three O'clock, p.m., the President and Council will proceed, according to the Provisions of the Supplemental Charter, to elect from among the Fellows of the College—

Seven Examiners to Examine Candidates for Fellowship and Letters Testimonial;

Three Examiners to Examine Candidates for the Diploma in Midwifery;

And Three Examiners to Examine Students as to their proficiency in General Education.

Candidates are requested to lodge their Applications with the Registrar, at the College, on or before FRIDAY, the 26th of APRIL.

(By Order)

John Brennen, Registrar.

ST. THOMAS'S HOSPITAL MEDICAL COLLEGE.

ALBERT EMBANKMENT, WESTMINSTER BRIDGE.

The SUMMER SESSION will commence on Wednesday, 1st MAY. Prospectuses and all other particulars as to the Admission Fees, may be obtained from Mr. Whitfield, the Medical Secretary, St. Thomas's Hospital, S.E.

QUEEN'S COLLEGE, BIRMINGHAM.

(INCORPORATED BY SPECIAL ACT OF PARLIAMENT.)

FACULTY OF MEDICINE.

THE SUMMER SESSION WILL COMMENCE on the 1st of May next.

The Prospectus of the Medical Department, and further information, may be obtained by application to the Rev. the Warden at the College; or to Professor Foster, M.D., 16 Temple Row, Birmingham, Physician to the General Hospital; or to Professor Furneaux Jordan, Colmore Row, Birmingham, Surgeon to the Queen's Hospital.

PRIZES IN BOTANY.—The next Examination for the Society of Apothecaries' Annual Prize in Botany will be held at the Hall of the Society on Wednesday, the 19th of June next, at 10 a.m.

The Prizes consist of a Gold Medal and a Silver Medal and a Book. Gentlemen will be eligible as candidates for competition who are in attendance on the *Second Summer Session* of their medical studies.

Candidates must send a written notice to the Office of the Beadle on or before the 1st of June.

By order of the Court of Assistants,

R. B. Upton, Clerk to the Society.

Apothecaries' Hall, London, 1872.

GLASGOW ROYAL INFIRMARY.—Summer Session opens May 1st, 1872. Clinical Lectures commence May 7th. Hour of visit, 9 a.m. Dispensary, 2 p.m.

Physicians—Drs. Perry, Steven, M'Call Anderson, Scott Orr, and W. T. Gairdner.

Surgeons—Drs. G. H. B. Macleod, Buchanan, Morton, Watson, and Dewar.

Number of beds in Hospital, 480. Patients treated last year, 6,086. Number of Operations, 429. Dispensary patients, 13,630.

Fees for attendance on Hospital and Dispensary, £3 3s. for one year; £2 2s. for six months; and £1 11s. 6d. for three months.

Fee for attendance on the Medical Clinical Lectures for Summer Session, £1 11s. 6d.

Ditto, Surgical ditto, £1 11s. 6d.

M. Thomas, M.D., Superintendent.

PRELIMINARY EXAMINATIONS of the COLLEGE OF SURGEONS, MR. J. ERLE BENHAM, (formerly of King's College, London, Author of the Student's Guide), whose pupils have always met with very great success, has commenced to take his CLASSES, and to give PRIVATE INSTRUCTION *for the next* JUNE Examination. For particulars and syllabus of Testimonials, address to 20 Devereux Court, Temple, or to the care of Messrs. Butterworth, 7 Fleet Street, London, Her Majesty's Law Publishers.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D. M.R.C.S., F.L.S.,

&c., (King's Coll.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

PRACTICES AND PARTNERSHIPS NOW OPEN for negociation (in addition to those advertised in Dr. Langley's List, (which is sent post free on application).

Y 449. DEATH VACANCY. Within 25 miles of LONDON, small but select PRACTICE in a good town, containing a population of 20,000; appointments yield £70 a year, and would afford a good introduction; convenient house with small garden; rent £38. An arrangement for the payment of the premium on easy terms may be made.

Y 448. In a pleasant CATHEDRAL TOWN in a very picturesque district, a good family PRACTICE for transfer on easy terms. Actual receipts upwards of £800, with opportunities for great increase; patients good class; easily worked appointments yield £100 a year. Books open to the fullest investigation; part of the premium may be left on security.

Y 447. Easily worked PRACTICE in a LARGE TOWN; receipts £230 a year; no assistant or horse required; the house is in an excellent situation, and there is almost unlimited scope for increase.

Y 446. SOUTH COAST. In the suburbs of a fashionable watering place. Receipts upwards of £400 a year; transferable appointments yield £200 a year; large and convenient residence; rent £42. An efficient introduction can be given.

Y 445. In a LARGE TOWN. A general PRACTICE realising about £470 a year. Patients good upper middleclass. Usual midwifery fee £2 2s.; visits 5s.; appointments yield £78 a year; the residence is very conveniently situate with stabling; rent £80. Terms, a year's purchase, part being left on security if desired.

Y 444. UNOPPOSED PRACTICE within 70 miles of LONDON in a well populated district, with easy access by railway; income is £360 a year on an average, but could be considerably increased by a young and active man; no assistant required; one horse does the work; the house is a convenient family residence with nine acres of land and suitable outbuildings. The whole connection is transferable to a suitable man, and would be found acceptable to a gentleman fond of agricultural pursuits, and who wishes to retire from the more active duties of his profession. The highest references can be given.

Y 443. LONDON, W. An old-established PRACTICE, the incumbent of which is recently deceased; present income is about £350 a year, but the connexion would introduce to a practice capable of producing £2,000 a year. The practice is wholly private, and patients chiefly high class. The house is situate at the corner of a main thoroughfare, with side entrance. It contains sixteen good rooms, some of which are let off. Rent of the whole £160.

Y 442. Within 90 miles of LONDON, with direct railway connection, a very transferable country PRACTICE in a pleasant town, the centre of an agricultural district. The practice has been conducted by present incumbent for fifteen years; average income about £700 a year; last year £754; easily worked appointments bring in upwards of £100 a year; one horse only required; the residence is the best in the town, and held at a moderate rent; patients good middle class. An effective introduction can be given.

Dr. Langley's Quarterly List of selected Practices and Partnerships for April is now ready, post free on application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 24, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872. By Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture V. (*continued*).... 357
Foreign Bodies in the Urethra and Bladder. By Edward Hamilton, F.R.C.S.I., Surgeon to Dr. Stevens's Hospital, Dublin. (*Illustrated*) 359
Drs. Diday and Fournier on Dualism and the Treatment of Syphilis. By C. R. Drysdale, M.D., M.R.C.P. Lond.; F.R.C.S. Eng.; Physician to the Metropolitan Free Hospital 362
On a Point in the Treatment of Enteric Fever, connected with the Use of Emetics. By Henry Kennedy, A.B., M.B. 363

HOSPITAL REPORTS.

RICHMOND SURGICAL HOSPITAL—
Dislocation of the Head of left Humerus forwards.—Reduction by Robert and Collins's Modification of Jarvis's Adjuster (*Illustrated*) 365

TRANSACTIONS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON—
Mercurial Tremors.......... 365
Retention of Urine.......... 365
The Mineral Waters of Tarasp 366
SURGICAL SOCIETY OF IRELAND—
Monstrosity (*Illustrated*) 366
Recurrent Mammary Tumour 366
Self-Mutilation and Emasculation 367
A Point in the Treatment of Enteric Fever, connected with the Use of Emetics 367
Removal of Foreign Bodies from the Bladder and Urethra.......... 368

LEADING ARTICLES.

THE PROVIDENT SYSTEM 368
PARLIAMENTARY PROCEEDINGS 370

NOTES ON CURRENT TOPICS.

Alcoholism in America.......... 371
Lord Mayo's Death Wounds 371
Demonomania and Witchcraft 372
Customs and Salaries of Physicians before the Christian Era 372
The Vital Statistics of Dublin for the last Quarter 372
Antidote to Carbolic Acid 372
Health of Dublin 372
The Eye in Bright's Disease 372
A New Method of Plugging the Posterior Nares 373
British Association for the Advancement of Science 373
Poisoning by a Proprietary Medicine 373
The Obstetrical Society of London's Examination for Midwives 373
PAGE
Mortality among Officers of British Regiments in 1870 373
The Public Health Bill.......... 373
Statistical Results of the Contagious Diseases' Acts 373
Expected Accouchement of Her Imperial Highness the Crown Princess of Germany 374
The Princess Thyra attacked with Typhoid 374
Meeting of the Royal Geographical Society 374
Appointment of Visiting-Physician to the Training Schools under the Irish Board of National Education 374
Presentation to Dr. W. H. Maturin, of Church Hill Dispensary, Letterkenny... 374
Special Meeting of the Medical Society of the College of Physicians, Ireland 374
Death from the Effects of Arsenic.......... 374

CORRESPONDENCE.

Harward O'Farrell, M.D., F.R.C.S.I., on *Post-mortem* Parturition.......... 374
Charles Bell Taylor, M.D., F.R.C.S.E., on Special Report of Discussion on the Statistical Results of the Contagious Diseases Acts 375

Medical News 375
Notices to Correspondents 375
Vacancies 376
Appointments 376
Marriages.......... 376
Deaths 376

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE V.—(*Continued*).

THESE suppurative forms of small dimensions prepare us for a state of ulceration which is remarkable for the production of an abundance of viscous, puriform exudation and crusts of considerable thickness resulting from the desiccation of that exudation. This form of eruption is commonly denominated *rupia*, from the Greek word ρυπος, signifying dirt or filth; but, pathologically, rupia is simply an ulcer or state of ulceration attended with a puriform secretion, and the desiccation of that secretion into crusts. I should wish to limit the use of the word rupia to syphilitic sores in particular, inasmuch as considerable practical inconvenience arises from the confusion of syphilis with other affections of a more innocent description.

We have already seen the mode of beginning of a rupia:—At first there is some degree of hyperæmia, then follows the thickening belonging to a flat tubercle; upon the latter the cuticle is raised into a vesicle of greater or less extent filled with puriform contents; the puriform matter dries up into a crust, while new matter of a similar kind is formed beneath it and around its circumference, and thus by centrifugal progression, such as we have already seen in operation in the discoidal circinate tubercles, the crust attains considerable dimensions; and if the crust be removed, we shall find beneath it the active cause of the secretion and crust, namely, ulceration, sometimes so superficial as to heal up without leaving a mark behind, and sometimes of considerable depth, and followed by a permanent cicatrix. The crust, therefore, varies in figure and dimensions, being sometimes flat and rugged, and showing on the surface traces of its mode of growth, and at other times conical and comparable in shape to a limpet shell; the former, the flat and rugged crust having been likened to an oyster-shell.

The Model No. 229 brings to our notice a good example of rupia, the encrusted ulcerations are situated on the hip and upper part of the thigh, and range in size between half an inch and one inch and a half. The crusts have a dark brown colour, are embossed in the centre and raised towards the border, and the skin surrounding them is, for a short distance, red and tumid. Sometimes a rupture occurs at the extreme edge of the crust, and then an ulcerated fissure is brought into view, from which an oozing of sanguineous pus makes its issue.

The drawings Nos. 230 and 231, together with the plaster cast No. 232, illustrate the prominent form of rupia, rupia prominens; the peculiar configuration of the crust being due to a greater relative proportion of secretion and more measured onward progress by the circumference. In rupia prominens the contents of the first developed vesicle are lifted up by the formation beneath and around it of a stratum of a similar material, and every stratum as soon as it has acquired a moderate degree of inspissation is lifted upwards by another stratum produced beneath it until the crust assumes the figure of a regular cone marked by concentric lines and concentric ridges. In the figure, the pustular vesicles are seen in progressive stages of growth, and around the fully formed crusts there is a blush of redness and a loosened state of the epidermis, and if the crusts were forcibly removed we should find underneath a superficial ulcer. The conical figure of the crust is also in some measure dependent on the region of the body attacked; on the limbs of this patient the crusts were flat—of the oyster-shell kind—as compared with the limpet shell, and one situated on the thigh measured two inches in diameter.

The specimens, Nos. 233 to 238, illustrate another case of rupia prominens; the eruption appearing in isolated pustules during a period of six months. The most characteristic crust was developed upon the eyebrow, carrying upwards in its growth the hairs of that region. An inflamed raw edge is seen at its base; the crust itself being preserved in preparation No. 236. On the arm of the same patient was the ulcer delineated in the drawing No. 233, and represented on the wax and plaster casts Nos. 237 and 238. The ulcer is of the asthenic kind, devoid of pus, uneven of surface, and moistened by a colourless fluid; the edges are pale, thin, and somewhat livid, and exteriorly to the edge is a narrow halo of hyperæmia.

Model No. 239 is another example of syphilitic rupia affecting the leg; the surface is studded with superficial ulcers united by an erythematous base and intermingled with pustules, cicatrices, and purple stains. The pustules are covered with thick black crusts, and the ulcers, which range in size between half an inch and an inch and a half, are circular in figure, smooth and uneven in surface, and surrounded by a prominent black border, with an inflamed areola beyond.

No. 240 is a water colour drawing illustrating a local form of rupia or chronic ulcerative syphilis; the disease occupies the side of the knee, and is partly cicatricial and partly ulcerative, the ulcers being coated over with thick black crusts, from beneath one of which is seen exuding a drop of sanguineous fluid. The cicatricial portion of the patch is depressed into shallow pits corresponding with pre-existing ulcers, is extensively foveolated and is discoloured by the deep red-brown or copper colour, characteristic of syphilis. The pigmented cicatrices of two healed ulcers are seen a little lower down the leg.

A not uncommon seat of ulcerative syphilis is shown in the Model No. 243; the disease is apt to occur in the walls of the matrix of the nail, commonly its posterior wall, and frequently extends to the rest of the matrix. The end of the finger is swollen, the nail in course of separation, and the general aspect of the disease extremely repulsive.

Another interesting illustration of syphilis is shown in the photograph No. 241. The cachexia of syphilis is very decided, it destroys the corpuscles of the blood, very probably converting them into pigment; it induces emaciation and gradually exhausts the powers of the constitution. The photograph before us is an example of this kind, and highly characteristic of the syphilitic cachexia, the emaciated limb, the brown pigmentation, and the deeper shades of pigment which mark the situation of cicatrices.

Let us for a few moments review our progress along the ranks of pustular and ulcerative syphilis, beginning with the well-defined looking pustules of Nos. 226, 227, and 228; then proceeding onwards to the encrusted ulcers of rupia, sometimes marked by flat rugous crusts, and sometimes by conical crusts; next the local modifications of the disease, the ulceration of the matrices of the nails, then the cicatrices, and lastly the evidences of cachexia manifested by deep pigmentation of the skin, and emaciation.

These are examples of the *fixed* forms of syphilis, but now we must retrace our steps to pursue the development of certain migrating or serpiginous forms, such as have been already illustrated in nearly all the groups of cutaneous disease which we have heretofore examined, and which is so strongly impressed on the character of cutaneous syphilis. Indeed, I may refer to this feature of the affection as one of the *laws* of cutaneous disease; and syphilitic inflammation is simply obeying that law in sometimes maintaining its position fixed and immoveable, and sometimes diverging into a migratory mode of growth.

In two of the preceding specimens, Nos. 203 and 205, we have seen papular syphilis assuming a circinate form, and giving rise to rings which are dispersed over the face or congregrated in considerable number around the apertures of that region. The Model No. 244 might almost be taken as an advanced stage or degree of a similar case in which the papular ring has passed into the state of ulceration, and the ulcerated rings have become surmounted with amber-coloured crusts. The average size of the rings is half an inch in breadth, but few are perfectly complete, being ordinarily broken at some point of their circumference. I must also draw attention in this case to the presence of a tubercle at the commissure of the lips, which has become converted into a mucous tubercle by the moisture of the region resulting from the issue of saliva from the mouth.

In the Model No. 245, representing the arm, we have an expansion of the principle of growth initiated in the preceding model, and in consequence of the larger size of the crusts and more decided presence of ulceration, we may very justly give it the name of rupia circinata. The eruption consists of rings having an average diameter of a little over one inch; some are isolated and some confluent, the latter constituting blotches of considerable extent. The limb or border of the circle is surmounted with crusts, generally six or eight in number and resulting from the desiccation of vesicles and their contents, and the area of the rings is of a purple red colour, varied now and then by the white and livid hues of a cicatrix. Here and there, where a crust has been rubbed off, the moist surface of a superficial ulcer is exposed to view, and on the hand will be found a well-marked illustration of the brown, red, and livid stain so commonly left upon the skin by rupia. The large compound blotches afford ample evidence of their original constitution of confluent rings, the circumference is formed of arcs of circles, and broken rings may be traced within the area; the crusts occupying parts of such broken rings. The model evinces in its emaciation and in the pigmentary discolouration of the skin, strong evidences of cachexia, which we may presume to be syphilitic cachexia. The history of the patient is remarkable; he was thirty-two years of age, the primary syphilitic sore continued for a period of two months, was accompanied with swelling of the inguinal glands, and was healed by local applications alone without internal medicine of any kind. Seven months after the cure of the primary disease the present eruption made its appearance by slow degrees, first attacking the arms and then extending to other parts of the body, having been six months in progress at the time of making the model. At the latter period he had also, ulceration of the fauces, pains in the head, cough, loss of appetite, and was much reduced by debility. We have no history here of complication by constitutional treatment mercurial or otherwise, and no regular order or succession of cutaneous manifestations.

Equally interesting and very similar to the former case is the Model 526, which exhibits several large map-like blotches distributed over the side of the trunk. The blotches are serpiginous in growth and ulcerous at the border, the area being studded over with ulcerating tubercles and ulcerating surfaces encrusted with a dark amber-coloured scab. They are composed of rings which have grown by the circumference until they have become united and blended together, the peripheral margin still continuing its growth, and central fragments of the rings retaining their place as separate tubercles. The progress of the eruption may be traced out upon the model from mere hyperæmic spots without elevation, such as are seen on the hip, to large ulcerated tubercles, a quarter or half an inch in diameter; then onwards to small unbroken rings; next to broken rings; and then to arcs of larger and larger circles. The contrast in colour between the sound and morbid skin is one of the features of diagnosis of the disease, as also are the sharply defined boundary of the eruption with its dull red margin, and the dull crimson and purplish hue of the included area. Every tubercle within the area may be seen to be a part of a retrograde ring; while some of the tubercles in common with the skin of the area itself, are in a state of desquamation.

Where all is chronic, it is difficult to draw the line between the chronic and the more chronic; but such a distinction is forced upon our attention when pursuing the progressive development of syphilis of the skin. That which peculiarly designates a recent form of the disease is its general eruption like an exanthem, while the most distant period of all is indicated by its limited and almost solitary character, and the local nature of its seat. I have left behind and undescribed, in the papular group, a series of nine specimens which are of the more chronic character to which I refer, and which I will now bring under your notice.

The drawing 194 represents a large papular blotch of eruption on the shoulder; near it is a second and smaller blotch, and between the two are several isolated papules. The border of the blotch is papulated, and the individual papulæ as well as those around the circumference of the blotch are covered with a thick epidermic scale. Now, the history of this patient is as follows:—She was married at the age of twenty-three; within the first year she gave birth to a healthy child; and, two years later, she had a miscarriage, consequent, no doubt, upon syphilis. But not until four years after this miscarriage was there any symptom in herself which could be ascribed to syphilis. Then, a blotch of eruption similar to that in the drawing made its appearance on the sacrum, and subsequently went away without treatment. After another interval of four years the present blotches showed themselves on her shoulder, and had been six months in existence when the drawing was made. She has had no other symptom of syphilis, and is now thirty-three years of age; nevertheless, we have good reason for believing that she has been for seven years in a state of syphilisation. The form of eruption in this case is that which might be denominated by the followers of Willan *psoriasis syphilitica*.

A somewhat similar illustration is seen in the plaster cast No. 195, which is that of the hip of a young man, æt. 26. The physical signs of the eruption are:—A large blotch nearly six inches in diameter presenting the ordinary lesions of a centrifugal syphilis, namely, papulæ in different stages within its area together with an uneven and interrupted border composed of segments of papular rings surmounted by epidermic concretions. The patient had three such blotches on his body, one on the opposite hip, and one on the arm; the eruption having been in existence for seven months. Otherwise he was a healthy young man employed in the Fire Brigade, and formerly in the navy. At the age of twenty-one he had a chancre and bubo, both of which got well without other treatment than rest and low diet; and no syphilitic symptoms of any kind were evinced until five years later, when the blotches now under consideration made their appearance, and have occupied their present position without change for seven months. He never experienced any form of general eruption of the skin, never had sore throat, and never neuralgia.

We may also take under consideration in this place the plaster cast No. 196, which represents a large elliptically figured blotch situated across the upper part of the buttocks, and manifesting signs of having crept slowly on by the circumference until it obtained its present dimensions. The area of the blotch is rugged and wrinkled, and marked in several places by deep pits; the active elements of the disease, the papules or tubercles, fifty or sixty in number, are to be found chiefly near the circumference, where they may be seen singly and in clusters, the latter being sometimes circular and sometimes linear, in groups of from three to twelve. The diameter of the tubercles averages a quarter of an inch, and each is surmounted by a thin epidermic scale. The patient was a gentleman forty years of age, and besides this larger blotch he had two others on the face, one composed of six or eight tubercles on the forehead, and a cluster of three or four on the side of the cheek. The blotches had existed for seven years when the cast was taken; during the first four of these years the tubercles were frequently in a state of superficial ulceration, but for the latter three years ulceration had ceased. The period of inoculation dated back to eighteen years previously to the eruption of the skin at which time he had chancre with bubo; but during the interval there was no affection whatever of the skin, although for three or four years immediately succeeding the sore he was troubled with frequent sore throat.

FOREIGN BODIES IN THE URETHRA AND BLADDER (a).

By **Edward Hamilton**, F.R.C.S.I.,

Surgeon to Dr. Stevens's Hospital, Dublin.

M. G., æt. 34, admitted to Steeven's Hospital under Mr. Hamilton; he states that he has been for the past year suffering from symptoms which were attributed to stricture of urethra. He had difficulty in passing water with some irritability of the bladder, for this he was treated by an intelligent country practitioner, who passed bougies four or five times, until these unpleasant symptoms subsided. Finding a recurrence of them he again applied to the same surgeon, who passed instruments several times, and subsequently allowed him to use them himself. In doing so on the 25th of July, on attempting to withdraw the bougie, it broke off, leaving, as he stated, about two inches of it in the passage. The next day he presented himself at Stevens's Hospital. He complained of frequent micturition with uneasiness, rather than positive pain in the passage. A No. 8 silver instrument was easily passed into the bladder, but the foreign body could not be satisfactorily detected, neither was he able to produce the remainder of the bougie; he was not suffering any great distress. In this equivocal state of the case, it was not deemed advisable to undertake any operation, and as he expressed a strong desire to return to the country, and come back again if the symptoms became urgent, his request was complied with.

He was re-admitted on the 13th October, complaining of great irritability of the bladder, being obliged to pass water every half hour, the urine often presenting a reddish tinge, and much mucous deposit. He also suffered from pain shooting through the penis. These symptoms always subsided at night, to return each day as he moved about. He was now carefully examined, and the bladder accurately searched as he lay on his back. Without the least difficulty the foreign body was detected, conveying a sensation of considerable hardness as if coated with incrustation. It was accordingly determined to perform Allarton's operation for its removal.

14th October.—The bowels having been well evacuated in the morning and the urine retained, a staff of No. 8 size was passed into the bladder, and distinctly felt to be in contact with the foreign body. The patient was now placed in the usual position for lithotomy. The index finger of the left hand was introduced to the rectum, and its point held against the staff as it traversed the apex of the prostate gland. The knife was entered at the median line half an inch in front of the anus, and pushed on to the groove in the staff which was laid bare for a short distance by cutting a little upwards. The knife was now withdrawn, and as its point was about to pass through the skin, it was pressed against the upper angle of the wound, so as to enlarge it. The probe passed into the bladder conducted the finger and forceps. No difficulty was experienced in laying hold of the foreign body; but as may be inferred from its shape, its removal was not accomplished without some trouble. Two or three times it was brought to the opening, but could not be drawn through, having been caught by its short axis, however passing the finger over its surface, until its extremity was reached, a narrow forcep was conducted beneath the finger to this point, which was grasped, and thus easily traversing the narrow wound by its long axis was removed. Only a few drops of blood were lost, and the full effect of chloroform gave him perfect immunity from pain. He was placed comfortably in bed with a dry warm napkin to the perineum.

Evening Visit.—Has enjoyed some refreshing sleep since the operation; pulse 90; to have forty drops of tincture of opium as a night draught.

15th.—Passed a good night; urine flowing through the

(a) Read before the Surgical Society of Ireland.

b

wound. During the visit it was discharged through the urethra, the last portion only coming through the wound.

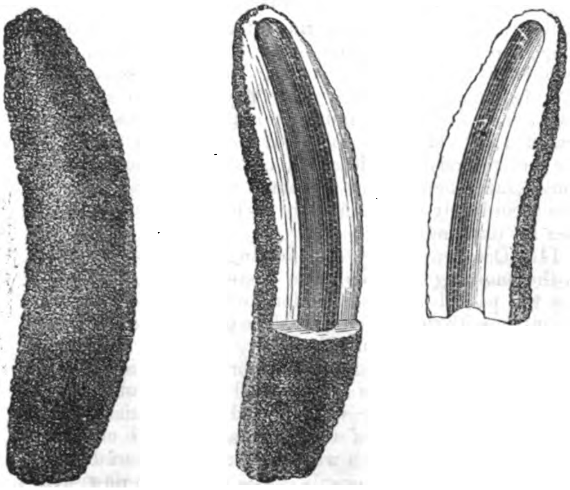
Evening Visit.—Feels very comfortable, with the exception of some slight uneasiness in the left testicle; the perineum to be poulticed; to have beef-tea.

16th.—The urine passed by both wound and urethra; presents some viscid mucous deposit; left testicle is swollen, red and painful; ordered to be stuped, and smeared with mercurial ointment.

17th.—Pulse 110; a small abscess is apparent at the lower part of the scrotum. In other situations the swelling and redness have disappeared; the ropy mucus is increased in quantity; scrotum to be poulticed, and he is to have large quantities of barley-water as drink.

18th.—The abscess in the scrotum was opened. From this date his improvement was marked each day until he left the hospital on the 30th. The wound in the perineum is nearly closed, permitting the escape of a few drops of water towards the close of micturition. The foreign body was about two and a half inches long, one inch and three quarters in circumference, and weighed two drachms and a half. The external surface was of a fawn colour and granular. A section of it was kindly made by my friend Dr. John Barker, the cut surface being smooth, shining, and compact in structure, about two inches and a quarter of a gutta-percha bougie No. 9 is seen imbedded in the incrustation, which is fully one quarter of an inch in depth, the instrument having lain for little more than two months in the bladder.

Fig. I.



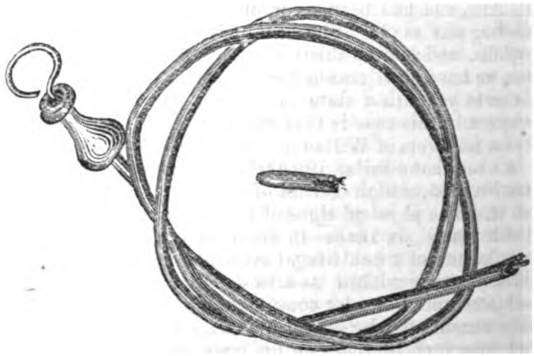
Since his return to the country, I have received the following statement from him:—

"In a week after I came home, the wound was completely closed. There is no soreness nor any pain. My water comes in a full stream without stoppage, or any trouble to me now. I never was so well in my health before."

I am indebted to the kindness of Dr. Williamson, of Athy, for the following interesting particulars:—"He came to me about twelve months ago complaining of difficulty in passing water, also of a discharge from the urethra. On examining him I found a stricture, as I could not pass a No. 2 bougie, and not having No. 1, I sent him to a friend asking him to try and pass one for him. My friend succeeded, and we went on so far as 5 or 6. After using 6 for some time himself (becoming quite expert at it), he came to me for a larger one, and not having one to answer, I told him, as he was going to Dublin, to get 7 and 8 at any Medical Hall. It appears he was disappointed in going to Dublin at the time, and took the notion of making one out of a piece of gutta-percha. Having an old whip of that material he cut off a piece, softened it in boiling water, and proceeded to roll it out with the back of a plate on the table, until he made one entirely to his satisfaction. He then proceeded to pass it, which he also did to his satisfaction, but on withdrawing it he was anything but satisfied, as it broke and left part behind. He came to me next morning when I sent him off to hospital. I saw him yesterday, and he told me he never was better in his life. The wound, which was not quite healed when he came home, was completely so in three or four days after. He is now pulling up flesh."

Foreign Bodies in the Urethra.

A gentleman who had for many years suffered from aggravated stricture of urethra, and who had been in the habit of introducing instruments for himself, called at my house in a state of the greatest mental distress. He stated that having passed this catheter into the urethra, and attempting to withdraw it, the small portion beyond the eye became broken off, and remained impacted in the stricture. The instrument had evidently become frayed and weakened at the eye from repeated use. As I was aware that he had double stricture, one about three or four inches from the orifice of the urethra, and the second about the membranous portion, it became a matter of much anxiety to determine in which of the strictures the foreign body was lodged, and yet the manipulation necessary to clear up this point required the most delicate management lest the piece of catheter should be dislodged and driven back into the urethra behind the stricture, a situation from which its removal would be attended with much increased difficulty. Accordingly, before proceeding to examine the more superficial stricture the urethra was firmly compressed behind it with the finger and thumb of the left hand, and I was beyond measure gratified to find that on gently passing a probe down the canal the foreign body could be distinctly felt caught in the anterior stricture. After many unsuccessful attempts with forceps of various kinds and shapes, I at length succeeded in catching it with an aural forceps, and withdrawing it to the great delight of both my patient and myself.



He subsequently passed water freely, and suffered no inconvenience until the fifth day, when he had rigor, followed by fever, the scrotum became *red*, *swollen*, and *tender*, and presented all the indications of urinary infiltration. Free incisions were made; a small patch of the scrotum sloughed, but he ultimately made a good recovery, and is now in the enjoyment of perfect health. He keeps the urethra dilated by the occasional use of a catgut bougie, and never suffers the least trouble from the strictures.

J. B., æt. 24, admitted 3rd January, 1871; had suffered a severe contusion of the perinæum caused by falling astride a beam. There was extensive ecchymosis, and blood flowed from the urethra, indicating a laceration of its wall, a full sized catheter was passed into the bladder and retained there, the urine flowing freely through it. After forty-eight hours the perinæum became prominent and tense, and the instrument causing the patient severe pain was removed. The water was now freely discharged through the urethra.

On the third day after the injury the swelling and tenderness of the perinæum having increased it became necessary to make a free incision in the mesian line, a large quantity of grumous blood, matter, and urine was discharged through the opening and gave much relief; poultices were applied, and as soon as the inflammation had subsided and healthy suppuration established, an attempt was made to introduce an instrument; after considerable trouble a small-sized silver catheter was passed into the bladder and, owing to the difficulty of hitting off the continuity of the canal it was considered desirable to retain it for some hours; it was accordingly secured in the usual manner. Next morning on proceeding to remove the catheter it was found that it had been broken, the piece that came away being about two-thirds the full length. The greatest gentleness was employed, and the instrument was slowly removed as I was most anxious not to disturb the relations of the parts, in order that a larger sized gum elastic instrument might be introduced, so that there cannot be the slightest doubt that the instrument had been broken before we came to examine it in the morning. The patient gave a very confused account of what had occurred in the night. He stated that the instrument came out, and that he re-introduced it himself—at one time assuring us that the broken piece was in the bladder, and at another time that it was *not*. The urethra was carefully explored, and at times a sensation was experienced as if the foreign body was touched; repeated efforts to reach it with a forceps were made for upwards of two hours, but without avail. Owing to the obscurity which then clouded the history of the case, it was deemed unadvisable to resort to any cutting operation. The patient was kept quiet in bed, and from time to time efforts were made to detect it. I may mention here that the portion of the catheter which we removed from the urethra was given in charge to one of the dressers, but from some unexplained cause was lost sight of and has never since been recovered. His health was perfectly good, only a few drops of urine came through the perinæal wound, and as he suffered no other inconvenience of any kind he was at his own request permitted to leave the hospital and return to his work.

He complained of no pain, no difficulty in passing water, no irritability of the bladder, it became a question whether the entire instrument had not slipped out of the urethra, and been broken by the patient lying on it, and the larger portion introduced by the patient, unwilling to admit what had happened.

Even assuming that the instrument was broken in the urethra the motion and exertion of working might dislodge the fragment so as to enable its pressure and position to be satisfactorily determined.

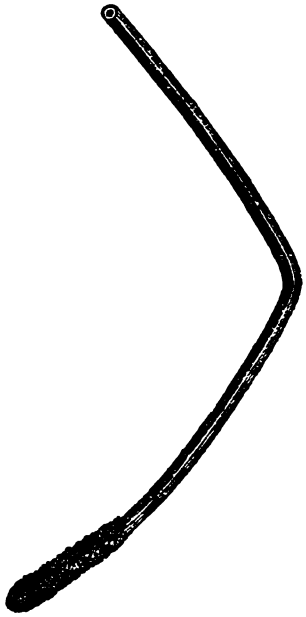
He was again admitted on the 10th of April as he found some difficulty in passing water. A small catheter was passed, followed by others of larger size, so as gradually to dilate the urethra. As these instruments were entering the bladder they appeared at times to grate against some rough point, the contact with which caused the patient peculiar pain; this sensation could only be felt at times.

It was only with the nicest manipulation that an instrument could be passed fairly into the bladder, and not until the point was well raised by the finger in the rectum. When the urethra was dilated to No. 7 he suffered no further inconvenience, and at his own request left the hospital, saying that he would return if he felt any uneasiness or pain.

On the 16th of October last, he again presented himself for admission; he now looked in bad health, and stated that he had latterly suffered much from pain in the bladder, was disturbed at night to make water, and felt continued uneasiness after doing so. The bladder was explored and now gave decisive evidence to satisfy my colleagues and myself of the presence of a foreign body. The urethra was dilated to receive No. 7 catheter, which was retained until the morning of the operation, which, after much persuasion, he consented to submit to. A No. 7 grooved staff having been introduced, and the foreign body felt, the steps of the operation were carried out after Allerton's method.

From my experience of the first of these cases, I anticipated considerable difficulty in being able to grasp the fragment so as to remove it by its long axis. The use of an instrument which I had seen in Paris occurred to me, but I did not think it would be of any use where the bladder was firmly contracted around the substance to be removed; through the kindness of Dr. Cruise I am enabled to exhibit this instrument to the Society. It occurred to me that I might secure the foreign body with a blunt hook at the wound, while with my finger I contrived to work either end to the incision, so as to enable me to grasp it with the forceps and then to withdraw it. Having passed this hook along my finger into the bladder beyond the piece of catheter, I caught it with it; on making slight traction it was found to yield and bend in the centre, it then occurred to me to continue the traction, as even should it break across, both the broken ends would be drawn into the wound, from which they could be easily extracted. Fortunately, it passed through the opening without breaking. No bad symptoms followed the operation, and he left the hospital after a fortnight.

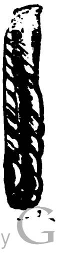
Fig. 3.



J. Breslin, fisherman, from Baldoyle, æt. 52 years, was admitted to Dr. Stevens's Hospital on November 15, 1867.

He had been under Dr. McDowel's care in Steeven's Hospital some weeks before, suffering from irritable bladder. On admission, he stated, that in order to relieve himself from the bladder irritation which had returned, he had introduced into his urethra a portion of a leaden tube. On introducing a moderate sized sound a foreign body was felt close to the bladder.

Fig. 4.



On November 16th this body was removed by cutting on a staff in the middle line of the perinæum. The body, which really proved to be a portion of lead, was readily caught in a pair of dressing forceps, one blade of which was run along the groove of the staff.

Before the staff was withdrawn a double length cat-gut bougie was introduced into the bladder, from the incision in perinæum along the groove, and the other end was passed forward along the urethra so as to come out at the orifice, Along this catgut a catheter (open at the end) was passed into the bladder. When this was secured, the patient's legs were fastened together and he was removed to bed. The wound healed by the first intention. The patient remained in hospital for treatment of the bladder affection, and was dismissed cured on January 11th, 1868.

◆

DRS. DIDAY AND FOURNIER ON DUALISM AND THE TREATMENT OF SYPHILIS.

By C. R. Drysdale, M.D., M.R.C.P. Lond.; F.R.C.S. Eng.,

Physician to the Metropolitan Free Hospital.

The above well-known writers on syphilis have both spoken quite recently upon two very interesting points on the nature and treatment of syphilis. Thus, M. Diday (*Ann. de Syph.*), after relating a case of apparently simple bubo, which was followed by secondary symptoms, and which he calls a *bubon mixte*, goes on to remark that such cases show how cautious the Medical practitioner should be in assuring a patient with an apparently "soft sore" that he will not have secondary symptoms. It appears that Ricord was in the habit of saying in his clinique,—"I beg you, gentlemen, do not make me say that the soft chancre does not produce syphilis; all that I say, all that I affirm, is that the indurated chancre always produces it to a certainty." The advice he gives to students is that when a patient comes with a recent "soft sore" as they cannot be sure that he has not previously contracted a hard sore within a month or so, the patient must not be told that he may not have to fear for syphilis, for without being frequent, error is here quite possible.

M. Diday's views on the *Chancre mixte* are most scientific, and, in the opinion of the writer of these remarks, quite confirmatory of the dualistic theory of Rollet and Bassereau.

In a lecture delivered by Dr. Fournier of Paris in August last, and published recently in the *Gazette Hebdomodaire*, that able writer and teacher asks, "Is mercury useful in syphilis?" and thus proceeds:—"All possible or imaginable solutions have been given to this question. Not to speak of extreme opinions, some persons absolutely refuse to mercury any curative influence over syphilis. Not only, say they, do mercurials not cure syphilis, they aggravate it. Others, in the antipodes of those *irreconcileables* to mercury, have not sufficient praises or enthusiastic praises for this remedy; which they put forward as a specific. To believe these persons mercury is the born antidote of syphilis; they accord an unlimited confidence to it, and it would suffice, if we believe them, to give a certain weight of this metal or a certain number of mercurial pills, to lay low syphilis, and for ever to get rid of this redoubtable enemy. Do not be deceived, gentlemen, these fanatics of mercury have done it more harm, and still do it more harm, than its bitterest enemies. They play the part of dangerous friends who compromise the best causes, and do them more harm than wise enemies."

"To free truth from the midst of these contradictory opinions we are compelled here to divide the question which we are about to consider, and to discuss in its turn each of the following points:—1. Has mercury a real evident action on the actual symptoms of syphilis? 2. Has mercury, on the whole, an action on the future of syphilis, to attenuate it as intoxication, or moderate or prevent the ulterior manifestations to which it may give rise? Firstly, has mercury an action on the actual accidents of a given syphilis? Let us make our thought more precise. Here we have, I suppose, a patient with syphilis now presenting different accidents. We prescribe mercury. Will the remedy exercise a manifest influence upon these accidents, attenuate them, or make them disappear more rapidly than they would be attenuated, or disappear if let alone, and if we were to give to the patient only the most inert drug, or even no drug at all. Now, on the first point general experience has replied yes, a thousand times yes. Mercury administered for secondary symptoms exercises an evident influence, and manifests on those accidents which modify themselves more easily, and more quickly disappear than they would have done if let alone, and which they eventually cure finally, so as to leave no doubt as to the action they have undergone."

"This is an illusion," say our adversaries. What you attribute here to the influence of mercury is but the effect of time, and the natural tendency of the disease. Syphilitic accidents are not eternal; they disappear *sponte suâ* after lasting a certain time without the intervention of any remedy. That on one person more than on another they affect a variable duration, that they persist longer in one person and shorter in another is the case with all the symptoms, and we know not why this is so. But be sure that mercury has nothing to do in the affair, and that with the drug or without it these accidents remain as long as they ought to remain in such or such a patient.

To this, gentlemen, it is easy to reply. Yes, syphilitic accidents (and notably those accidents called secondary) disappear spontaneously by the sole influence of time and the spontaneous evolution of the disease. This we know, and we do not only know it now, for at all times there have been negligent patients, or patients unconscious of their disease, who have not been treated, and in whom different syphilitic symptoms have disappeared *sponte suâ*. What time on the one hand does a given accident of syphilis require to disappear spontaneously? And, on the other hand, what is the duration of the same accident when treated with mercury? Give me your average; we shall give you ours, and we shall compare. But, gentlemen, this comparison has been made, and has been commenced on serious bases. And the result has been what it must be from the experience of our fathers, and from the experience of nearly four centuries. It is useless to lay before your eyes all the parts of this trial, for I am almost ashamed to occupy your time by speaking of things discussed so often, and so often well decided. One example will suffice.

Let us take, for instance, as a type to serve for a comparison between expectant treatment and mercury, a well developed papulo-squamous syphilide, with lenticular squamæ, coppery and desquamating. What time will this take to disappear if left alone? Several months by the admission of our opponents, on an average four, five, or six months. Now, with mercury this syphilide may extinguished in five or six weeks, or two months at most. Besides, and this is the most striking, after a fortnight of treatment it will often be possible to notice the influence of this treatment on the syphilide, which already commences to become pale, to fade, and to waste away. Here is another argument in favour of the manifest action of mercury in syphilitic accidents, and one assuredly made to convince. It happens sometimes that syphilitic accidents are unrecognised at the outset as to their origin and nature. For instance, a syphilide like psoriasis is taken for an ordinary case of psoriasis; or a syphilitic neuralgia is looked upon as an ordinary neuralgia. When this mistake is made, what happens? The psoriasis which is considered *dartre* or arthritis is treated for a long time with arsenic and alkalies for months and is not cured. The neuralgia is treated for a long time by opium, quinine, bromine, &c., and still persists. Why, then, does not this syphilide disappear, or does this neuralgia persist if it is the property of all syphilitic accidents, according to our adversaries, to disappear spontaneously by time and nature? But this is not all. The physician seeing these occurrences, and enlightened by the effect of his medication, suspects the psoriasis to be of syphilitic origin, and prescribes mercury for a trial. And then the psoriasis effaces itself in a few weeks, and the neuralgia is calmed in a few days. What, then, in such a case (and what practitioner but has seen such) is the secret of sudden and marvellous cure? Time and nature cannot be invoked, for they had plenty of time to free the patient before that mercury intervened. Is this simply chance or coincidence? No one will believe this, for this chance or that coincidence may be reproduced at a given point in identical circumstances. Is it then possible not to recognise a curative influence, or to deny in this case the curative influence, the eminently curative influence of mercury? To deny it would be to run counter to logic and good sense. To deny it would be to refuse and prejudice all therapeutic action of drugs, for none truly is more certain and more evident."

The writer of this communication to the MEDICAL PRESS AND CIRCULAR would express his complete agreement in the views of M. Diday as to the correctness of the theory of dualism. With regard to the points spoken of by Dr. Fournier, it clearly is by no means the most evident point in therapeutics, that mercury is useful in secondary syphilis, since so many persons of experience doubt or deny it. Every one knows the surprising effect of iodide of potassium in tertiary ulcerations; but it is far more difficult to testify to the value of a drug which often does great harm, and is only of service in skin eruptions and iritis, according to its friends. The writer thinks that the best remedy for syphilis in all its stages is iodine or iodide of potassium in large doses, and believes that mercury is less and less used every day by men of experience. But the views of M. Fournier are entitled, as indeed the views of all serious physicians are, to our best attention.

◆

ON A POINT IN THE TREATMENT OF ENTERIC FEVER, CONNECTED WITH THE USE OF EMETICS (a).

By HENRY KENNEDY, A.B., M.B.

At the present time much attention is being given to the subject of therapeutics; and, indeed, it would appear that no more important branch of medicine could now be investigated. For it admits of no doubt that a very general scepticism exists, and more particularly in London, which cannot but be injurious in its results. For myself I can only say that I have the fullest faith in the efficacy of drugs, and I believe that they who are sick need a physician, and will continue to require him. But it is not to speak on the general question I now address you. I would ask your attention to a single point in clinical therapeutics; and it has been intentionally that the title has been given to these remarks, which relate to the use of emetics under certain circumstances.

Like many other means of treating disease, these seem of late to have fallen into disuse; yet our predecessors used them extensively, and with marked advantage, and I need scarcely add that many essays have been written in their favour. It is not, however, of their general effects I would now speak, but, as has just been stated, of their use in particular cases. Very many years have now elapsed since the following case came under my notice:—

CASE I.—A boy of fourteen years of age was admitted into Sir Patrick Dun's Hospital, under the care of Professor Law. The boy laboured under a general affection of the glands of the body, but especially of those of the neck, which extended literally from ear to ear, and were of great size, forming as it were a cushion round the neck. A few days after admission he was seized with signs of fever, and an inclination to vomit. In this state he was ordered an emetic, which acted strongly, going hand in hand with the tendency already existing. The effect on the glands of the neck was truly remarkable; for in the course of thirty-six hours all feeling of solidity seemed to have vanished, and the skin hung literally in great bags; nor was it possible to misinterpret such a case, or overlook the cause which had led to such results. Very shortly after another case of a different nature occurred.

CASE II.—A lady, far advanced in phthisis, came under my care. The symptom from which she suffered most was sickness of the stomach. It was constant, or nearly so, and it can be understood how distressing it was. It had now lasted several months, and I knew that a great many remedies had been tried to remove it, but without effect. Under the circumstances I thought myself justified in trying an emetic, and with a result, I confess, I did not expect; for from that time till her death, several months later, she had no return whatever of the sickness. These two cases occurring about the same time naturally caught my attention, and proved to me that in emetics a powerful means existed for dealing with disease; nor have I ever ceased since then to use them, whenever the case seemed to call for such a measure. Finally, I was led to employ them in certain cases of acute disease, and at certain stages, and this is the point to which I would more particularly ask your attention. No better plan either can, I believe, be followed than by detailing in the briefest way some of the cases in which they were so used.

CASE III.—A young lady, of sixteen years of age, passed through what might be called a sharp attack of scarlatina. This attack was followed by severe secondary fever, quite analogous to what occurs in small-pox, though I believe it is not at all so generally recognised. While in this secondary fever, and now rather more than a fortnight ill, her stomach began to get very irritable, and finally vomiting set in, and she threw up nearly everything she took. This act was preceded by nausea, and I observed it took place always after sleep. Having tried several ordinary remedies, both internally and externally, without success, I resolved to give an emetic. This caused a more severe and prolonged effect than I could have anticipated; but the result was that the patient was at once cured of both the nausea and the vomiting, and the patient then made a good recovery. It may be well to state that the idea of giving the emetic arose from my observing that the nausea and vomiting always came on after sleep, and it seemed to me more than probable that this arose from the discharge of the throat and internal parts of the nose passing down into the stomach; for, from an early stage of the attack, there had been considerable secretion from the nasal mucous membrane. Whatever the explanation be, however, the result was as just stated.

CASE IV.—Long, a boy of twelve, admitted into Cork Street Hospital, labouring under typhus fever, and much more densely spotted than is common at this age. In the course of his illness bronchitis became very serious—the minute tubes being engaged. For this he was very strongly blistered, and he got turpentine with stimulants. Whilst in this critical state the parotids were attacked with great swelling, one shortly after the other. This state, it need scarcely be observed, occurring in the height of typhus, is one of the utmost danger. Still, after a few days, they were opened by Surgeon Wharton. What between the amount of swelling and the stupor caused by the fever, the patient at this period lost all power of swallowing, and for three days he was fed entirely by enemas, regularly administered. Somewhat to my surprise, I must say, he emerged out of this state; when it again became apparent that the bronchitis had increased, and the lividity of the surface, but more particularly the extremities, increased to a degree from which few indeed recover. Under these circumstances stimulant emetics were given—always with temporary benefit; and they were finally, in this particular case, followed by complete recovery. On this complicated case I shall make a few remarks again.

(a) Read before the Surgical Society of Ireland. The debate on the communication will be found at page 367.

CASE V.—Rooney, a girl of fifteen, had been passing through an illness which presented nearly all the characters of typhoid fever. She had had diarrhœa, pain on pressing right iliac region, and a very red and furred tongue. But no spots were visible. When getting somewhat better of this state, her stomach became very irritable. She threw up everything she took; even wine was not retained a moment, and as the ordinary remedies to better this state failed, I had recourse to an emetic, which had at once the effect of relieving her, and the patient made a good, though slow recovery. It was about the seventeenth day of her illness that this means was used.

CASE VI.—Crosbie, a girl of twenty-six, was attacked with symptoms which I am in the habit of calling gastric fever. It is true she had a few well-marked typhoid spots, chiefly on her chest; but no other symptom whatever of that type of fever. Out of this state she recovered, but in the slowest possible way. At last she was able to get up, and did do so for two or three days, when she relapsed, and now became most seriously ill. Diarrhœa of a very severe character came on, and with it, after three days, she lost a quantity of blood. At this period of her illness she had a copious rash over her body, far more petechial than typhoid. By treatment the diarrhœa lessened, and the hæmorrhage ceased; but as it did so, the stomach became irritable, and she threw up a quantity of dark matter, having a very heavy smell. In spite of ordinary treatment, the vomiting went on two entire days—it might be said almost incessantly. At last she was given an emetic of mustard and zinc; this was at once followed by a cessation of the vomiting, and, considering the very severe attack she had passed through, she made what might be called a rapid recovery.

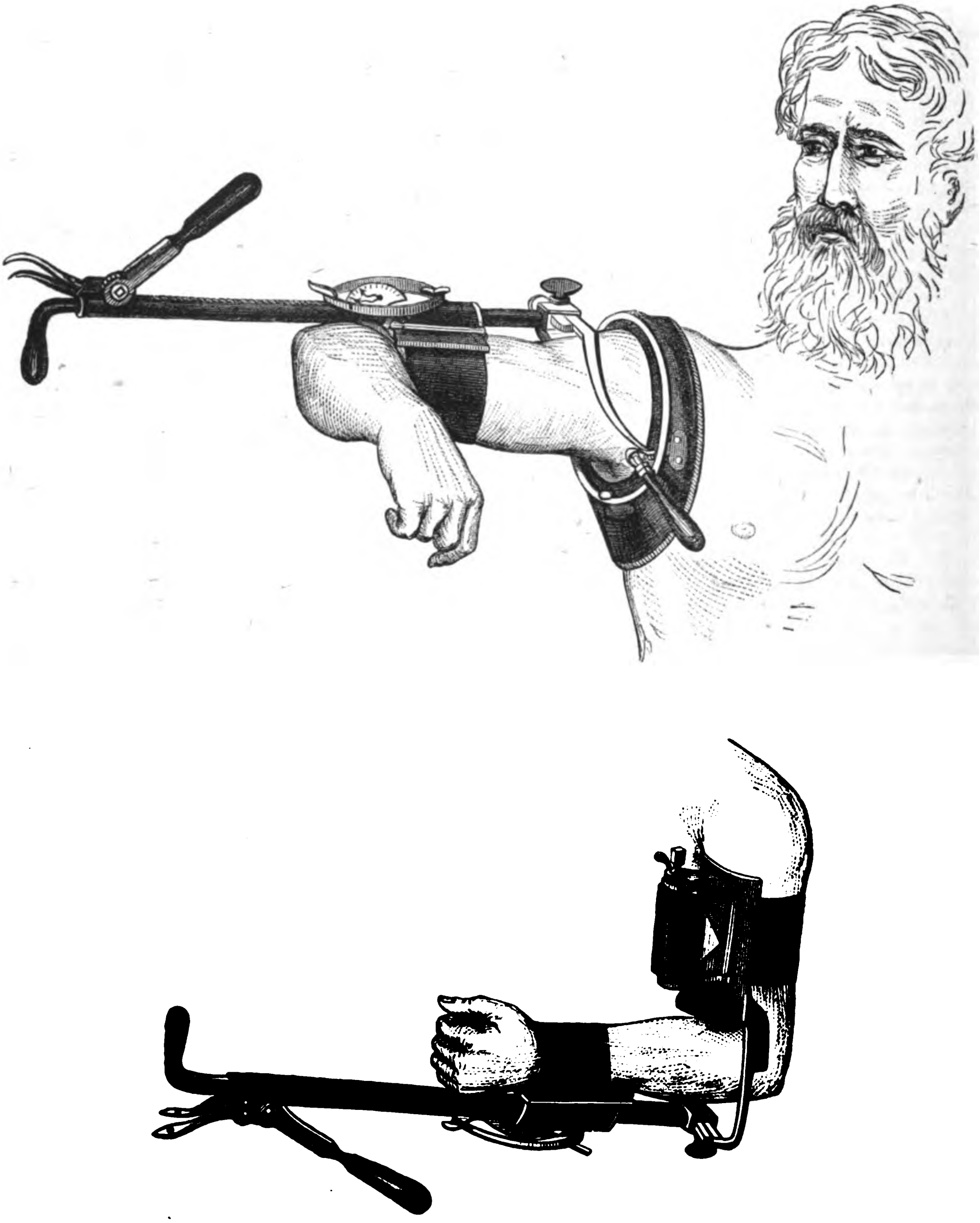
CASE VII.—J. W., a pay-patient, admitted into Sir Patrick Dun's Hospital in August, 1871. He was suffering from enteric fever in a very severe form, and was then eleven days ill. There was not only severe diarrhœa, but his stomach was irritable to a degree I have rarely witnessed. He threw up everything. After fully ten days his state improved somewhat; but it was only to be followed by a severe attack of diphtheria, the entire inner throat being involved, and the difficulty of swallowing very great. With this there was a considerable increase of fever. As he improved from this state he got still another complication of his illness, for he was threatened with gangrene of his feet. This state, however, fortunately yielded to treatment. Finally, when now thirty-four days ill, this patient presented symptoms of a relapse. He again got severe diarrhœa and vomiting, and a great increase of fever, all which signs had previously ceased. In this state he was ordered an emetic, which had the effect of at once checking these symptoms, and this patient ultimately made a good recovery. I should have stated that he was addicted to drinking, and during his prolonged illness he did not belie this taste, as for many days he got, between wine and brandy, 30 ounces daily.

I shall not trouble the meeting with the details of more cases. What have been adduced are quite sufficient for my purpose. It is known to you all that emetics are a very old remedy. Still, like many other old remedies, they appear to have fallen too much into disuse. Except with children, it is rare indeed to hear of their being now used. Yet I need not tell you for what a number of diseases they were formerly given. Amongst others, for fevers; and the discussions have been numerous indeed as to whether an emetic given at the very onset of the attack was capable of putting a stop to the fever. For myself I believe it possible, even while granting that such a result is very rare. It is not, however, of their use at the beginning of an attack I wish now to speak, but of their use at an advanced stage of fevers, and more particularly if a relapse be threatened, as is known to be so frequent an event in the type of fever called enteric or typhoid. I cannot doubt that I have seen the relapse averted by this means, and the three last cases detailed this evening are proofs of what I say. It will have been observed that they were cases of unusual severity, whilst each presented complications enough in themselves to have affected life. On the administration of the emetic, however, the symptoms at once bettered, and the patients recovered. It will be observed that in each of these patients vomiting was one of the symptoms of the relapse already present; so that the giving an emetic was an example of what is known as the "*similia similibus*" plan. I believe that practical hints of the highest value may often be taken from Nature's own efforts in dealing with sickness; as, for instance, when crisis appears in fever, of what great moment is it that the hint should be taken, and Nature assisted! Or again, if diarrhœa occur, how often will a dose of oil cure it? And besides, we know that with most poisons, I mean when taken into the system, vomiting is amongst the very first symptom which shows itself; and there cannot, I think, be any reasonable doubt but that Nature's act is an effort to rid herself of the poison.

It has been just stated that the idea of cutting short a fever by an emetic, at its very commencement, has been long entertained, and often acted on; still, it must be allowed that the result of this practice is most uncertain. But it is scarcely necessary for me to observe the great difference which exists between the use of the remedy at the onset of the fever, and after the patient has been ill fifteen or more days. For during this period, there can be no doubt, Nature has been striving to rid herself of the poison, and has succeeded to a certain extent. Hence when an emetic is given at the very commencement of the relapse—and this is the point to which I ask attention—there is much greater probability of its cutting short the fever than when given at the onset of the disease. Whether this be the correct explanation I will not take on me to say; but it must be remembered that the cases adduced this evening afford a strong presumption of its being so; and all my experience tends strongly in the same direction. Any one familiar with the enteric type of fever knows well how frequently relapse occurs in its progress; and it seems to me no little matter to be able to avert such an event, at least sometimes. Speaking of fever, it is, I believe, one of the few opportunities which present themselves in which we may interfere, and with the most decisive and beneficial result. Whilst, however, thus advising a specific plan, having a specific object in view, I would not have it supposed that it was always suitable. Many cases have come under my notice where it would not have been prudent to have used it. In this respect it is like other and very different remedies. For no remedy is yet known for any disease which is always applicable to that disease. And so it is with the particular means brought under your notice this evening.

◆

MR. J. H. BALFOUR BROWN, barrister-at-law, whose name will be remembered by our readers as the writer of several medico-legal essays in this Journal, and the author of "The Medical Jurisprudence of Insanity," and of the "Handbook of Law and Lunacy," is a candidate for the office of Secretary to the Commissioners in Lunacy. We heartily wish him the success his undoubted abilities merit.



MR. WILLIAM STOKES
ON
ROBERTS' MODIFICATION OF JARVIS' LUXATION ADJUSTER.

Hospital Reports.

RICHMOND SURGICAL HOSPITAL.

(Cases under the care of Mr. WILLIAM STOKES.)

(From notes taken by Mr. E. MULOCK.)

Dislocation of the Head of left Humerus forwards.—Reduction by Robert and Collins's Modification of Jarvis's Adjuster.

P. MURRAY, æt. 45, a strongly-built, muscular man, was admitted into the Richmond Surgical Hospital, under Mr. Stokes' care, on Monday, 4th March, suffering from a luxation of the head of the left humerus forwards. The patient stated that the accident happened from a fall on the shoulder two days previous to his admission into hospital. All the ordinary symptoms of this injury were present, and the pain the patient suffered from was very great. Shortly after his admission Mr. Stokes was sent for, and he proceeded at once to reduce the luxation by Robert and Collins's apparatus. A much greater force (242 lbs.) than is usually required to effect reduction in this injury, was found necessary. In less than a minute the reduction was satisfactorily effected. The following day the patient left the hospital, with directions to attend occasionally as an extern patient.

In some clinical remarks on this case Mr. Stokes gave a brief description of the apparatus, which in its application to the shoulder and forearm is illustrated He observed that it consists of a steel case of the dimensions of an ordinary gun barrel, open at the upper surface, and containing a rack bar. At one extremity of the steel case the pinion wheel is fixed. The rack bar constitutes the extending bar. The counter-extending bar is fixed, not at the extremity of the rack bar case, as in Jarvis's Adjuster, but to the thigh-fork, the shoulder-collar, or the elbow-fork. The shaft of the pinion wheel terminates in a square heel, which fits into a corresponding square opening at the extremity of the lever, and which passes through the centre of a rachet wheel which is fixed to one extremity of the lever. The rack-bar case is so adapted as to fit into the end of the counter-extending bar, and the two bars, the extending bar and the counter-extending bar, are united by the dynamometer, which is fixed by two hooks, and which are close to the extremities of the two bars. The effect of turning the pinion wheel by the lever is to increase the distance between the extending or rack-bar, and the counter-extending bar. The latter is attached, for luxations of the upper extremity of the humerus, to the shoulder-collar; for those of the elbow, to the elbow-fork; and for luxation of the femur to the thigh-fork. These appliances can also be adapted to luxations occurring at the knee and other articulations. The instrument (the principle of which will be best understood by a reference to the accompanying illustration) was then exhibited, and Mr. Stokes pointed out the importance of being able by this apparatus to get rid of the effect of being confined to *fixed points* during the reduction of dislocations. The indications which this instrument fulfils are :—

1. To establish a line of extension and counter-extension between any two described points, and to be able to change the direction of the force without any previous relaxation of it.
2. To furnish an extending force, which is unlimited in principle, yet easily calculated, and which is perfectly subject to the will of the operator.
3. To be able to estimate with mathematical accuracy the amount of force used.
4. To enable the operator to apply the force, whether direct or transverse, either rapidly or slowly, and to retain it on the limb during his pleasure.

Mr. Stokes also observed that, generally speaking, in the reduction of dislocations when the forces used are confined to two fixed points, there must be, to a greater or less extent, a violation of mechanical laws. This, Jarvis remarked, is self-evident in all cases where the luxated extremity of the bone is driven into soft tissues, which, to a greater or less extent, envelope it. In such cases the surgeon would be more likely to disengage the head of the bone by being able to give free motion to the limb in various directions while applying extension, than he would by applying that force in one given line.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 8TH, 1872.

THOMAS BRYANT, ESQ., F.R.C.S., President.

MERCURIAL TREMORS.

MR. SPENCER WATSON showed a patient suffering from mercurial tremors. He was a thermometer maker, who had been in the trade for fifteen years, and had resisted the influence of the fumes of mercury for about seven years. Ever since the first attack he had been unable to sign his name from the unsteadiness of his hand. He had never been salivated, but his gums were sore and marked with a blue line, and his teeth were most of them loose and some very much decayed. He had never had any affection of the bones. The possibility of such cases occurring, seems to show that the supervision of unwholesome and deleterous trades is not so complete as it should be.

The PRESIDENT asked whether the workmen adopted any precaution to prevent the poisoning.

DR. CRISP mentioned the case of a family of five who were all sufferers from mercurial tremors, they were water gilders. He thought ventilation was all important, his opinion was that mercury was not so deleterious as commonly believed, and that those who were poisoned by mercury as in quicksilver mines, did not suffer from the same mercurial symptoms as those who take mercury for syphilis, and he inferred that syphilis had to answer for more than the mercury.

DR. WILTSHIRE observed that there was a well-marked blue line on the gums, and that the man spontaneously stated the trembling was most at the wrists. He asked if iod. pot. had been given, and if so whether the salivation had been observed.

MR. WATSON said the man had 5 gr. of iod. pot. three times a day for a fortnight, and that no symptoms of salivation had arisen.

MR. NAPIER asked if the man drank at all excessively.

RETENTION OF URINE.

MR. TEEVAN related three cases of retention of urine. The first was that of a gentleman, æt. 42, who was brought to him by Dr. Atwood. Mr. Teevan passed a small French catheter, but was struck with the fact, that more urine escaped by the side of the instrument than through it. There was therefore no stricture. Noticing a shivering, he thought the patient had either a stone, a tumour, or an enlargement of the prostate; a stone was subsequently removed in the eye of the catheter. The diagnosis made previously to Mr. Teevan seeing the patient, was that he had stricture, this was singular, as there was a history of stones removed previously. The next case was one of recurrence of stone in a patient who had previously been operated on for stone. Here a stone became engaged in a a catheter, and necessitated lithotomy. In both of these cases Mr. Teevan removed the stones from the bladder by the finger, without using either of the forceps or the scoop. He wished especially to know the opinion of the Society as to the propriety of deferring interference for a few days, as he had done in the first case.

The PRESIDENT showed a calculus removed from the penis, the case was one of several years' duration. He removed it by operation. He thought that retention of urine in boys was always due to calculi, except in case of external compression of the urethra from violence. He asked Mr. Teevan whether he had seen fistula follow the urethral incision.

Mr. Teevan replied in the negative.

Dr. Sedgwick read a paper on

THE MINERAL WATERS OF TARASP.

The author related that having stayed a fortnight at Tarasp, in the autumn of 1871, and having been favoured with a detailed account of the latest observations and opinions of Dr. Killias, the resident physician there, he proposd to recount his observations.

After giving a short account of the journey, the climatic conditions of the neighbourhood were considered, especially the prevailing winds, the amount and character of the rainfall, and the average daily temperature during the summer months. The different classes of Tarasp mineral waters, were then described, and it was shown, that the iron waters differ in quantity of constituents rather than in quality from the alkaline waters. The action of the alkaline waters was considered, and note taken of their restorative powers from their constituent iron and lime, in addtion to their primary specification as an alkaline and purgative saline. The manner and time of administration were described, and an exception was taken to the administration of an alkaline water with meals. The special uses of the St. Lucius alkaline water as described by Dr. Killias were recounted, and the forms of disease and of constitution in which it is contra-indicated were described. The action of alkaline baths, and the possibility of absorption of substances in watery solution by means of the skin, was shortly discussed, and mention was made of the value of the alkaline warm bath in various disordered conditions. The properties of the iron waters and their various uses were then related. An abstract of Dr. Killias' practical experience of the uses of the two kinds of waters in special disease was given, and an opinion as to the forms of disease, and the classes of persons who were likely to be benefited or injured by a use of these waters was attempted. In the discussion that followed,

Dr. Yeo dwelt on the mistake most continental bath physicians made in recommending delicate people to drink a lot of cold water on an empty stomach. He related the case of a young clergyman, who took a glass of water at St. Moritz (all these waters are very cold), the first thing in the morning, he immediately fell down in a swoon. He thought that the Engadine hardly benefited phthisical patients. He wished more English Medical men would spend their holidays in the watering places of continental Europe.

Dr. Semple thought that most of the benefit of watering places arose from the change of air, scene, &c., he did not dispute that mineral waters, especially the ferruginous, were often very beneficial, but he thought as a rule their virtues were exaggerated.

Dr. Leared agreed most thoroughly with Dr. Sedgwick, and dwelt upon the action of the alkaline waters on the acidity of the urine, and remarked that in some patients a dose or two of alkali would remove the acidity.

Mr. Brudenell Carter said that Dr. Sedgwick and Dr. Leared's remarks reminded him of a statement made by a Medical friend, that he could make his urine alkaline in twenty minutes, by taking an alkaline bath.

Dr. Sansom, Dr. Wiltshire, and Mr. Royes Bell, also took part in the discussion.

◆

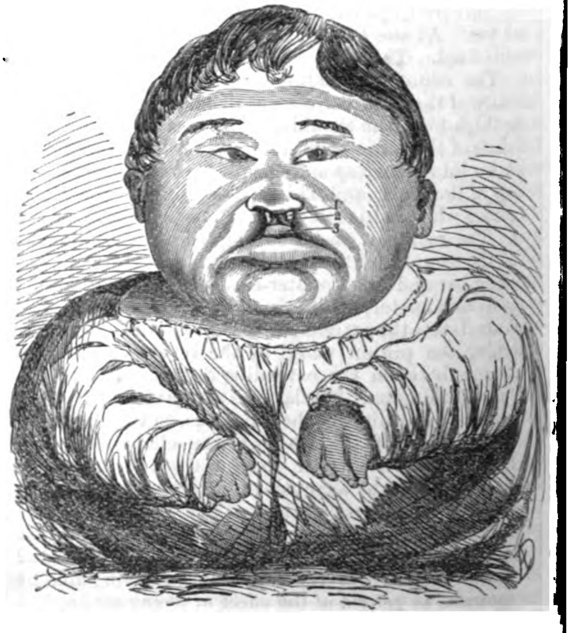
SURGICAL SOCIETY OF IRELAND.

The Society met on Friday, April 5th.

The President of the College, **Dr. Wharton**, in the Chair.

MONSTROSITY.

Dr. Stapleton said he had to bring under the notice of the Society a case of monstr[illegible]y, which had been communicated to him some months ago by Mr. Fearon, of Warrenpoint, but which he had been prevented by sickness from bringing forward sooner. Mr. Fearon wrote as follows: "As many members of the Surgical Society are interested in midwifery practice, allow me to give you the description of a child which I saw born some months ago. On the 7th of August, 1871, I was called on to attend a farmer's wife in her eighth confinement. Everything connected with the labour was perfectly natural, and after a few hours a male child was born, which presented the following appearances. It was apparently come to the full time, was well nourished, of a good rosy colour, and with plenty of hair on the head. The cheeks were chubby; the calvarium, which was smaller than natural, appeared to be stuck in the lower part of the head. The anterior fontanelle was absent, and the parietal bones formed a sharp ridge at their junction. The occipital fontanelle which was larger than usual, spread out upon either side. The left orbit was slightly higher than the right. There was convergent strabismus, the pupils were oval from above downwards, the conjunctivæ ecchymosed and jaundiced, with scarcely a trace of eyelashes. There was neither nose nor nostrils, and the face was nearly flat. The upper lip was deficient for about three quarters of an inch in the centre. There was no anterior maxillary bone, the soft palate was cleft, and the uvula absent. The hard palate was deficient about a quarter of an inch in front, the deficiency increasing in width as it approached the pharynx. The lower maxilla was perfect. The ears seemed thick, crushed, and contracted from above downwards. The hands chubby but not deformed, the bladder and bowels acting naturally. The child lived for eight weeks, and died apparently from inanition, as it could not swallow perfectly, and was of course unable to take the breast, having no nostrils." Mr. Fearon had sent a sketch of the child's head, which had been taken by Dr. Douglas, of Warrenpoint, four days after the birth, which was a faithful likeness, and showed the different appearances.



RECURRENT MAMMARY TUMOUR.

Dr. Stapleton exhibited mammary tumours, the history of which, presented, he thought, some features of interest. It might be in the recollection of many of the members of the Society, that some time ago he brought two specimens of enlarged mammæ before them, and also a very beautiful cast of the second mamma that was removed. These specimens and the cast were now on the table, and it would be three years next June, when the first of these breasts, which was the smaller of the two, was removed; the second breast was removed about a year afterwards. The young woman, the subject of these extraordinary mammary enlargements, had been a patient of Dr. McSwiney, who kindly placed her under his care. After the removal of the first breast, three years next June, things went on remarkably well. She was then attacked with angioleucitis of the other breast. She recovered from this, and the second breast seemed as if it were about to disappear, when she had a period, and it suddenly began to increase; and every time she had a period it began to grow more furiously, if he might be permitted to use the expression. Owing to the attempts to keep the breast up, it ulcerated, and its removal became necessary, and after the operation the girl did very well. She came to him about twelve months ago, and said, "You left a small bit of the first breast, and it has begun to grow large." The portion left was not more than the tip of his little finger, and was situated in the external angle of the wound. He asked her why she did not come to him again, and she replied that she hoped the breast was about to grow again, and that nature was about to replace that which had been lost. However, the tumour or tumours began to grow at an extremely rapid pace, increasing considerably at each period. On consultation with his colleagues it was decided to remove them, and the operation was accordingly performed. There was but one small tumour at the external angle of the wound, and then there were the three tumours which he now exhibited, and each of which had a strong capsule round it. It took him a longer time to enucleate these three tumours than it did to remove one of those very large breasts, which was done in the space of one minute and a half. He was obliged to dissect each of them out of the strong adhesions surrounding it. The question then arose, what was this tumour? He was not able to examine it microscopically himself, but he had got it examined by two gentlemen of the greatest experience and competence, and they said it was true mammary gland The three tumours were separate and distinct, each enclosed in a different capsule. The young woman quickly recovered from the effects of the operation, and was in good health at present.

Dr. Richardson narrated a case of

SELF-MUTILATION AND EMASCULATION,

as follows:—

The specimens that I now exhibit, although recent, according to the rules of the Society, can scarcely be called pathological specimens, notwithstanding that they were removed from the living subject. They, in fact, comprise the male external genital organs composed of the greater portion of the pendulous part of the penis and both testicles that were amputated with a carving knife by a man, æt. 46 years, and from his own person. It is unnecessary to mention the supposed cause of the impulse to this rash act, suffice it to say that on Thursday, the 28th March last, he, in a fit of desperation, rolled the penis and the posterior part of the scrotum into a cord-like mass, and with the knife, applied close to the perineum and cutting from left to right, removed the organs before you.

He was seen soon afterwards by my friend Dr. Halpin, of Arklow, but the hæmorrhage, which was only trifling, had ceased before his arrival at the man's residence. The left spermatic artery had retracted, but the right one being visible, Dr. Halpin judiciously applied a ligature to it. This, then, was the only vessel seen and the only one tied. Dr. Halpin brought the edges of the perineal wound together with four interrupted sutures and most good-naturedly and disinterestedly came up himself with the man to the Adelaide Hospital, where he is at present.

I regret to say that the poor man's mind, although not so disturbed as it had been on his admission, is by no means settled. Moreover, he has had two or three rigors, so that he is now in anything but a satisfactory state.

Should he rally out of this unfavourable condition, and cicatrisation be completed, he will then, as far as the perineum is concerned, resemble, that which I may call the complete eunuch condition. The members of the Society are probably aware that in some countries where compulsory emasculation is practised on certain individuals, there are two kinds of eunuch, one from whom the testicles only are removed, and the other from whom both penis and testicles are removed. The appearance of the perineum of the latter kind of eunuch is very well shown in these lithographic drawings (shows drawings) belonging to the Atlas of Dr. Ernest Godard's work "On Egypt and Palestine."

Dr. Godard, I should mention, is an honorary member of this Society.

In both the drawings the cicatrices left after the operation are represented as having an elevated puckered appearance. There is also represented the ivory peg this eunuch wears, to check the tendency to contraction of the urethral orifice.

The peg is suspended from a string that passes round the waist, and is temporarily removed for the process of micturition.

Dr. H. Kennedy then read a paper on

A POINT IN THE TREATMENT OF ENTERIC FEVER, CONNECTED WITH THE USE OF EMETICS.

which will be found at page 367.

Dr. Lawlor said the paper just read was one of considerable value, and had opened a most important subject for discussion. He was afraid, however, that it might produce an erroneous impression on young members of the Society, if any such were present, and that they might be led away by the doctrines Dr. Kennedy laid before the Society, to a mistaken notion of the great value of emetics in many forms of disease, and among others of fevers Dr. Kennedy had not particularised what he meant by emetics, or what principle of therapeutics he applied to their operation in cases of fever. An emetic in its simple meaning, was only a means of discharging the stomach; but the meaning of emetic therapeutically was more extensive. Dr. Kennedy's observations applied to one class of emetics, whereas the word included various kinds. For example, irritation of the throat was an emetic, hot water was an emetic. Mustard was a stimulating emetic, and tartar emetic was a violently depressing emetic; but Dr. Kennedy did not make any distinction between them, and therein lay the objection to his paper. The celebrated Abernethy gained great distinction by his essay on the constitutional treatment of local diseases; but Dr. Kennedy's essay was different, as it related to the local treatment of constitutional disease. If his paper went to this length, that an emetic should be resorted to in fevers, irrespective of what its constitutional effect might be, he considered that was a dangerous doctrine to lay down. They all knew how emetics were highly praised by old authors, and that tartar emetic held a high place in their estimation as a means of treating fever and cutting it short. They knew that Dr. Graves attached importance to emetics in fever; yet very few persons would now treat typhus fever with tartar emetic. He repeated, that if the Society endorsed Dr. Kennedy's paper in recommending emetics generally, no matter what their constitutional effects might be, it must have an injurious effect on the young members of the Profession. As to the old members, he had little fear that they would resort to emetics that acted not only as such, but as violently depressing medicines.

Dr. Tufnell said he was in favour of emetics. He had seen good arise from their use, and he thought there was often a great want of courage shown by the Profession in not employing them. The public were against the annoyance of emetics, and the Profession hesitated in using them when they ought to do so. He thought there was a great deal too much of treating the individual instead of treating the disease. He had found great benefit from the administration of 25 grains of ipecacuanha *well rubbed up.* He laid stress on its being well rubbed up and incorporated in the first instance, because then it would not produce nausea and sickness, as it would do if some remained between the teeth. Another point to which he attached importance, was having plenty of fluid in the stomach at the time, as then the discharge would take place readily and freely. He had seen the greatest good done in febrile cases by having the stomach freely cleared. He thought that at the commencement of all inflammatory attacks, great good would be done by having the stomach of the individual freely cleared, the gall ducts freed, and the skin acted upon afterwards, as it would be, instead of allowing undigested food to remain to generate gas and irritate the abdomen. Therefore, he was for emetics in such cases.

Dr. Darby had seen a good deal of fever, and was disposed to take Dr. Stokes' view, that they did not cure fevers; that the disease must run its course. There were complications in fevers which they had to treat, and he thought the physician who treated fever properly, treated the complications. If he had to deal with purpuric fever, he gave lemon juice and muriated tincture of iron; if he had pneumonia, bronchitis, phrenitis, or enteric fever, he treated the symptoms as they presented themselves. As to emetics, they might be proper in certain cases, but it would be a dangerous thing to lay down as a principle that emetics should be given in fevers. He did not suppose a man would give an irritating emetic when something else would be better, and he did not take exception to Dr. Kennedy's paper on that ground, but he thought it dangerous to lay down the principle that emetics should be given to control the fever as fever. The disease would run its course independently of any therapeutic agent they might adopt. When a young man, he knew a physician who in every case took two or three ounces of blood or more —he bled every patient? He knew another clever man who gave purgatives in every case of fever that came under his care. These specific plans of treating fevers were now very properly abandoned. In his opinion, no specific plan of treatment could be laid down, and they must just treat every case of fever according to the symptoms that presented themselves.

Dr. H. Kennedy in reply, said that he had taken it for granted that he was addressing men of knowledge and experience, and therefore he did not enter into particulars as to the emetics which he would employ. He was sure that none of them understood him as advocating such a medicine as tartar emetic. Ipecacuan, and the wine of same he would suggest as a safe and useful emetic in the cases in which such treatment was desirable. It was the principle, however, which he advocated, and he had therefore, not entered into details. Dr. Darby spoke of a man in health taking fever; but he (Dr. Kennedy) thought that an absolutely healthy man would not take fever. No man, he thought, would take fever who was not in bad health at the time he took it; and hence, when they came to deal with fevers they had to deal with persons who were more or less in bad health when they became affected with the specific disease. He especially referred in his paper to cases where the fever was far advanced, and where relapse was threatened. That was altogether a different case from a man at the commencement of his disease getting an emetic, although something might be said in favour of giving an emetic at the commencement of fever. If, when one got a bad smell and had a sensation of nausea, he discharged his stomach by means of an emetic, much good might be done. All the cases, however, which he had brought forward were advanced ones; they were all cases in which vomiting had taken place, and in which there were indications of relapse, and he gave them emetics to assist the vomiting; and the effect had been that the disease was cut short.

Dr. Edward Hamilton read some cases of

REMOVAL OF FOREIGN BODIES FROM THE BLADDER AND URETHRA,

which will be found at page 359.

Dr. Stapleton said the gutta percha catheters were very dangerous. When they first came out he got a lot of them, and they lay by for some time. A patient came into his study, and he took one of these catheters out and tapped it against his finger, when it went into twenty pieces. He tried the others, and they all went in the same way. Some of the cheap French catheters were very dangerous. The first time he saw them was when he was a student of Dupuytren in Paris; and on that occasion the silk of the common French catheter gave way, and the coating remained behind, a portion of it remaining in the bladder. This showed how careful the surgeon ought to be in having properly made catheters.

Dr. Fleming observed that there was a class of catheter which presented all the appearance of a beautifully constructed instrument, but they were really most dangerous, for they were dried very rapidly, the silk became very brittle, and on attempting to make the slightest bend in them they cracked like a piece of glass. With respect to foreign bodies in the urethra, some years ago he drew the attention of the Society to a number of cases almost identical to those brought forward by Dr. Hamilton, and exhibited a portion of a thorn twig, a piece of straw, and a portion of a catheter which he had removed from that situation; The discovery of a catheter in the bladder was extremely difficult from its being curled up like a worm. In the case which was under his care he removed it by Allerton's operation; the straw he removed by the common urethral forceps. Dr. Fleming went on to say that he had frequently removed calculi of small size with the forceps with the greatest ease, and that although the urethra might be slightly lacerated by this operation, no serious results followed.

Mr. Richardson stated that some years ago he exhibited at one of the meetings of the Dublin Pathological Society, a urinary calculus, the nucleus of which was a leather boot-thong, and which a young man passed into the urethra, but happening to lose his hold of it, the thong worked its way into the bladder, where it became coiled up, and formed the nucleus of a large calculus. An illustration of the calculus, with the thong *in situ*, appeared in the number of the *Dublin Hospital Gazette* for the 1st of February, 1856. There was a case a short time ago at the Adelaide Hospital, of a woman who had introduced a hair-pin into the bladder, and which was extracted by his colleague, Mr. Barton.

The Society then adjourned.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS	£1 2 6
" IF PAID IN ADVANCE	1 0 0

⁂ Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. Bailliere, Publishers to the Academie de Médecine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 24, 1872.

THE PROVIDENT SYSTEM.

Often as we have remarked upon this subject, it will not be amiss to return to it again with a view of stating some of the arguments advanced in an anonymous pamphlet just published by Mr. Lewis, and entitled "The Provident System of Medical Relief Impartially Considered." The author presents both sides of the question with great candour, and is evidently animated by good will towards both the sick poor and their Medical attendants. He is evidently opposed to the notion of turning all our Medical charities into provident institutions, and sees clearly enough that the idea is impracticable. At the same time, he sees many of the defects and the advantages of the present charities, and endeavours to weigh them impartially.

If he leans a little on one side, we feel sure he has tried to be fair, and we shall draw upon his work for some further remarks. He holds that the Provident question, excepting from its Medical bearings, can scarcely be looked upon as a *class question*, for little provision is seldom made for the future in the higher ranks of life. How true this is even among professional men themselves! How, then, is the question to be looked at from an educational point of view? Education does not appear to be so vital an element in increasing or fostering habits of providence as we could wish. The education indispensable for the universal adoption of the provident system must teach people *self-respect*, and educe a higher tone of the "sensibilities," which would make those shrink with shame from accepting gratuitously what they are able to contribute towards supporting.

Besides the eleven hospitals with their schools, there are in London, exclusive of the suburbs, forty-four special hospitals, thirty-four free dispensaries, and only nine provident institutions.

The writer of the pamphlet remarks that there exists a very large bulk of the community, "*neither artisans nor mechanics*, whose earnings are irregular, and whose incomes consequently are precarious, and who, living as it were from hand to mouth, are for all practical purposes very little removed from the pauper class when overtaken by sickness or family affliction, yet whose sensibility is so acute that they shudder at the bare thought of parish help: *from this class come the greater portion of the applicants to our free Medical charities*, not the skilled workman or the pauper *par excellence*."

It is but too obvious that at present our Medical charities only supplement the duty of the Poor-law Board. It is not surprising that, with such facilities and never-tiring kindness as are afforded, the poor should flock to hospitals and dispensaries, where, in addition to skilled Medical aid, they often obtain timely comforts, and are thus spared the degradation of accepting parochial relief. Still, it is to be admitted that the Bill introduced by Mr. Stansfeld, for establishing Poor-law dispensaries in every parish throughout England where they are deemed necessary, bodes better days for the status of parish Medical Officer, the well-being of the pauper, and then, perhaps, but not till then, for the success of the Provident system.

It may fairly be asked,—How is the Medical student to learn his profession as he should, if, as many demand, the *abolishment* of the out-patients' departments of our hospitals is carried into effect? It is to be remembered that the out departments offer the most varied ailments to the Medical observer, and to a great extent the *beds* of the hospital are filled from this source.

Some think that the universal adoption of the Provident system is the only one by which the Medical man can hope to be paid by a certain class which now usually applies to the free institutions. Others maintain that the Provident system is unfair and detrimental to the interests of Medical practitioners, "more so than the much-abused Hospital and Dispensary system."

The writer of the pamphlet named thinks it is to be regretted that the *etiquette* of the Medical Profession has not been better defined or more strictly enforced, and says—

"Glance at one man unblushingly underbidding another for appointments that can scarcely be worth holding,—at the pittance he often accepts for services faithfully rendered, fearing lest another should step in to rob him of his spoil by a tempting reduction in fees and charges. All this may be in self-defence, and it is sad to think so; but is it not a disgrace, in these times of progressive education and high professional test, that such things be? No wonder the Medical Profession is so often the subject of severe criticism, and frequently the unkind sport of other circles! Let me then implore my Medical friends to set to work at once and rid them of these abuses, of far more importance to them, even pecuniarily, than the Provident system, and without which they will never be fairly dealt with, or duly appreciated in the eyes of the public. Lacking all this, they are looked upon as common property by the masses, who demand their attendance when required, and believe it cannot be legally refused, knowing as they do, only too well, that if A. declines attending, B. will, in all probability, hasten to the spot, fearful, perhaps, of C. interposing."

The same authority believes that the majority, varying from 80 to 90 per cent., who attend the free charities are *practically paupers*, barely avoiding, at the time of sickness, the workhouse infirmary, or the parish doctor. The other 20 or 10 per cent. are of a class that *can* pay to some sick club or a Medical man, and ought to be compelled to do either the one or the other. If this be so, we have *comparatively* a small number to inflict any injustice, or confer many benefits on the general practitioner. It is stated as the result of painstaking investigation that this 20 per cent. have either employed a Medical man at some period, often as long as they could find fees for him; but being overtaken by protracted sickness, or family afflictions, were compelled to succumb to gratuitous Medical aid; or finding they remained unrelieved by their Medical attendant, or requiring operation and more skilled assistance, were driven in this manner to seek the best advice, obtainable only at our free institutions. At the same time it is admitted that very often the poor could contribute a trifling sum, and the 20 per cent. would *more generally do so* if such contributions were sought in an appropriate manner.

There are in London, not including the suburbs, only nine provident dispensaries in working order. What measure of success do they enjoy? None are self-supporting, but are dependent for their existence on donations and subscriptions from the benevolent public! The St. Marylebone Provident Dispensary, established thirty-seven years and the oldest of the kind in London, according to its last report, is fighting a hard battle for existence, and this is an institution worked most economically and carefully, with its Medical Officers receiving only £40 gratuity per annum from all sources. The Paddington Provident Dispensary in Star Street, established for thirty-five years, appears to have very little better success.

Now, the Provident Dispensary should be, when once fairly started, *entirely self supporting*. What is the *material difference* from a *moral point* of view between a Provident Dispensary dependent on charity for existence and preaching *independence*, but unable to pay its Medical Officers, and a Free Dispensary entirely dependent on charity, with its Medical Officers giving *gratuitous* services.

The *gratuities* to the Medical men are in most instances *paltry*, varying from £20 to £50 for each Medical Officer; but the work done is by no means trifling.

The Westbourne Provident Dispensary, converted into a Provident Institution between two and three years, and quoted by the Charity Organisation Society as a change attended "by the best results both moral and economical," is struggling against large outstanding liabilities, even under all these supposed advantages! The Medical Officers receive a paltry *gratuity*, and the out-door visiting is done by the salaried house surgeon.

Three things are laid down as essential for the successful working of Provident Dispensaries by the writer we have quoted:—"(1.) That the income should be large enough to make it *worth* the Medical Officers devoting time and attention to their duties. (2.) That the Medical men should be *popular* and *permanent*. And (3.) that they should be elected from a class of men who would maintain the dignity and serve the advancement of their Profession."

One of the dangers ahead is thus referred to:—"As *personal* and *practical* experience alone can be the medium of knowledge of Medical science, and as some amount of *gratuitous* work must be done to further that science, and moreover, as faithfully discharged gratuitous work is often the *stepping-stone* to a Medical man's *future* eminence and success, I am of opinion that the universal adoption of Provident Dispensaries would *compel* professional men unconnected with them to seek gratuitous work for the sake of experience and their own private interests. *Self-interest* in this respect would be found no mean obstacle to this somewhat doubtful reform."

◆

PARLIAMENTARY PROCEEDINGS.

We feel it again to be our duty to draw the attention of our readers to the incidents which have occurred in the House of Commons during the week, calculated to have an effect on the Profession. We begin with the debate on Tuesday on Sir Massey Lopes' proposition to remove the whole charge of the administration of justice, half the cost of the police, and half the cost of lunatics from local to Imperial taxation—the first estimated, including coroners' charges, at £670,000; the second (one half the police cost) £998,000; and the third (one half the cost of lunatics), £424,000. These, deducting £446,000 already defrayed out of the Consolidated Fund, would be an additional charge on the Imperial exchequer of £1,656,000 for England and Wales, £245,000 for Scotland, and £166,000 for Ireland. The special interest which the Medical Profession has in this resolution, and which the House of Commons treated as a social, not a party question, affirming the motion by the majority of one hundred in a very full attendance, is the serious modification it will necessitate in the local administrative body, and the altered position which Medical officers of local boards, vestries, and guardians will occupy. It is incredible that any Government would listen for an hour to an obligation to provide funds for carrying on any department of administration without demanding guarantees for the due discharge of its duties. The country exercises a very jealous vigilance over its Imperial taxation. The House of Commons requires a detailed account of every office in every spending department of Government. It is an egregious mistake to imagine that Estimates are loosely rendered and recklessly passed: that is a thing of the past. Now every vote is scanned, and question after question, extending over an hour or more, sifts the reason of every new and every unexplained entry. This is the kind of ordeal to which the transferred charges of the local to the Imperial account must be submitted, and the Medical officers will find their interest in this criticism. The light thus thrown upon one moiety of local management will gleam in upon the other half. Already the mode in which all included interests are to be represented in local administration is engaging serious attention. Will the system of nomination be extended—a system which has been found to work well in the Metropolitan Asylums Board,—or will the system of voting papers be adopted, which answers well in the appointment of guardians? It is clear that whichever mode prevails, the present representation will be largely altered and some management, directly responsible to the Imperial Executive, will be created, for the House of Commons will not vote supplies without demanding an account, and they will not read an account without questioning a responsible Minister on every item. There need be little apprehension, when day dawns on the miserable pittances on which Medical men who spend their days and nights in the service of the local authorities, starve, about the result. The astounding majority by which the motion of the Member for South Devon was carried must be followed by definite action.

We must now briefly refer to the debate of Wednesday on Sir Selwin Ibbetsons's *Spirituous Liquors Bill*, as we have felt it to be our painful duty to draw the serious attention of our Medical brethren to this subject from a professional, no less than from a moral and social point of view. We do not believe that a population consisting of 4,000,000 of adult males, with 4,800,000 of adult women, and the remaining population of Great Britain and Ireland under puberty, can consume annually 31,000,000 of gallons of ardent spirits (according to a carefully corrected estimate for 1870-71), and between 25 and 27 millions of *barrels* of beer, together with 15,300,000 gallons of wine, without injury to health. As Medical men we will stop there. We fear that the clauses 22 and 23 would operate, as Sir Robert Anstruther suggested, in fastening on the country more closely the present system of excessive supply, and we agree with Dr. Brewer that the multiplication of inducements multiplies the evils which the country attributes justly to excessive indulgence in stimulants. We shall watch the progress of this Bill, although we must express our conviction that the irritation displayed by a large section of the House at the perseverance of the hon. Member for West Essex augurs ill for his measure.

On Friday a question was put by Dr. Brewer to Mr. Chichester Fortescue in relation to the water supply of the metropolis. An impression was very general, and found its way into the Press, that the Board of Trade possessed the power of determining the sources whence the water companies should draw their supply. The President of the Board of Trade, however, declared that no such power existed in his department, but that the water companies were regulated by their own acts, subject only to the condition that they should not take their supply below Teddington lock. He added that one company did take power last year to draw its supply of water higher up the Thames, at Molesey. We do not wish to carry our advocacy out of the practically useful. We have a *scientific* interest in the contest now going on in the analytical investigations to which the drinking water of this and other great towns is being subjected, but in the actual stage at which this matter has arrived we are not anxious to force the controversy on the House of Commons; still, we think Dr. Brewer might with profit carry the matter a little further, especially in relation to the metropolis. The average daily supply to London does not exceed 46,000,000 gallons. This may be ample if confined to the personal wants of the inhabitants, but the large allowance to be made for waste and street watering, and the no less allowance to be deducted for metropolitan fires—averaging somewhere about fifteen, although some weeks largely exceeding that number—render the supply undoubtedly deficient. The precise direction in which this subject should be pursued is not so obvious as some at first sight might imagine. Whether nothing but drinking water should be laid on for extinguishing fires and street watering is questionable.

On a succeeding matter introduced—viz., Navy Estimates—Sir John Hay expressed himself anxious to learn whether the College of Portsmouth was to be removed to Greenwich Hospital, which he deprecated, whilst he approved the idea of gentlemen entering the Navy at a more advanced age. In the latter part of the vote a requirement for an additional sum of £5,500 for Netley called up Dr. Brewer, who asked further particulars as to the improvement of the education of young Medical men for the Naval Service, contemplated by this addition to the vote. Mr. Goschen replied that this vote for the College at Netley must not be confounded with the Vote 11, in which a much larger sum was to be taken for the College of Greenwich and for the education of officers for the Navy; adding that the arrangement was that naval surgeons should be admitted at present into the schools now under the War Office for the education of military surgeons. We learn that the increase of the vote for Netley is mainly to perfect the staff of preceptors or professors, two of whom are appointed to give instruction in "hygiene." We hope this combined education of officers will give some advantage to the Profession in their subsequent career, and remove some of the disadvantages which attach to the profession of Medicine in the two great Services.

The "Dwellings for Artisans" was a matter very wisely pressed on the Board of Works by Lord John Manners, in the House early in the week, and we see with satisfaction that this subject, without a due attention to which it is vain to hope Medical science can efficiently deal with the preventible disease which causes one-third of the total mortality of large towns, has been vigorously taken up by the metropolitan representatives. We do not wish to dispute with those members of the Board of Works who think it right to sell their land at the best price they can get for it, but we think, with Mr. Runtz, there is something to be urged on sanitary grounds, and that the fact that the mortality in close alleys or crowded dwellings being 25 per thousand, and only 17 per thousand in the model lodging-houses, is worth the consideration of the public. We agree with Dr. Brewer that it was worth while for a great public Board, intrusted by the Legislature with the duty of improving the sanitary and general condition of the metropolis, not to be behindhand in recognising the relation in which they stand towards the working classes, whose dwellings they demolish wholesale; that it is not unreasonable to exhibit an earnest desire to see them supplied with suitable dwellings; and that the delay of a reasonable interval before disposing of such suitable sites, in order to give to those engaged in erecting model lodging-houses an opportunity of obtaining these sites, specially adapted and designedly set apart for that object, is quite within the duty of a public body with the functions of the Board of Works. We do not approve of those proprietors who have leased their land without any regard to the character of the houses which are to be erected thereon. We do not think the Legislature has been wise or just to the inhabitants in allowing such a disposition of property. Poverty, intemperance, vice, disease are propagated by this license, and the abuse of property is to be restrained as much as an abuse of personal prowess at your neighbour's expense. The Board of Works need not concern itself with abstract doctrines of political economy. The simple, straightforward discharge of plain, obvious duties, the just discernment of their relation to the health and convenience, no less than to their purpose of beautifying the buildings and facilitating the traffic of the metropolis, will serve them better than little debates on abstract questions on subjects too high for them or for us.

◆

Notes on Current Topics.

Alcoholism in America.

Dr. Paluel de Marmon, of Kingsbridge, N.Y., in a reprint from the *Medical World*, discusses the "Medico-Legal Considerations upon Alcoholism, and the Moral and Criminal Responsibility of Inebriates." He states that in ninety cases of a hundred, drunkenness is first contracted by imitation and politeness; for it is considered very impolite by some to refuse to drink when invited so to do. Another cause rests principally in this country upon the bar-room system. February 1, 1871, there were 7,000 dram shops, or hotels paying license under the Excise law in New York City, and, on the authority of an officer of the department, there was an equal number selling without license, which would make 14,000 drinking places in New York alone—one for every 65 inhabitants. The report of Messrs. Otis Clapp, John E. Tyler, and William B. Spooner, made to the Legislature of Massachusetts, estimates that there are 600,000 persons in the United States who have lost their power of self-control in the use of intoxicating liquors, and that in Massachusetts there are 23,000, of which number 2 per cent die each year a drunkard's death. Dr. Marmon suggests the abrogation of the bar-room system as the best means to cut short this human plague.

Lord Mayo's Death Wounds.

The *Madras Journal* quotes from a local newspaper the "Post-mortem record" in the case of the lamented nobleman whose untimely death we all deplore. The examination of the body appears to have been confined to looking at it and the clothes that covered it, and passing a finger and a probe into the wounds. Of these there were two; one behind the lower third of posterior margin of right scapula, "about one-and-a-half inch long, extending obliquely downwards and inwards, and penetrating deeply into the cavity of the chest. The finger passed in direction of the spine and impinged upon a deep indentation, apparently on a rib." The other and similar wound passed directly downwards into the chest from about one-

and-a-half inch above superior angle of left scapula, "slightly splintering superior angle of scapula, and indenting either first rib or transverse process of a cervical vertebra."

Demonomania and Witchcraft.

These subjects are pleasantly discussed by Joseph Workman, M.D., in a paper read before the Association of Medical Superintendents of Insane Hospitals, in Toronto, June, 1871, and published in the October number of the *American Journal of Insanity*. He says that it is not to be expected that the foolish doctrine of belief in diabolic possession, which, less than two centuries ago, pervaded the whole of Christendom, and was preached from every pulpit in our own and mother countries, and proclaimed from every bench of justice, could utterly die out among the uncultured masses in any very short lapse of time. He has met with persons, not insane, who have avowed their belief in its present existence, and relates the case of a clergyman, who fled from the room when an insane woman was suffering, and exclaimed—"O! Doctor! that woman is possessed!"

Customs and Salaries of Physicians before the Christian Era.

Boerhaave observes that before there were any professed physicians, it was the custom among the ancient Egyptians, when any one was sick, to inquire of neighbours and passengers if they knew of any proper remedies for the patient. But ever since the study of physic became a profession, it has been most honourable and lucrative. The customary yearly salary which princes paid their physicians, about the time of Christ's birth, was 250 sestertia, or above 2,018*l.* sterling. Sterteníus complained that he had only a salary of 500 sestertia, or 4,036*l.* 9*s.* 2*d.* sterling, when he had by his private practice 600 sestertia, or 4,843*l.* 15*s.*—*Dr. Arbuthnot's Book on Coin, and Mr. Wm. Smith's Book of Remarks on the same Subject.*

The Vital Statistics of Dublin for the last Quarter.

Births.—In the Dublin District, the number of births registered during the quarter ended on March 30th, was equal to an annual ratio of 1 in 35, or 29 in every 1,000. The number north of the Liffey was 33 in every 1,000; and on the south side of the river 28 per 1,000; and in the suburbs only 22 in every 1,000. There were registered in London 37 in every 1,000; in Glasgow, 41 per 1,000; and in Edinburgh, 1,709—33 in every 1000.

Deaths.—The deaths registered in the Dublin district amounted to 2,826,—36 in every 1,000. The deaths registered north of the Liffey were 40 in every 1,000 of the population: and south of the river 41 in every 1,000; and in the suburbs, 21 in every 1,000. The deaths registered in Belfast were 29 in every 1,000 of the population; in Cork, 33 per 1,000; in Limerick, 27; in Londonderry, 29; in Waterford, 36; in Galway, 28; and in Sligo, 21. The deaths registered in London, were 24 in every 1,000; in Glasgow, 31; and in Edinburgh 34, in every 1,000.

Diseases.—The disease which proved most fatal during the quarter was small-pox, of which there died 581 persons, or 1 in every 4·9 of all the deaths registered. Besides the foregoing, 73 City cases fell victims to small-pox in the North Union Small-pox Hospital. Bronchitis caused 418 deaths, or 1 in every 6·8 of the total deaths, and pneumonia 40. Three hundred and twenty-seven persons died from phthisis, or 1 in every 8·6 of the total deaths. To convulsions 148 deaths were referred, 1 in every 19·1. Fever was the cause of 105 deaths, or 1 in 26·9 of all the deaths. Of the deaths from fever, 28 were referred to typhus, 49 to typhoid, and 28 to simple continued fever. Scarlet fever was the cause of 47 deaths, measles of 21, croup of 23, whooping-cough of 14, diphtheria of 8. Thirty-one deaths from diarrhœa were registered. Heart disease caused 94 deaths, aneurism 6, and pericarditis 3. Thirty-three deaths were attributed to apoplexy, and 45 to paralysis. To nephria or Bright's disease 14 deaths were ascribed, 1 to stone in the bladder, 1 to cystitis or inflammation of the bladder, and 20 to kidney disease, unspecified. Liver disease caused 30 deaths, and jaundice 3. Cancer killed 37 persons. Hydrocephalus proved fatal in 39 instances, mesenteric disease in 28, and scrofula in 22. Forty-five deaths were accidental, 6 homicidal, and 2 suicidal.

Antidote to Carbolic Acid.

A **strong** solution of saccharate of lime, it is asserted, says the *Medical Record*, is a reliable antidote against the poison of the carbolic acid when by accident taken internally.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending 13th April amounted to 165. The average number in the corresponding week of the previous seven years was 165. The deaths registered during the week were 250. The average number in the corresponding week of the previous eight years was 167. The number of deaths from small-pox registered during the week amounted to 83; of the foregoing, 25 took place in the Mater Misericordiæ Hospital—all of which occurred in the month of March. Of all the deaths registered from small-pox but 24 actually occurred in the week. Of the 83 deaths registered, 12 were of children under five years old, 15 were 5 and under 15, 9 between 15 and 20, 43 were between 20 and 40, and the remaining 4 had passed their 40th year. Nineteen deaths from small-pox were registered in Cork (exclusive of No. 2 and No. 4 Districts, the returns for which have not been received), and 2 in Belfast. Four deaths were caused by fever, viz.—3 by typhus, and 1 by simple continued fever. Measles proved fatal in 5 instances, scarlet fever in 3, croup in 3, and whooping cough in 1. There were 7 deaths ascribed to diarrhœa. Five deaths were referred to convulsions, 4 to paralysis, and 2 to apoplexy. Twenty-five deaths resulted from bronchitis, 6 from pneumonia or inflammation of the lungs, and 3 from lung disease, unspecified. Twenty-four deaths were caused by phthisis, and 4 by hydrocephalus. Cancer was the cause of 7 deaths. Nine persons died from heart disease. Four deaths were registered from liver disease, 2 from nephria, and 1 from kidney disease, unspecified.

The Eye in Bright's Disease.

Dr. Wadsworth, of Boston (*Boston Med. and Surg. Journal*), for some time past examined every case that had been admitted into the Boston City Hospital. He found that in about 25 per cent. trouble in the eye existed. Dr. Fifield said that the strange part of these cases was the great and sudden variation in the state of vision. In some cases vision would be very much affected for a few days, and then would become almost normal.

A New Method of Plugging the Posterior Nares.

Dr. Henry Manfred, late surgeon 22nd Ky. Infantry (*Cin. Lancet and Observer*), after trying all the ordinary remedies for epistaxis (the hospital being without a plugging instrument), in the case of a soldier who had suffered for four days and nights without cessation, a pair of leather laces were successfully used in the emergency. The leather thong was carefully pushed along the floor of the right anterior nares until the end protruded through the posterior opening, trailing upon the epiglottis and producing cough; this loose end was secured by the forceps and drawn out through the mouth, and after attaching thereto pledgets of lint saturated with astringents, it was drawn back again until the right posterior nares was effectually plugged, and tied in front. The same process was repeated with the left posterior nares, and in half an hour the hæmorrhage was stopped. He fully succeeded in plugging the right and left posterior nares, by such a simple though effective agent. From its simplicity, effectiveness, and practicability, it is to be recommended to those who may be similarly situated.

British Association for the Advancement of Science.

The forty-second annual meeting of this Association will commence on Wednesday, Aug. 14, 1872, at Brighton. The first general meeting will be held on Wednesday, August 14th, at eight p.m. precisely, when Professor Sir William Thomson, LL.D., F.R.S., &c., will resign the chair, and Dr. W. B. Carpenter, LL.D., F.R.S., F.G.S., F.L.S., &c., will assume the presidency and deliver an address. On Thursday evening, August 15, at eight p.m., a soirée; on Friday evening, August 16, at half-past eight p.m., a discourse; on Monday evening, August 19, at half-past eight, a discourse; on Tuesday evening, August 20, at eight p.m., a soirée; on Wednesday, August 21, the concluding general meeting will be held at half-past two p.m. Authors are reminded that, under an arrangement dating from 1871, the acceptance of memoirs, and the days on which they are to be read, are now as far as possible determined by organising committees for the several sections before the beginning of the meeting. Excursions to places of interest in the neighbourhood of Brighton will be made on Thursday, August 21.

Poisoning by a Proprietary Medicine.

An inquest was held last week before the coroner for Leeds, respecting the death of Clara Proctor, the daughter of an upholsterer. Deceased had been unwell, and had suffered from a bad cough. The mother was recommended by a neighbour to give the child a patent medicine called "Kay's Compound Essence of Linseed." Accordingly she purchased the medicine, and gave the deceased five drops of the mixture in warm water. Soon after taking the dose the child became insensible and was seized with convulsions. Mr. Scott, Surgeon, found the little thing suffering from what appeared to be poisoning by opium. The child died the same day. The label upon the bottle stated that for a child twelve months old five drops were to be given, but it did not state what quantity should be given to a child under that age. The mother affirmed that as five drops was the least amount named on the label, she thought this was the proper dose to give, she declared, however, that had she known the medicine contained poison, or was in any way dangerous, she would not have used it.

The druggist of whom the medicine was obtained, said it was the practice to sell these patent medicines as purchased. There was nothing, he admitted, on the label which would put people on their guard as to using it.

The jury were of opinion that the child had died from the effects of the poison, but did not consider that the mother was culpable. They thought it very dangerous to sell poison without a label; and Mr. Pierson promised that he would in future put on such a label, and also call the attention of the makers to the matter.

The Obstetrical Society of London's Examination for Midwives.

The first examination for midwives by the above Society took place last week. There were four candidates, two of whom were, or had been, students of the London Female Medical Society, Portland Road. These two ladies, we hear, passed with éclat, although the examination is as yet by no means what it must be if our educated midwives are to be as well instructed as those of Germany or France. It has been suggested to us that candidates might be examined on the elements of physiology and anatomy, a slight knowledge of which science might be acquired in the museum of the College of Surgeons, now so liberally thrown open to all students. Mere practical knowledge of "presentations," and of natural labours is rather a poor contrast with the sound instruction required from students of the Maternité at Paris, where *post mortems* afford a sufficient knowledge of anatomy to the French *Sages Femmes*.

Mortality among Officers of British Regiments in 1870.

Out of a strength of 1,566 officers in India, 22 deaths occurred, or 14·05 per 1,000; and of 302 out of India, 8, or 26·4 per 1,000. The total mortality among officers both in and out of India was thus 16·06 per 1,000.

The Public Health Bill.

In answer to a question put by Mr. Rylands, whether there was any probability that the Public Health Bill would be proceeded with on Friday, the 26th inst., Mr. Gladstone said that he would inform the House in the course of a few days.

Statistical Results of the Contagious Diseases' Acts.

Dr. C. B. Taylor sends us an excellent paper, read before the Medical Society, 19th February, on the above subject. It is well worth the perusal of friends and enemies of these well-known Acts.

Dr. Gream has left London for the new palace at Potsdam, to be present at the accouchement of Her Imperial Highness the Crown Princess of Germany, which is shortly expected.

The Princess Thyra, sister of the Princess of Wales, who had gone to Italy with her royal parents to meet H.R.H. the Prince ot Wales, has been attacked with typhoid. The Prince and Princess of Wales have left Rome.

At the meeting of the Royal Geographical Society this (Wednesday) evening, a letter will be read from Dr. Kirk, giving important information on the movements of Dr. Livingstone.

The appointment of Visiting-Physician to the Training Schools under the Irish Board of National Education, vacated by the resignation of Dr. McCready, has been conferred on Dr. Nedley, Physician to the Lord Lieutenant. The office is worth about £120 a year.

An address with a purse of sixty sovereigns has been presented by the inhabitants of the district to Dr. W. H. Maturin, of Church Hill Dispensary, near Letterkenny. The compliment is enhanced by the fact that Dr. Maturin has been only about four years in charge of the district, and that it originated with the people themselves and was supported by the universal approval of all parties.

A **special** meeting of the Medical Society of the College of Physicians, Ireland, will be held in the College Hall, on Wednesday, 24th April, when the following communications will be read:—1. Dr. Cameron, "On the Inutility of Ordinary Disinfection by means of Gases;" 2. Dr. D. T. Maunsell, by permission of the Council, "On the History of the present Epidemic of Small-pox.

A **little** child lately died from the effects of arsenic, which it appears to have picked up, for at the inquest, evidence was given that it had fallen out of the coat pocket of a man who used it in his business. The jury condemned the practice of carrying about a deadly poison in this careless way.

◆

Correspondence.

POST-MORTEM PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir.—As the case of *post-mortem* parturition published on the 3rd instant in the Medical Press by my friend Dr. Swayne, is one of surpassing importance (especially) to Medical jurists, and as it has created intense interest, not only in this country, but also in England, and as I know many Medical men altogether repudiate the possibility of such an occurrence, (indeed, I this day had a letter to that effect from a Medical gentleman residing in Cheltenham) I take the liberty of sending you two cases, which I have abbreviated from an article on the subject by Taylor, in *Guy's Hospital Reports* for 1864. They are identical with the cases given by Drs. Swayne and Lanigan. Orfila, in his *Médecine Légale*, also gives two cases, but in both the expulsion took place almost immediately (within a quarter of an hour) after death, and was probably caused by *post-mortem* uterine contraction. With regard to the case of the poor woman, Mary McLoughlin, reported by Dr. Swayne, I have not now, nor had I at any time, a doubt but it was a case of *post-mortem* fœtal expulsion, from putrefactive (abdominal) gaseous distension. I would earnestly and respectfully invite the attention of the Profession to the highly practical remarks of Dr. Taylor, on the cases published by him.

Excuse this intrusion, and accept the acknowledgements of

Your obliged,

Harward O'Farrell, M.D., F.R.C.S.I.

Tangier, Boyle, April 11, 1872.

Medico-legal writers have described cases of delivery where the child has been expelled after the death of a pregnant woman, and in some few instances where this expulsion has taken place after putrefaction had commenced, and as a result of the process. One of the bes authenticated of these occurred to Dr. Richter, of Weissenfels; it is reported in Casper's "Vierteljahrschrift für Gerichtl. und öffentl. Medicin." Vol. xix., p. 163. Berlin, 1861.

"A woman, æt. 45, married seven years, during which time she had aborted twice in the second and once in the third month of gestation, was seized with severe spasmodic pains in the region of the heart. A nurse, who attended her in her pregnant state, found on examination that the mouth of the uterus was quite closed, the neck only a quarter inch long, and the head of the child lying forwards. There had been no discharge of blood or serous fluid, nor any appearance to indicate approaching labour. The patient became unconscious, and breathing stertorously, died. A Medical man who had been sent for only reached the house after her death. The body was washed and laid out, and was frequently seen by the nurse and other people of the house. Putrefaction set in somewhat quickly. Sixty hours after death, the nurse perceiving some watery discharge about the genitals, slightly separated the thighs of the corpse. On the following morning when arrangements were made for placing the dead body in a coffin, there was found, lying between the thighs of the corpse, the dead body of a well-developed and eighth month fœtus, in a partially putrefied state; with it were lying the umbilical cord and the placenta. Abdomen was distended with gas. This case is remarkable, inasmuch as uterine contents were expelled by putrefactive gases, although labour had not previously commenced. Still, the facts were of that character that nothing but physical force could have been concerned in the expulsion of the dead body of the child.

Death from Rupture of the Uterus.—*Inversion of the uterus, and expulsion of a child by gaseous putrefaction.*—A woman, æt. 37, in labour of her seventh child, died undelivered at Sydney on May 27th, 1864. Reports of want of care on the part of the Medical attendant having arisen, the body was exhumed and examined a week after death (on June 3rd,) by Mr. Bedford. History of the case pointed to rupture of the uterus. No instruments were used, as the women was dead before they arrived.

The body was well nourished, there was a good deal of decomposition, and from that cause abdomen was much distended. The dead and decomposed body of a male child, which had arrived at its full time, was lying between the thighs of the deceased; the head was towards the FEET of the mother, and the feet underneath the uterus, which was inverted, and, with the placenta attached to it, was lying also between the thighs. The umbilical cord was *not divided*. On replacing uterus, which was not contracted, there was observed a rent through it, and the peritoneum at its posterior part a little above the cervix was transverse, and about six inches long. Heart was flabby. Four pints of blood were effused into the peritonical cavity.

Remarks.—A Medical practioner may be placed in great peril by an occurrence of this nature, unless the facts are known and can be deposed to by eye-witnesses. A woman might die undelivered during the attendance of a Medical man. Her condition might be such as to justify the employment of instruments brought for the purpose, but not used, either from her sinking state or her sudden death. Under these circumstances, the discovery after death of a dead child between the legs of the female, with the uterus lacerated and inverted, the placenta and umbilical cord lying near, and a large effusion of blood in the abdomen, are facts which at first sight do not appear to be reconcileable with the effects of spontaneous changes in the dead body. There are probably some Medical practitioners who, from not having heard of such cases, would not hesitate to deny the impossibility of their occurrence. It is to them that cases of this description convey a serious warning.

SPECIAL REPORT OF DISCUSSION ON THE STATISTICAL RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Murray misquotes Butler, but when he deprecates discussion correctly expresses a sentiment which I have found very general among the supporters of the Contagious Diseases Acts.

He writes to you apparently in reply to my letter, but introduces totally different matters. I spoke of true syphilis; he speaks of sores and gonorrhœa. I spoke of English soldiers; he mixes with them, native ones. *The grave facts I quoted from the Army Medical Report he does not contradict at all.*

I shall not follow him into his digressions. It will be sufficient to remark that even the table he gives when made complete by giving the number of white troops for each year, tells against his argument, and goes far to disprove his *ad captandum* assertion, that the system of the Contagious Diseases Acts has done great good in China. The number of white soldiers on the station in 1867 was 723 (*Army Medical Report* for 1867, p. 507.) Dr. Murray says the number of cases of primary diseases among them that year was 62: that is 8·6 per cent. The number of white soldiers in 1868 was 668 (*Army Medical Report* for 1868, p. 440). Dr. Murray's figures for primary disease that year are 100; or 15 per cent. The number of white soldiers in 1869, taking Dr. Murray's own account, was 555. The cases of primary disease according to the same authority, were 88, or 15·9 per cent. Hence from Dr. Murray's own figures the amount of "primary" venereal disease among the white troops in China, *so far from diminishing, had almost doubled in the three years* under the operation of these so-called beneficent laws.

With regard to Mr. Maccoun's letter, I cannot but think the private letters of personal friends strongly imbued with the same fallacious ideas as himself, somewhat out of place in a controversy like this.

I am, Sir, &c.,

C. BELL TAYLOR, M.D., F.R.C.S.E.

Nottingham.

◆

Medical News.

Royal College of Surgeons of England.—At a meeting of the Court of Examiners on Tuesday and Wednesday the 16th and 17th inst., the following gentlemen passed the required examinations for the diploma, and were admitted members of the College, viz.:—Messrs. John Tweedy, L.R.C.P.L., of Stockton-on-Tees; Edward Fayrer, L.R.C.P.E., of Henly-in-Arden; Robert Baker Morrell, L.R.C.P.E., of Moulsford; Joseph A. W. Wardale, L.S.A., of Newport, Isle of Wight; Charles Sage Ticehurst, L.R.C.P.L., of Hastings; Thomas Cooke, L.R.C.P.E., of Ashton-under-Lyne; James George Purcell, L.R.C.P.E., of Mottram; George Richard Shemilt, L.S.A., of Tean, Staffordshire; John Charles Atkinson, L.R.C.P.E., of Kew, Surrey; John Lamont Hemming, L.R.C.P.L., of London; Charles Douglas Bowdich Hall, of Westbourne Grove; Thomas Cornelius Lawson, of Kidderminster; Ernest Birt, of Leamington; Michael Coote, M.D., Laval University, of Quebec, Canada; Perryman Wakeham Holmested, of Bocking, Essex; Thomas Edward Dakeyne, of Warslow; Cuthbert Hilton Golding Bird, of London; Francis Morse Evans, of Norwich; William Wilson Coltart, L.R.C.P.L., of Liverpool; Charles Lamb Taylor, of Newark; Alfred Wilson Emms, of Ilminster; Henry William Jones, L.R.C.P.E., of Dyffryn; Henry Williams, of Nottingham; William J. Lush, of Yarmouth, Isle of Wight; Alexander John Alliot, of Manchester; Arthur Curtis, of Alton, Hants; George John Eady, L.R.C.P.L., of Chertsey; Frederick George Blake, of Bristol; George Gwynne Bird, of Swansea; Thomas Frederic Young, of Liverpool; James Hutton Wilkie Ridley, of Gateshead; Frederick H. H. A. Mahomed, L.S.A., of Brighton; Francis Edward Jackson, of Chertsey, Surrey; and Richard Goodwin Breeze, L.S.A., of Euston Road, London.

Congress of the German Surgical Association, 1872.—The meeting commenced on April 10th at Berlin, and was presided over by Prof. von Langenbeck. Professor von Brunns, of Tubingen, was elected vice-president; Professor Volkmann of Halle, and Professor Gurlt, of Berlin, secretaries; Dr. Trendelenburg of Berlin, treasurer. In addition, Billroth, of Vienna, Bardeleben, of Berlin, Simon, of Heidelberg, and Baum, of Gottingen were elected into the committee. It was decided to meet every year at Berlin on some day betwixt the 10th and 13th of April, every one practising surgery is eligible for election. More than 100 gentlemen attended. The first paper was by Volkmann on "Comparative Statistics of Injuries occurring in the time of Peace and War." He considered that better results were obtained in war times, in spite of the disadvantageous circumstances under which operations had often to be performed, the soldiers were picked, healthy men. Prof. Busch read a paper on a "Form of Epithelioid Lupus of the Extremities." Schede, of Halle, on the "Minute Appearances of Tissues after the Application of Tincture of Iodine." At the second sitting on the 11th, a paper by Prof. Roser, of Marburg, was read on the "Fungus Micrococcus as the supposed originating cause of Pyæmia." Dr. Trendelenburg then related a case of "Stricture of the Trachea," in which tracheotomy had been performed and the stricture afterwards dilated with bougies. He also showed a "tampon" for stopping the trachea in operations on the jaws, tracheotomy being performed, and an india-rubber balloon carried in by a canula and then blown up so as to fill the trachea, and prevent blood running into the bronchi. Langenbeck and Simon approved of this and Nussbaum, of Munich, has used a similar "tampon" in the œsophagus to prevent blood flowing into the stomach in operations. Stilling, of Cassal, read a paper on the "Pathogenesis of Urethral Stricture and the Histology of the Human Urethra," and Metzler, of Darmstadt, one on "Resection of Knee-Joints." At the third sitting on the 12th, Busch, of Berlin, read a paper on the "Treatment of Skull Fractures with Depression," founded on six cases. Mulhvenzl, of Vienna, showed a field-stretcher and ambulance waggon, as used in Austria. Bidder, of Halle, read a paper on "Treatment of Simple Fracture of the Femur without restrictive Bandages." Dr. Wagner, of Berlin, a paper on "Experiments with Phosphorus." At the fourth sitting on the 13th, Wolff, of Berlin, exhibited preparations. Simon contributed a paper "On a Method of Artificial Dilatation of the Rectum," in which he advocated scraping out carcinoma from the sigmoid flexure. Dawzel, of Hamburg, gave the Surgical Experience in the Marien Hospital of Hamburg. Heine, of Innsbruck, read a communication "On the Diffusion of Tumours by Parenchymatous Injections." Adelman, of Berlin, gave two cases of Swallowed Forks. One was passed by the bowels, and the other removed by gastrotomy. The operation was quite successful, but the patient died a month after of some other affection. Professor von Langenbeck had prepared a paper "On the Treatment of Gunshot Wounds of Joints," which was not read for want of time.

◆

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Hospital Sunday in London.—Mr. Reed, the energetic Secretary to the Great Northern Hospital, proposes that London should, like most other large towns and cities, have one Sunday in the year on which the collections at the places of worship of various denominations shall be devoted exclusively to the recognised hospitals in the Metropolis. As we have on more than one occasion advocated this measure, we are happy to see others in the field, and hope the movement may ultimately meet with success.

A. Y.—It has been stated on authority that at the period named and a week subsequently there is no danger. As a general rule this applies, but we have known several exceptions. There is a little work in French on the subject, but which we believe has not been translated. This will give you more information than we could possibly advance. The matter has been fully discussed in our columns.

Cam.-The first and final examinations for the M. B. degree will commence on Monday, the 27th of May, at 9 a.m., at the Anatomical Schools. The second examination for the degree of M. B. and the examination for the degree of Master in Surgery will begin on Monday, the 3rd of June, at 9 a.m., at the Anatomical Schools. Candidates are required to send their names to the Regius Professor of Physic (Dr. Paget) on or before the 13th of May, together with the necessary certificates. Candidates for the first M. B. pay a fee of three guineas to the Regius Professor.

Dr. Nevill, Chorley.—With our next.

Royal Orthopædic Hospital.—The election of two Surgeons, and two Assistant-Surgeons, having been suspended on the 8th inst. pending certain enquiries, the subjects of which have given rise to a very angry discussion in one of our contemporaries, the Committee of Management now again announce (as will be seen in our advertising columns), that the election will take place the first week in May. As this decision had not been arrived at until Thursday, the subscriber who wrote to us, saying he should look for an answer in our last, will understand our silence in the matter.

Communications, Enclosures, &c., have been received from:—Dr. Andrew Clark, London. Mr. Holmes Coote, London. Dr. Tronchin du Mersan, Paris. Dr. B. Kraus, Vienna. Dr. A. Whyte Barclay, St. George's Hospital. Dr. Ivor Murray, Brenchley. Dr. Pullin, Sidmouth. Dr. McGrigor Croft, London. Professor Collenette, Guernsey. Mr. Cadbury. Mr. Denyer. Mr. Dennant. Dr. Brochard, Lyons. Dr. G. M. Dickinson, Pailton. Dr. Wiseman, Ossett. Dr. Rheberg, Nice. Mr. Wood, New York. Mr. J. P. Shaw, Rotherham. Dr. Langley, London. Mr. Harben. Dr. Lonsdale, Carlisle. Dr. Popjay, Accrington. Dr. A. P. Hamilton, Bournemouth. Mr. Stott, Disley. Dr. Colmer, Kingston. Dr. Morgan, Dublin. Dr. S. E. White, Fowey. Dr. Alexander Lane, Ludlow. Mr. C. J. Lowder, Ryde. Dr. Angus Mackintosh, Callington. Dr. Croly, Rathfarnham. Dr. Dwyer, Tuam. Mr. Wright, London. Dr. Nicolls, Navan. Dr. Furlong, Wexford. Mr. Bingham, Bristol. Dr. Jackson, Micford. Dr. Adrian, Drogheda. Dr. Mitchell, Paris. Dr. McCarthy, Bandon. Dr. Holtan, Maguire's Bripge. Dr. Stone, Coleraine. Professor Gairdner, Glasgow. Dr. Darcus, Londonderry. Dr. Fitzgibbon, Rosscarbeny. Dr. Jordan, Castlebar. Dr. Maul, Southampton. Dr. Beatall, Red Cross. Dr. O'Connor, Tralee. A. Y., Lincoln. Dr. McEmery, Dorchester. Dr. Nixon, Ballyfarnon. Dr. Blair, Moneymore. Dr. Brodie, Galway. Mr. Hooper. Dr. Atkinson, Athboy. Dr. O'Reilly, Sligo. Dr. Bell Taylor, Nottingham. Dr. Davis, Newry. Dr. Wickham, Tetbury. Dr. Byrn, New Ross. Dr. Currin, Naas. Dr. Nevile, Chorley. Dr. Kelly, Glenties. Dr. Hartland, Villierstown.

◆

VACANCIES.

Middlesex County Lunatic Asylum. Medical Superintendent of the Male Department. Salary £600 per annum, with furnished residence.

Dundee Infirmary. House Surgeon. Salary commencing at £50.

Skirlaugh Union, Beverley. Medical Officer. Salary £32, fees exclusive.

Hamadryad Hospital Ship off Cardiff. Resident Assistant Medical Officer. Salary £75 per annum. with extras.

Hackney Union. Medical Officer. Salary £80, with fees extra.

Guildford Union. Medical Officer. Salary £80, with fees extra.

Salop County Lunatic Asylum. Medical Officer. Salary £80.

West Bromwich Hospital. House-Surgeon. Salary £80, with board.

University College Hospital. Resident Medical Officer.

Wandsworth Union, Surrey. Medical Officer. Salary £50, fees extra.

Richmond Infirmary, Surrey. Outdoor Medical Officer.

Richmond Infirmary. Secretaryship. Honorary.

Derby County Lunatic Asylum. Assistant Medical Officer. Salary £100.

Rotherham Hospital. Assistant House-Surgeon.

Liverpool Eye and Ear Infirmary. Honorary Surgeon.

Bideford Union. Medical Officer. Salary £37, with fees extra.

Youghal Union, Ardmore Dispensary District. Medical Officer. Salary £100 per annum, fees extra. (See advt.)

Magherafelt Union. Medical Officer. Salary £100 per annum.

Celbridge Union. Medical Officer. Salary £100 per annum.

Rathkeale Union, Askeaton Dispensary District. Medical Officer. Salary £100 per annum.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

We have to thank Correspondents for local and other papers containing matters of interest:—The Times of India; Exeter Gazette; Derby Reporter; Rhyl Record; Lincoln Chronicle; The Observer; The Spectator; Public Opinion; The Civilian; Lincoln Journal; Greenwich Chronicle; Cambridge Express; The Shield, &c.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, April 24.—**Hunterian Society**, 8 p.m. Mr. Sydney Jones, "On some Cases of Joint Disease appropriate for Excision."

Thursday, April 25.—**Royal Institution**, 3 p.m. Dr. Tyndall, "On Heat and Light."

Friday, April 26.—**Royal College of Physicians**, 8 p.m. Dr. Fraser, "On the Antagonism between the Actions of Active Substances."

Clinical Society of London, 8½ p.m.—Dr. Tilbury Fox will exhibit a patient suffering from Lepra Anæsthetica."—Dr. Anstie, "On a Case of Lepra Anæsthetica."—Dr. Andrew, "On a Case of unusual Daily Range of Temperature, associated with Vegetations on Mitral Valve and Infarctus of Spleen."—And other papers.

Royal Institution, 9 p.m.—Professor Blackie, "On the Genius and Character of the Modern Greek Language."

Saturday, April 27.—**Royal Institution**, 3 p.m. Mr. R. A. Proctor, "On the Star-Depths."

Monday, April 29.—**Medical Society**, 8 p.m. Ordinary Meeting.

Tuesday, April 30.—**Royal Institution**, 3 p.m. Professor Tylor, "On the development of Belief and Custom amongst the Lower Races of Mankind."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 24.

Middlesex Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

St. Thomas's Hospital.—Operations, 2 p.m.

St. Mary's Hospital.—Operations. 1¼ p.m.

King's College Hospital.—Operations, 2 p.m.

Great Northern Hospital.—Operations, 2 p.m.

University College Hospital.—Operations, 2 p.m.

St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.

London Hospital.—Operations, 2 p.m.

Cancer Hospital.—Operations, 3 p.m.

Thursday, April 25.

St. George's Hospital.—Operations, 1 p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

University College Hospital.—Operations, 2 p.m.

Royal Orthopædic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

West London Hospital.—Operations, 2 p.m.

Friday, April 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal South London Ophthalmic Hospital.—Operations, 2 p.m.

Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 27.

Hospital for Women, Soho square.—Operations, 9½ p.m.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 2 p.m.

Monday, April 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

St. Mark's Hospital.—Operations, 2 p.m.

Metropolitan Free Hospital.—Operations, 2 p.m.

St. Bartholomew's osHpital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 30.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Guy's Hospital.—Operations, 1½ p.m.

Westminster Hospital.—Operations, 2 p.m.

National Orthopædic Hospital.—Operations, 2 p.m.

Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Barry, M. J., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Littleton, Co. Tipperary.

Biggs, M. G., M.R.C.S., House-Surgeon to the Salisbury Infirmary.

Churchill, G. F., jun., M.B., F.K.Q.C.P.I., Assistant-Secretary to the Cow-pox Institution, Dublin.

Coleman, J. J., L.R.C.P.Ed., Medical Officer, &c., for No. 1 of the Clonbur District of the Oughterard Union, Co. Galway.

Cunningham, W. L., House-Surgeon to the Paisley Infirmary.

Davies, E., L.R.C.P.Ed., re-elected Medical Officer and Public Vaccinator for the Glyncorrwg District of the Neath Union.

Davies, H., L.R.C.P.L., M.R.C.S.E., re-elected Medical Officer and Public Vaccinator for the Llansamlet District of the Neath Union.

Dixon, H. E., M.R.C.S.E., Resident Medical Officer to the Royal Sea-bathing Infirmary, Margate.

Dwyer, J. O., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Scrooby District of the East Retford Union, Nottinghamshire.

Leeson, O., M.B., B.A., C.M., Resident Physician and Medical Tutor to the Queen's Hospital, Birmingham.

Lloyd, W., M.B., B.A., M.R.C.S.E., House-Surgeon to the Carmarthen Infirmary.

Moore, J. W., M.D., temporarily, Physician to the Fever Hospital and House of Recovery, Cork Street, Dublin.

Nicholson, E. C., L.R.C.S.I., Medical Officer to the Gaol, Trim, Co. Meath.

Sinclair, E. B., M.D., Secretary to the Cox-pox Institution, Dublin.

Smith, H. L., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Keadue Dispensary District of the Boyle Union, Co. Roscommon.

Strange, W., M.D., Hon. Physician to the County Prison, Worcester.

◆

Marriages.

Hetley—Benn.—On the 16th April, at the Church of the Holy Trinity, Whitfield, Frederick Hetley, M.D., of Upper Norwood, to Mary Ann, daughter of the late Captain Thomas Benn, R.N.

Rayner—Slack.—On the 11th April, at Great Malvern, John Rayner, L.R.C.P., M.R.C.S., of Woodbury, Devon, to Susannah, eldest daughter of the late Rev. S. Slack, M.A., Oxon, of Bradford, Yorkshire.

◆

Deaths.

Bickerton.—On the 13th April, T. Bickerton, F.R.C.S.Ed., of Mount-pleasant, Liverpool, aged 45.

Craddock.—On the 30th March, on board the "Scotland," off Cape St. Vincent, W. Craddock, M.D., of the Bengal Army.

Harvey.—On the 14th April, at Merton Road, Southsey, J. A. B. Harvey, M.D., R.N., aged 40.

Masfen.—On the 8th April, W. E. Masfen, M.B., of Stafford.

Montgomery.—On the 9th April, at Staplehurst, Dr. Montgomery, aged 68.

Tofts.—On the 6th April, Henry Tofts, M.D., of Woking, aged 34.

Wisden.—On the 12th April, Wm. Wisden, of Oxted, Surrey, aged 67.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 1, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Eye Diseases and Injuries. A Course of Lectures delivered in the City of Dublin Hospital. By Archibald Hamilton Jacob, M.D. Dub. Univ., F.R.C.S.I. Ex-Ophthalmic Surgeon to the City of Dublin Hospital 377
Report of a Case of Hysteria, with Epileptic Fits, treated by Drugs, and cured by the use of Dr. Chapman's Spine Ice-Bag. By L. M. Klein, B.Sc., M.D., &c., ex-Staff-Surgeon in the French Army 379
A Case of Congenital Hypertrophy of the Hand and Arm. By P. H. MacGillivray, Surgeon to the Bendigo Hospital........ 379

HOSPITAL REPORTS.

Victoria Park Hospital—
Cases treated with Palatable Cod-liver Oil. (Under the care of Dr. Thorowgood) 380

TRANSACTIONS OF SOCIETIES.

Medical Society of London—
French Pharmaceutical Preparations ... 381
Enchondroma in the Thumb 381
Cerebro-Spinal Meningitis 381

The Medical Congress at Lyons........ 381

LEADING ARTICLES.

PAGE
Glasgow Sanitary Staff........ 383
The Conjoint Examining Board for Ireland........ 383
Hospital Hygiene 384

NOTES ON CURRENT TOPICS.

Diphtheria in Australia 384
Electro-Puncture of the Heart as a Curative Remedy in Chloroform Syncope ... 385
Mortality under Anæsthetics........ 385
Preservation of Subjects for Dissection ... 386
Laws against Drunkenness........ 386
Dr. Marvaud on the Physiological Action of Alcohol 386
Proofs of the Darwinian Theory by facts in Animal Mechanics 386
The Adulteration of Liquors 387
The Philadelphia Sham Diploma Traffic... 387
Dr. Thornburn on Forceps Delivery........ 387
Artificial Fecundation 387
Female Students at Zurich........ 387
Prostitution in Paris during the Parisian Siege and the Commune 388
Health of Dublin 388
Mortality of Infants 388
Army Medical Department........ 388
The Sanitary Condition and Population of the City of London........ 388
Rumination 389
Clinical Thermometry 389
Elimination of Alcohol........ 389

PAGE
The Incorporation of the Manchester School of Medicine and Owen's College 390
The Management of Provincial Hospitals 390

LITERATURE.

Harley on the Urine 391
De Morgan on Cancer 392
On the Cause of Death in Fever........ 392

FOREIGN MEDICAL LITERATURE.

On the Combined Action of Morphia and Chloroform 392
Bou-Farik and Its Market. By C. T. de Fallon........ 393
Experiments on the Regeneration of Nerves 394

CORRESPONDENCE.

Gamma on The Government and Medical Officers of Militia 395
"Another Looker On" on the Royal Medical Benevolent College 395
A Correspondent on The Public Service... 395
Thomas Pratt on the Genesis of Fever .. 396

Medical News 396
Notices to Correspondents 397
Vacancies 398
Appointments 398
Marriages 398
Deaths 398

Original Communications.

EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL,

By Archibald Hamilton Jacob, M.D. Dub. Univ., F.R.C.S.I.

Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

My last lectures, gentlemen (Medical Press and Circular, page 223, March 13, and 313, April 10), were devoted to orbital caries, traumatic ectropion, wounds and injuries to the eyelids and other lesions in the neighbourhood of the eye, but outside the orbit. Having, then, explained to you the probable effects of extra-orbital injuries as regards the functions of the eye itself, I shall complete the subject when I come to deal with ectropion epiphora and other affections which will claim attention as separate diseases.

I pass now to the consideration of intra-orbital injuries and diseases, in which neither the eyeball nor its component structures are directly involved.

Nature's Protection to the Eye. The provision made by Nature for the protection of the eye from injury is of so perfect a character that it is not as much subject to serious lesions as might be expected; and when it is considered how vulnerable to attack, how easily destroyed by slight injuries, and how vitally essential to the efficient working of the human machine the eye is, our admiration of the means provided for its protection is enhanced. Though the eye must necessarily be presented to all attacks, and applied directly to all manipulations with the hands, and is thus, under all circumstances, placed in the most likely position for injury, it is, relatively, but seldom that it sustains a destructive injury, and it enjoys comparative immunity from the extensive lesions which every day present themselves as the result of blows about the face. Let us consider what it is which affords so sure a guard to the eye.

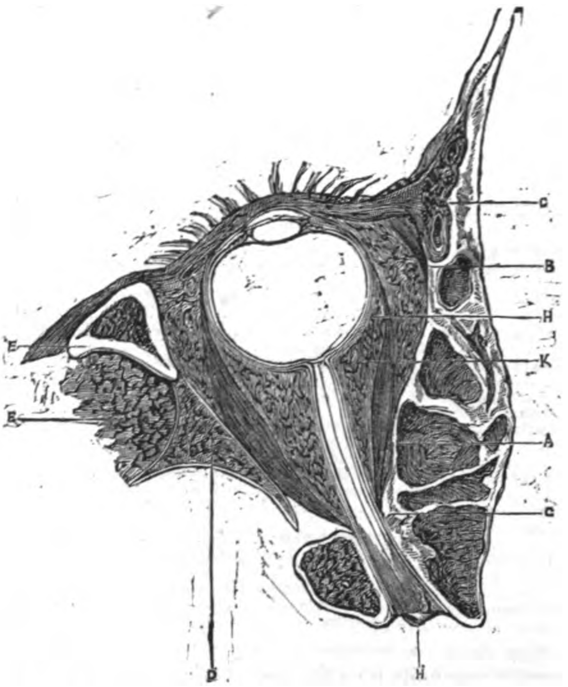
In the first place, the strong orbital ridges of the frontal, malar, and maxillary bones, effectually bear off blows from any body larger than the eye itself; while the other eye keeps guard, and by giving the signal for a rapid jerk of the head, and the involuntary and spasmodic closure of the lids, protects the globe from the access of smaller bodies. That this latter protection is of great importance is proved by the frequent occurrence of accidents to one eye when the other has been previously lost.

The lashes also, acting as a sort of grating or sieve, entrap all sorts of minute objects, which, should they in spite of all these protections, obtain an entrance, are met by an instantaneous deluge of tears, which carries them away before they can inflict any injury.

With lightning speed the retina transmits to the brain its warning of danger. By an instantaneous, almost convulsive, and involuntary movement the head is removed from the direction of danger, and the eye is tightly covered by the lid; even if the blow or missile take effect in the exact direction of the eye, the whole force is sustained by the anterior arches of the orbit if it be too large to penetrate within the cavity, and if sufficiently small to enter it meets with nothing on which to expend its force, except a hard, tight slippery globe, resting on a cushion of fat, and free to escape in any direction from the pressure.

In addition to the extrinsic protective provisions, the eye derives its greatest security from its own perfect mobility, and the elasticity of the cushion of adipose and cellular tissue on which it rests, and the extreme strength of the sclerotic; so that while the body of the eye itself will bear almost any amount of violence from a blunt or rounded missile, the structures on which it rests will receive without injury the greater part of any shock which may be communicated to it. The every day proof of this fact is, that amongst the thousand black eyes given and received, rupture of the eyeball is a rare accident.

In order to impress more forcibly upon your minds the beauty and efficiency of these provisions, I present a drawing of a horizontal section through the eyeball and orbit, which will serve also to illustrate my next subject.



Injuries within the Orbit. Proportionately as the external defences of the orbit are strong, so is its internal construction frail and liable to dangerous injury. The eyeball is so unyielding in itself, so mobile, and so much smaller than the cavity in which it is lodged, that a blunt instrument, such as the point of a stick or umbrella, is almost certain to glance off it, leaving it uninjured, and to pass deep into the orbit, where it meets only with structures of great fragility protecting the nervous centres and the ocular appendages. Internally, as will be seen from the foregoing illustration, the lachrymal sac is divided from the orbit only by the os unguis. Above, the anterior lobes of the brain are only protected by a thin expanse of the frontal bone, while above and externally is the lachrymal gland. It is easy, therefore, to anticipate the result of violence from a penetrating object. So well understood was the weakness of this position, that in the days when the duel with small swords was common, fencers who wished to kill their adversary made the orbit their aim.

I need hardly recall to your minds a recent melancholy illustration of this fact which occurred in the person of one of your fellow students. This poor young man had received a violent thrust of a stick or umbrella in the orbit, and had suffered the following fatal lesions

On *post-mortem* examination, a small wound was discovered under the eye which had caused death. The instrument, which must have been almost a blunt one (and which afterwards was shown to have been an umbrella), penetrated under the eyeball, entered the inner side of the orbit, broke through the ethmoid and sphenoid portions of the cavity and entered the floor of the skull, opening the side of the cavernous sinus, and penetrating into the brain fully one inch or more deep. The upper and inner part of the orbit were completely broken up, and the under part of the left anterior lobe of the brain was ploughed up by the instrument in its course ; there was a good deal, but not a very excessive amount of clot about the wound internally.

Even if the brain be not injured we see the usual consequences of penetrating wounds elsewhere—extravasation of blood, suppuration or necrosis, with the complications of coma, convulsions, and strabismus, consequent on the vicinity of the great nervous centre.

It should be specially observed that even a fatal injury in this position may take place with very slight external lesion, and the prognosis of such cases should therefore be cautiously made. The external wound may present the appearance of an insignificant puncture, yet a foreign body may be found to have entered, and lesions, even fatal sustained. To impress this fact upon you I refer to a case narrated by Sir Philip Crampton (*Dublin Quarterly Journal*).

A gentleman, running in a dark night to escape a shower of rain, came in contact with an irritable old man, who made a thrust at him with an umbrella, the point of which struck him immediately beneath the left eyebrow. The wound was attended with so little pain or shock to the system, that the gentleman walked a distance of at least half a mile, to Sir Philip Crampton's house ; and having mentioned the occurrence as one to which, however, he attached no importance, begged Sir P. to look at the wound on the eyelid, which still continued to bleed slightly.

Sir P. found a wound of about three-fourths of an inch in length in the upper eyelid, exactly in the seat of the fold formed in this part by the action of openingthe eye and looking up. When the eyeball was so turned, there was no appearance of wound ; but when the eyelid was drawn downwards, the wound gaped and showed the conjunctiva, which still completely covered the upper portion of the ball of the eye. Vision was quite unimpaired. The wound having been united by two points of suture, the patient took his leave and walked home. Sir P. called on him next morning, and found him at breakfast, making no complaint, but of some stiffness in the eyelid. Next morning at seven o'clock, Sir P. was called to him in a hurry, and found him in so strong convulsions, that it was with difficulty two persons were able to keep him from working himself out of bed. The convulsions continued, with short intervals of coma, till eight or nine o'clock in the evening, when he expired.

At the *post-mortem* examination, it was found, that the brass ferule of the umbrella, nearly two inches long, had penetrated the orbital plate of the frontal bone, and was lodged in the substance of the left hemisphere of the brain ; it was imbedded in a thin coagulum of blood, which extended into the left lateral ventricle ; both ventricles contained a small quantity of bloody serosity.

In the sáme volume, page 354, a case is given of tobacco pipe passing through the orbit into the brain, and only detected on dissection. A careful search must be made for any missile or foreign body which might be broken off and remain in the wound, for if such be detected, it must be removed at once, before swelling sets in, if possible without destroying the eyeball, but if necessary even at the sacrifice of the eye. I shall show presently that the eye may be displaced to a great extent from its normal position without permanent injury to its usefulness, so that every attempt should be made by pushing it on one side to find the foreign body before excising the eyeball. In the cases recorded of sticks and other objects breaking short in the orbit, they have been found frequently so firmly fixed as to require great force to dislodge them. If the foreign body be small, such as grains of shot, the surgeon will, of course, not sacrifice the eye to the necessity for their extraction, as they may become encysted, or may pass away after more or less suppuration, taking often the openings of the spheno-maxillary fissure or maxillary sinus and being discharged into the fauces.

A case is related by Horstius of a man who discharged through the nostril an iron arrow-point which had been retained in the orbit for thirty years.

A penetration of the frontal or ethmoidal cells is often attended by emphysematous swelling of the lids, caused by the patient in attempting to blow his nose forcing the air into the neighbouring cellular tissues.

Treatment.—The treatment of penetrating wounds, fractures, and such like injuries will at once suggest itself, and is comprised in perfect quietude, low diet, gentle aperients, evaporating lotions, cataplasms whenever applicable, and washing out the cavity, if there be one, with the syringe.

(*To be continued.*)

◆

REPORT OF A CASE OF HYSTERIA, WITH EPILEPTIC FITS, TREATED BY DRUGS, AND CURED BY THE USE OF DR. CHAPMAN'S SPINE ICE-BAG.

By L. M. Klein, B.Sc., M.D., &c, ex-Staff-Surgeon in the French Army.

Mrs. N. P——, æt. 28, married, is of a delicate constitution, and of a hypæmic and chlorotic appearence. About two years ago, she experienced the first symptoms of the disease, giddiness in the head, frequent fainting, pains along the back, loss of appetite, dysmenorrhœa attended by leucorrhœa, profuse sweats at night, and a great general weakness.

Those symptoms considerably increased in the last three months, and in November she was seized in the night by a fit of an epileptic character, which the doctor called in haste termed an attack of delirium tremens.

I cannot help thinking that the unwise use of spirituous liquors, recommended to her by several practitioners, has been one of the proximate causes of the fit.

Whatever the cause may be, I saw the patient—as a friend—a few days after the fit above mentioned (7th Nov). She complained to me of great pains in the abdomen, feeling of weight towards the womb, headache, slow digestion, and she told me that her stomach, at the epigastric, was always so cold that she could not warm it even by repeated applications of heated napkins, &c. (a peculiarity I often observed in France, in women complaining of uterine neuralgia).

The pains towards the womb had been increased by repeated and painful examinations of that organ, as the surgeon in attendance supposed a displacement of the uterus and wished to ascertain it.

I advised the patient to keep her bed for some days, to take a light food, *to stop the use of any spirit*, and to observe the following prescriptions :—

1° Ext. Conii. Mac., gr. 1-5th ;
Ext. Gentianæ, gr. j.;
Ft. one pill twice a day.

2° ℞ Potassi. Bromid, ʒij.;
Aq. ad. ℥vj.

3° Injections twice a day, with
Sulf. of zinc, ʒj.;
Water, oj.

To keep the feet always very warm.

The patient looked better for a few days, but some domestic sorrows, and the return of the menstrual time produced an increase of general uneasiness and determined a fit of the epiliptic character already mentioned, but less severe than the first time.

In presence of the unsuccessful action of the drugs and of the aversion of the patient for them, I resolved myself to try the treatment proposed by Dr. Chapman, which consists in the application of cold along the spine, in order to act upon the nervous centres through the spinal cord.

I ordered then the spine ice-bag to be applied twice a-day for about half an hour, and to lie upon it in case of want of sleep.

The immediate effects of the application of the bag were : warmth at the feet (which could not be kept warm before), head quite free from the continual headache which the drugs had never completely checked ; easy digestion. No fit whatever occurred for three weeks. The health improved in the most satisfactory manner. A remarkable effect of the ice-bag was the immediate stop of the profuse sweats which occurred every night before its use.

The only persisting symptom was the leucorrhœa which completely ceased after the injections had been continued for about a fortnight.

At that time, the same domestic causes already alluded to, as well as the interruption of my regular attendance for ten days, caused the use of the ice to be neglected.

In the third night (without ice) a new fit occurred, and although very short, produced much disturbance in the health of the patient. I saw her in the morning and requested her to apply the ice-bag as soon as possible, recommending to continue its use without interruption whatever.

At the same time her husband complained to me of a fœtid smell which was becoming, as he said, more intolerable every day, in the mouth of his wife. I then advised him to give her some powdered charcoal (about a teaspoonful) after each meal, and to let her drink at table in a glass painted with Norwegian tar.

Those are the only remedies which have been employed at the same time with the ice-bag.

This lady has now (31st January) quite recovered from all the symptoms which have been mentioned at the beginning of this note.

The sleep, the appetite, the uterine functions are entirely re-established and regulated. She herself applies the ice-bag when she has any appearance of coming headache, but she has discontinued its regular use since the end of December without the slightest return of the dreadful fits she experienced before in spite of all the drugs generally prescribed in similar cases.

The patient told me often during her illness, how she liked the ice-bag, what feelings of comfort it produced constantly, and how strange was the warmth it determines immediately after its application.

The theory of Dr. Chapman's system gives an easy explanation of that phenomenon :

"By means of cold applied along the spine we may increase the general circulation by lessening the nervous action and consequently causing the muscular coats of the arteries to become proportionally relaxed. As the blood flows in the direction of least resistance, the parts supplied by the arteries in question become suffused with blood to an excessive degree, and receive warmth in the same time with the blood."

This case is not very interesting in itself, but the means by which it has been successfully treated, and the satisfactory illustration it gives of a new method as scientific as it is worthy of trial, have seemed sufficient reasons for publishing a notice of it.

◆

A CASE OF CONGENITAL HYPERTROPHY OF THE HAND AND ARM.

By P. H. MacGillivray,
Surgeon to the Bendigo Hospital.

The following interesting paper was read at a recent meeting of the Medical Society of Victoria :—

Richard S, aged sixteen months, was admitted to the Hospital on 21st August.

His mother states, that at birth his left hand and arm were larger than the other, but that she did not take very much notice of the disproportion for some time. Within the last three or four months, and especially the last two months, they have rapidly increased in size. He is a first child, and both parents are healthy.

On examination, the whole limb from the shoulder is seen to be very much enlarged. The enlargement is chiefly in thickness, although the length also is increased. The first, second, and third fingers are enormously hypertrophied. The fourth and fifth are of normal size. The metacarpals correspond to their digits, the first three being very large. Both sides of the hands are covered with a thick elastic cushion. The hypertrophy involves all the structures, the great size of all the bones, except of the fourth and fifth fingers, being very evident. The humerus, radius, and ulna are also thicker and rather longer than on the right side, but the enlargement of the arm is chiefly situated in the soft tissues. The child can use the arm and all the fingers, but he cannot lay hold of anything, and the hand constantly overbalancing is perfectly useless. From this cause he frequently gives several unintentional blows to his mother and others.

The following measurements were taken :—

	SOUND.	HYPERTROPHIED.
Acromion to olecranon . .	5¼	7¼
Olecranon to wrist . . .	4½	5
Circumference of arm . .	5½	9½
Circumference of fore-arm .	5½	8
Wrist to point of index. .	3½	6
Circumference of hand . .	4½	9½

In considering the case with a view to treatment, it seemed that the chief seat of the hypertrophy was in the hand, the enlargement of the arm being, in part at least, probably owing to the increased work thrown on it by the weight of the hand. If the whole arm continued to grow in the same abnormal proportion, it was clear that nothing short of amputation at the shoulder could be of any benefit. If, however, the growth of the arm could be arrested, the little and ring fingers being perfectly normal, there seemed a reasonable prospect of retaining a useful limb, by the removal of the gigantic fingers with their metacarpals. As the most likely way to arrest the growth, I ligatured the brachial artery high up—close to the axilla—hoping that the diminution of blood supply to the arm, with the rest necessary for the treatment of the operation wound, might have the desired effect. The ligature was applied on the 2nd September, and dropped on the 10th.

On the 28th September, the wound having almost healed, the measurements were :—

Acromion to olecranon,	7½	Circumference of fore-arm,	7¼
Olecranon to wrist .	5	Wrist to point of index .	6½
Circumference of arm	9½	Circumference of hand .	9

These were satisfactory, as showing that the arm had not increased; and I, therefore, decided on amputating the fingers. The operation was done on 7th October. A slightly lunate incision was made on the dorsum and palm of the hand, from the web between the ring and middle fingers to the carpo-metacarpal joint of the thumb. The thumb was removed at this joint, and the second and third metacarpals were cut a cross well up. Five vessels were ligatured, one to the thumb of considerable size. On dividing the skin, there was found a very thick layer of fat; the muscles were not distinct, but the bones were enormously increased in size. The amputated mass weighed 12½ oz. avoirdupois.

The wound having quite cicatrised, the child was discharged on 27th October. A leather splint was made to fit the arm, and the mother was directed to keep it constantly applied to endeavour to bring the fingers in a line with the arm. They had been bent, owing to the displacement caused by the hypertrophied part of the hand, nearly at right angles to their proper direction, and the tendons on the ulnar side were contracted and tense. The measurements now were :—

Acromion to olecranon	8	Circumference of arm .	9
Olecranon to wrist .	5½	Circumference of fore-arm	7¼

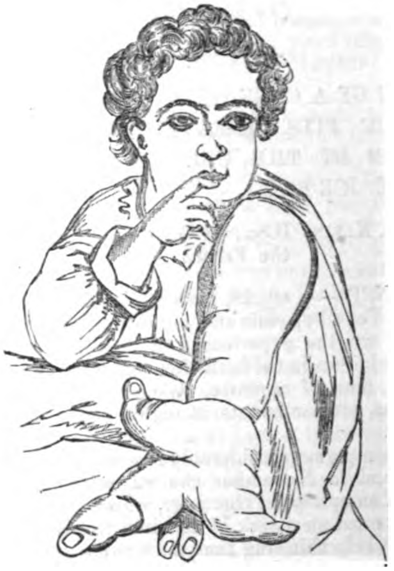
The whole arm was decidedly thinner.

The child was again, according to direction, brought to the hospital on 27th November. The following measurements were taken :—

Acromion to olecranon	7	Circumference of arm .	9½
Olecranon to wrist .	5¼	Circumference of fore-arm	7

It will thus be seen that there has been no increase in the size of the arm. The abnormal thickness seems to be mainly subcutaneous fat. The fingers are now a good deal more in a line with the arm, and the child has an excellent use of them.

The accompanying illustration shows the appearance of the hand before the operation.



* * *

Hospital Reports.

VICTORIA PARK HOSPITAL.

Cases treated with Palatable Cod-liver Oil.

(Under the care of DR. THOROWGOOD.)

AT the City of London Hospital for Diseases of the Chest, Victoria Park, Dr. Thorowgood has been making trial of Fox's Palatable Cod-liver Oil; a supply of this preparation having been liberally given to the hospital by Messrs. Fox and Co.

Five out-patients were selected of all ages and in various stages of phthisis who were unable to take and digest the ordinary cod-liver oil, and the following record was made of the results of experiments with the palatable oil :—

1st.—O. P., a man, æt. 30; phthisis 2nd in left lung; quite unable to take ordinary oil, and equally unable to take the palatable oil.

2nd.—J. C., girl with phthisis 2nd; cannot bear cod liver oil on her stomach, but is able to digest Fox's oil well.

3rd.—K. C., very delicate little girl, whose mother is under treatment for phthisis, takes the palatable oil well and likes it.

4th.—E. C., a young woman who always found ordinary oil to rise on her stomach, stated that the palatable oil did not rise, and she could take it well.

5th.—L. C., a chronic case of dyspepsia with commencing phthisis, improved very decidedly on the palatable oil.

All these last four cases continued the oil as long as the supply lasted, and there could be no question of its agreeing well with them in every respect.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 15TH, 1872.

THOMAS BRYANT, ESQ., F.R.C.S., President, in the chair.

DR. **THOROWGOOD** exhibited some French pharmaceutical preparations made by M. Tisy, of Paris, and introduced into this country by Messrs. Corbyn. They consisted of Bromide of Iron, encapsuled so as to be given in the nascent state, iodide of iron, carbonate of iron, creosote, carbolic acid, phosphorised oil, all prepared in a like way.

Mr. **STREETER** asked what benefit was to be derived from giving bromide of iron in preference to the sulphate and the many other preparations.

Dr. **WILTSHIRE** asked for information as to what became of carbolic acid on its ingestion. It was not excreted by the kidneys as such, but was broken up. He mentioned that his friend Dr. Otto Schultzen had shown that benzol underwent oxidation, and was excreted by the kidneys in the form of carbolic acid. He also mentioned that carbolic acid was a normal constituent of the urine.

Dr. **CHOLMELEY** also asked how carbolic acid, given as such, was excreted by the urine. He observed notable changes, as darkening of the urine.

Dr. **SANSOM** said carbolic acid acted first on the stomach and its contents, and it was useful for fermentative dyspepsia. Much was excreted by the lungs. He had never obtained carbolic acid on examining the urine. He thought it was no use given internally as a preventive for zymotic diseases.

The **PRESIDENT** suggested the subject of carbolic acid should be discussed at the next meeting, and Dr. Cholmeley undertook to bring it forward.

Mr. **ROYES BELL** brought forward a case of enchondroma in the thumb, in which he excised the proximal phalanx of the right thumb, bringing the distal phalanx into apposition with the metacarpal bone for a large enchondroma affecting the whole of the phalanx excepting the articulating surfaces. The operation was performed last January twelvemonth, and had been most successful, as the girl can write, sew, and do all her work well, having all the movements of the thumb, except, possibly, forcible extension. The tumour, which had been sixteen years growing, was shown, and also a cast of the hand before and after operation.

Mr. **WILLIAM ADAMS** thought that it was impossibe for surgery to be more successful, it was a surgical triumph.

The **PRESIDENT** echoed this opinion. The case was an admirable one. The plan of scooping out a bone, when possible, was an excellent one, but in such a case as this the plan adopted was the best. At Guy's it was the practice to leave as much skin as possible.

Dr. **CRISP** related a case of cerebro-spinal meningitis. The patient was a woman who had great pain along the spine, but no vomiting. The next day she had hæmatemetis and purpura.

Dr. **SANSOM** asked if there was any chance of the patient having had small-pox. He related similar cases he had seen.

Dr. **CRISP** thought not.

Mr. **BRUDENELL CARTER** mentioned a similar case which followed immediately after vaccination; the Medical man cautioned the friends of the patient as to using the clothes, but this was disregarded, and the patient's brother put them on and died of similar symptoms. The clothes were again sent to Ireland, and a like train of events happened.

Drs. **BLOXHAM** and **THOROWGOOD** quoted similar cases.

Dr. **CRISP** read an abstract of the Essay for which he had obtained the Fothergillian Prize, 1872. The abstract was very short, as the essay will shortly be published by permission of the Society in the "Transactions" of the St. Andrew's Medical Graduates Association.

THE MEDICAL CONGRESS AT LYONS.

WE have more than once drawn attention to the projected Medical Congress at Lyons, and this week we present our readers with the text of the revised statutes and programme. At the same time we are authorised to announce that the President and "Commission Organisatrice" of the Congress have requested Dr. Prosser James, who is a member of the Lyons Academy of Medicine, to act as their representative in London. Dr. James will therefore be happy to receive the names of members of the Profession who may be willing to support the Congress by being enrolled as "Membres adhérents." This entails no pecuniary contribution; but will enable those who may go to Lyons to take part in the discussions, and those who are unable to go, to send papers on the subjects named in the programme. These, it will be seen, are of considerable interest to a large number of our distinguished authors, and we hope that they will not be slow to send in their adhesion. The names may be sent direct to Dr. Prosser James, 18 Dover Street, Piccadilly, London, W., who will fulfil all formalities, and also take charge of the MSS. of *membres adhérents* who may be unable to go. We shall be happy to publish the list of names from time to time, and otherwise do all in our power to promote the objects in view. We append the statutes and programme :—

STATUTES.

Art. 1.—A Medical Congress will be opened at Lyons on the 18th September, 1872.

Art. 2.—The Congress will be scientific and professional, it will last for nine days.

Art. 3.—The Congress will be composed of permanent members (membres fondateurs), and honorary members (membres adhérents).

The permanent members will be doctors of medicine, apothecaries, veterinary surgeons, having diplomas of Lyons or other departments, who shall prefer a request on the subject to the commission of organisation. The price of subscription is fixed at 15 francs.

The honorary members will be doctors of medicine, apothecaries, veterinary surgeons, who do not belong to the Medical body of Lyons, who send their adhesions to the Secretary-General. No pecuniary contribution will be demanded from them.

Art. 4.—The labours of the Congress will consist,

1st. Of communications on the questions proposed by the commission.

2nd. Of communications of subjects not included in the programme.

Art. 7.—The permanent or honorary members who may desire to make a communication on one of the questions of the programme, or on some other subject, are invited to address their papers to the Secretary-General at least one week (the 10th September), before the opening of the Congress. The Commission will decide on the fitness of the communications, and of the order in which they will be made.

Art. 8.—The sittings of the Congress will be public, but the permanent or honorary members will alone have the right to take part in the discussions. There will be one or two sittings on each day according to the number and importance of the papers.

Art. 9.—Each question will occupy but one day, and the order of the day will thus be regulated :—1st. Papers on the questions of the programme; 2nd. Discussion; 3rd. If time permits, communication on subjects left to individual initiation.

Art. 10.—The time allowed for each paper will be limited if required, so as to give opportunity for a greater number of communications.

Art. 11.—At the opening of the first sitting, the Commission will name its office holders, consisting of a

President, Vice-President, a Secretary-General, and Secretaries of sittings.

Art. 12.—All the memoirs read to the Congress will be deposited after each sitting, in the hands of the Secretary-General, they will be the property of the Congress.

The Transactions of the Congress will be published, entirely or in part by the commission of organisation.

Programme.

1*st Question.*—"On the Epidemics of Small-pox."

In proposing this question, the Commission has been guided in its choice by the gravity of the epidemic, which has just desolated France, after having ravaged part of Europe, and which still rages at this moment in a great number of localities both of the old and new worlds.

It has appeared to it important to centralize the observations which may have been made in the different regions attacked by this scourge, and to make a collection of documents such as would throw light on the history of the disease, make its gravity to be appreciated, also its causes and progress.

The Commission gives notice, that the nature of the question requires the study of the means to be employed to prevent the formation, or to arrest the progress of epidemics of small-pox, such as we have just passed through; it calls, more especially, attention to certain points relative to vaccination, such as the comparative value of divers descriptions of vaccine; animal vaccination, and the measure of sanitary police, which should be advised for France, with the view of favouring and assuring the propagation of vaccine.

2*nd Question.*—"On Wounds by Firearms."

The Commission calls specially the attention of the members of the Congress to the following points:—

1st. The primitive and subsequent effects of the new projectiles on the living tissues; to discuss the question of explosive balls.

2nd. The respective indications of methodic expectation, of amputations, and of resections in fractures of the diaphyses and joints; to study comparatively these three methods in the point of view, of mortality and of the preservation of the functions of the limb.

3rd. The modes of dressing these wounds most fitted to prevent their complications, and to permit the transport of the wounded to great distances.

3*rd Question.*—"On Ambulances in time of War."

This question imposes itself on the choice of the Commission, by the events in which we have lately assisted, and which have shown, at least in France, the insufficiency of the Medical service in time of war.

The Commission calls expressly the attention of the members of the Congress to the following points:—

1st. Comparative study of the ambulances as regards their organisation among different nations.

2nd. The relations of the chief of the ambulance with the military commander.

3rd. The relations of the regular Army Medical Service with the free ambulances.

4*th Question.*—"On the Cattle Disease, or Contagious Typhus, among large animals."

The Commission points out more particularly the importance of researches—

On the losses that the last epizootic, which still rages, has caused to agriculture in the different parts of France.

On the comparative study of this affection with other virulent diseases, epidemic or epizootic, of men or of animals to which they may be analogous.

On the different methods of propagation of the cattle disease.

On the most efficacious means of arresting its progress, or of preventing its return.

Finally, on the sanitary legislation relative to typhus in the different countries of Europe.

5*th Question.*—"On the Causes of Depopulation in France, and of the means of remedying it."

The Commission in adopting this question thus formulated does not ignore the fact that depopulation in France is not absolute. Its population increases it is true, but it increases less and less, and much more slowly than that of the other nations of Europe and of America. It results from this that our relative force diminishes daily.

The causes of this diminution, too many to be here enumerated, are of two orders: on the one side the gradual diminution of births; on the other the enormous mortality among young children—two aspects of the question on which light should be thrown.

1st. The diminution of births arises from many conditions which the authors will have to seek for, conditions which put obstacles to marriages or render them less prolific, such as great standing armies, exaggerated luxury, debauchery, drinking spirits, &c.

2nd. In the examination of the causes of mortality among young children the authors will have to determine the influence of maternal nursing (*allaitement*), mercenary nursing, artificial nourishment, of the trade of nursing, foundling offices, of crèches, of vaccination, of dwellings, &c., and to compare under this head the results of the systems adopted in different countries.

3rd. The Commission wishes that the authors, after having studied the causes of the depopulation of France, should formulate in as clear and precise a manner as possible the practical means of increasing births and diminishing mortality among young children.

6*th Question.*—"On the Treatment of Syphilis."

The power of mercury against syphilis is incontestible; but it has been stated that it is not fit to give it indiscriminately to all syphilitic patients and at all periods of the disorder. Do there really exist cases of syphilis in which not only can a cure be obtained without mercury, but in which it may be better to abstain from this remedy? On the other part should mercury be administered from the commencement of the original symptoms, or would it be better, on the contrary, not to commence the use of it until the usual symptoms of syphilis appear?

Can a radical cure be hoped for from a single mercurial treatment, and are there grounds for instituting it with a view of this result? or should we seek from mercury only the disappearance of the successive stages of which the entire evolution of the disease consists? In the first case, what should be the duration of a treatment considered to be curative? In the second, do all the *accidents*, whatever they may be, whether they appear separately or together, indicate of necessity as soon as they become manifest the removal of mercurial treatment? What part should be assigned to local treatment against certain forms or certain relapses?

Does the treatment by cutaneous or subcutaneous absorption (method of Lewin) merit, either in a general manner or in some specified cases, to be preferred to the usual treatment by absorption at the surface of the digestive organs?

What is the value, and what the comparative indications of the preparations of mercury and of iodine?

Establish by precise facts what assistance the doctor can hope for from the employment of mineral waters, and especially sulphurous waters in the treatment of the various forms of syphilis.

7*th Question.*—"On the Reorganisation of Instruction in Medicine and Pharmacy in France."

8*th Question.*—"On the Practical Means of improving the Position of the Doctor, and of putting it in harmony with the importance of the *rôle* he is called on to fill in Society."

The Commission especially invites discussion on the following points:—

1st. The efficient repression of illegal practice of medicine and pharmacy.

2nd. Institution of syndical chambers.

3rd. More just regulations concerning the relations between doctors and mutual provident societies.

These questions will be treated in the order in which they stand in the Programme, thus:—The 1st Question of the Programme will be treated on Wednesday, the 18th; the 2nd on the 19th; the 3rd on the 20th; the 4th on the 21st; the 5th on Monday, 23rd; the 6th on the 24th; the 7th on the 25th; the 8th on 26th.

No sitting will be held on Sunday unless the importance of the communications in the order of the day necessitates it.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

, Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs KELLY and PIET; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR. BUTLER, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 1, 1872.

GLASGOW SANITARY STAFF.

FROM the reports that have appeared in the Glasgow papers, it seems to us that the great northern city is about to commit a blunder almost unexampled in sanitary movements. Under the mean pretext of saving about £140 a-year the local authorities of Glasgow seriously contemplate depriving themselves of the priceless services of Professor Gairdner. Writing at a distance, with the full reports of the papers before us, we are of course unable to explain the astounding intelligence. Undercurrents have no doubt been at work, and some of these may be understood by those living on the spot. We are however quite sure that wherever the news goes it will be felt that a great blow has been inflicted on sanitary science in the person of a gentleman whose extensive learning and high position as a physician and clinical teacher made the fact of his holding the office of chief of the sanitary staff a credit to Glasgow. But worse than this. It seems that the authorities, or a section of them, at any rate a committee, proceeded to completely revolutionise the sanitary staff without the least communication with the chief of it, who has done so much to promote the health of the city. This, in an ordinary case, would deserve to be called ungentlemanly. What epithet to apply to it in the present case the reader must judge, for we scarcely know how to speak of it. The conduct of the committee is the more amazing, considering that only two years ago Dr. Gairdner offered to a larger committee which was considering the propriety of reconstituting the sanitary staff, to resign his office as chief should it appear that any change thus brought about would benefit the public or his colleagues. Instead of the offer being accepted his salary was increased—surely a vote of confidence that was unmistakable. Moreover, no complaint of the working of the present staff has at any time been made. The committee which proposes the change expressly acknowledges its efficiency; the only object put forward is to make a paltry saving, and the only argument advanced is that it would be better for the chief Medical officer of health to devote his whole time to the duties of the post. We do not consider it necessary here to dwell on that argument, because in our judgment it does not apply. As a general rule we advocate that view; but considering Dr. Gairdner's position, the honour he has conferred on the post, and what he has done during the last nine years, this is just one of those exceptions that prove the rule. It is admitted that differences of opinion prevail as to the propriety of men in actual practice being Medical officers of health, but the most strenuous opponents of the system would readily admit that Glasgow did well to secure the services of a professor of European renown, and will assuredly stultify itself by sacrificing Dr. Gairdner for the sum of £140.

There is one point we will not pass over. Dr. Gairdner can lose nothing by the change. We think it probable he will gain by devoting all his energy to practical medicine. We feel sure that medicine will gain by the undivided work of one of her most industrious sons; and we say this on public grounds, for we have never had the pleasure of meeting him. But he has not been insensible to the claims of his colleagues. For their sakes he has written to the Lord Provost the most temperate and dignified letter it has been our lot for a long time to see. For this, in the name of the Profession, we tender our thanks. It is too seldom that such an example of professional loyalty is manifested in so disinterested a manner, and the honourable way in which Dr. Gairdner has acted reflects the highest credit on that Profession of which he is so distinguished an ornament.

◆

THE CONJOINT EXAMINING BOARD FOR IRELAND.

WE are gratified to learn that since the adjournment of the Medical Council the scheme for a Conjoint Examining Board for Ireland has made very sensible and encouraging progress. It will be remembered that the plan agreed to by the conference of delegates from the Irish licensing bodies was not approved of by the majority of those bodies, and as no definite proposal was submitted from the Irish colleges to the Medical Council, a resolution was adopted by the Council that, if no definite scheme was presented by the Irish licensing bodies before July next, it should proceed to consider the matter with a view to legislation. Shortly after the adjournment of the Medical Council the College of Physicians of Ireland made propositions to the Council of the College of Surgeons with a view to the establishment of a double diploma between these bodies, but, as the conference of delegates had not been dissolved, but only adjourned awaiting the consideration of the previous scheme, it was decided to reassemble the delegates.

We understand that several meetings of the Conference have been held in which all the "Medical authorities," with the exception of the Queen's University, were represented; and we believe we are justified in saying that very encouraging progress has been made in the formation of a scheme in which the two Colleges, the University of Dublin, and the Apothecaries' Company will co-operate for the formation of a Conjoint Board.

If this information be correct we think we are entitled to congratulate the Profession on the prospect of a satisfactory arrangement, and on the falsification of our own anticipations. Should an equitable and permanent settlement be come to by the co-operating bodies, it will not, we imagine, be defeated by the reticence of the Queen's University, which, as a professedly Liberal Government institution, is accepting a serious responsibility in taking up an exclusive and antagonistic position in regard to a negotiation which has had its origin in public feeling and Ministerial action.

◆

HOSPITAL HYGIENE.

We resume from our last issue the consideration of the facts and the discussion respecting the new Hôtel Dieu, and its bearing on hospital hygiene, to which we have drawn attention. We are told that :—

It had been desired to apply the system of isolated pavilions in the new Hôtel-Dieu, but space was wanting, and as it was absolutely necessary to find place for 800 beds, they imitated the pile of Munich, where the zinc ridges constantly repeated give a great surface, with very small capacity. They have multiplied these pavilions, that is to say, they have brought them near one another, and as even that did not suffice, they connected them by longitudinal buildings, so that they cease to be isolated; and thus it is that they have carried out the plans of Tenon! It is then necessary to remove the longitudinal buildings; the parallel pavilions will still be too close, but they will at least be isolated, and the *hospital will become tolerable.*

M. Trélat referring to the discussions of the Surgical Society, thus frames his opinion—"The exterior and interior arrangements of the new Hotel-Dieu are absolutely opposed to hospital hygiene." Further on he adds "I cannot too often repeat, the plan of this hospital is detestable and unheard of." What delusion is France affected by? Will strangers say—Everywhere in Europe and America they are making small hospitals. This is a colossal monument of ignorance in a nosocomical, political, and social point of view, it is real deprivation under the aspect of sumptuousness.

More radical in the application without being more so in principle, the other five commissioners declared the new edifice completely inacceptable as an hospital, even by diminishing considerably the number of beds. M. Marjolin denies the necessity of a central hospital; such an institution is bad in whatever point of view it is regarded, it presents three objections :—

1. The distance from the families of the patients.
2. The depopulation of the quarter from whence arises the uselessness of constructing a great hospital there.
3. The danger of uniting in one and the same place a barrack and a hospital.

The architect must have felt his senses revolt against the plan which was imposed on him, continues M. Marjolin. I regret that the Director of Relief and the Council of Hospitals did not take active steps to prevent the realisation of this *detestable plan.* We, in whom is vested competence in this matter, *have not been consulted.* Well, whatever may have been the expenses of raising this fine edifice, I say honestly and sincerely it is unfit for the purpose for which it is destined; the sick should not be placed there, for it contains none of the required conditions of hygiene.

M. Giraldes completely adopts the arguments and conclusions of M. Marjolin.

M. Lailler thus characterises the new Hotel-Dieu—*Handsome edifice, detestable hospital.* The special conditions are particularly deplorable. Ventilation is there impossible; light has not everywhere access; the ground floor will never be visited by the sun. The walks are pits. What shall I say of the argument which has been presented to us, and which consists of congratulating us for having a presentable Hotel-Dieu to show strangers. This argument I think nothing of. Our object is to cure the sick, and not to astonish people. Give us modest hospitals, of brick, or if necessary, wooden huts, which I can destroy, replace, or displace, according to the social needs to which they should be adapted. In two words, what I wish for are not monumental hospitals, but useful hospitals.

M. Vidal lays down a rule that "the larger a hospital is the more unhealthy it is." The argument of placing strangers, guests of France, in a position to approve of our hospital establishments, seems as if it should be turned against its author. What in effect is the hospital which in those unhappy times we have just passed through, has justly excited the attention of strangers? It is the American, which is a tent hospital, the opposite to a monumental one. The great establishments transformed into ambulances have given equally bad results with the great hospitals. If I had to establish a descending scale of hospital systems I would thus classify them. 1st. The tent; 2nd. The hut; 3rd. Pavilions, but pavilions completely separated, and well surrounded with air. Here what do we find? a court; is it indeed a court? narrow and dark, a veritable miasmatic reservoir. My conclusion is radical; the new buildings destined to be an Hôtel-Dieu should not be accepted as an hospital; if modified, they might perhaps make a good Ministry of Finance, but can never make anything but a bad hospital.

M. Lorain thinks as those preceding him, that the system of great hospitals is irrevocably condemned; that the new Hôtel-Dieu has been from its origin an affair more of a political than of an hospital nature. M. Trélat reminds us that the American system should not be confounded with the simple tent, as M. Hérard, who attacks it does; that the system of small barracks and small hospitals, adopted in all English possessions, has lowered the rate of mortality from 7 to 2½ per cent.

Such were the opinions given in the Commission stated before the Society of Hospital Physicians and Surgeons, the following conclusion was unanimously voted :—

"The new Hôtel-Dieu, as now constructed, offers dispositions absolutely opposed to the fundamental principles of hospital hygiene."

Will this unanimous vote of competent men bear fruit, or shall we see pressed to the end the consequences of a projected hospital so strongly condemned by the laws of hygiene and of social morality.

◆

Notes on Current Topics.

Diphtheria in Australia.

We find, in the *Melbourne Argus*, some correspondence on this subject, from which we gather that a commission was appointed to enquire into an epidemic. Dr. Williams Thompson seems to have been a leader in procuring this, but refused to serve on the commission with homœopathy, or worse. This was no doubt right. In a vigorous letter in the *Argus*, Dr. Thompson says :—

"A moment's reflection will convince any sensible person of the utter absurdity of placing the followers of two rival medical sects together to agree on a mode of treatment. The fallacies of the old school of homœopathy are given up, and a set of eclectics have been placed in the empty position. But this medical eclecticism is but another euphemism for negation, or astute artfulness. A genuine old-fashioned globulist of the original type, whose faith in infinitesimals is unbounded, and his worship of his master devout, is always an object of respectful consideration and curiosity for his quaint sincerity; but a quagga crossed between Apollo and Paracelsus is barren of principles. How, then, could men whose practice is based on physiology, as far as science has penetrated, reconcile that practice with a versatile eclecticism which has not even a chimera to swear by? There could, then, be no report unless through miserable compromise on one or other side. Separate reports there may be; but as well might there be two separate commissions."

Later, Dr. Thompson gives the following account of the disease, and his views of the attempt to avert it:—

"But why all this new-born zeal about a malady which has been a scourge in our midst these fourteen years, and at any period more dangerous than now, however bad it may now be? There is not a member of the Government who has not all along been amongst its influential men in Parliament, and wherefore their tardy humanity? Vilified doctors have been the while toiling to cope with the pestilence, left to riot by faction-fighting Parliaments, and so far have succeeded, that in last December not a death from diphtheria was there in the wide Melbourne district, comprising nearly a third of the population of the colony. Nor could the disease be always the intractable malady with which some have had to deal.

"During fourteen years many hundred cases have been under my own notice, with less than 1 per cent. of fatality. Only when extending into the larynx is it almost inevitably fatal. The worst cases often occur under the best hygienic conditions. At the outbreak, when all was strange and accounts conflicting, it was formidable; but observation soon conquered the worst difficulties, except the rare but dreadful croup, to learn how to cure which I will gladly become even an electic. At that early period a commission might have been useful; but in those halcyon days for adventurous politicians governmental solicitude was bovine, and its energies expended on thistles and scab, humanity having only quite recently engaged attention, not, of course, in the way that Dr. Johnson meant of patriotism when he spoke of it irreverently as 'the last refuge of a scoundrel.'

"For nearly 2,000 years the efficient causes of diphtheria and all zymotic diseases have eluded the keenest research. The habits of the disease being now tolerably well understood, it will redound to the honour of our *savans* if they carry science a step further towards the *intima penetralia* of pathology.

"All have scanned more or less closely its literature, from Aretæus's account of the Syrian ulcer to the latest brochure; there has been re-discovered and re-discovered the ancient physicians' and the modern old Frenchwoman's alum and honey; and there has also been revived the choke-weed and the snake-root. It has also become a settled belief amongst us that the disease is now the same disease it ever was, unaltered by time, unmodified by climate, thus proving its specific character. The sceptics of the numerical method at last resort to its statistics. There only remains to discover a specific. When found, people will not need being driven to it by compulsion, and the sheltering ægis of governments may spare ugly threats of familiar pains and penalties."

Electro-Puncture of the Heart as a Curative Remedy in Chloroform Syncope.

Dr. Steiner, of Vienna (*Arch. f. Kl. Chir.*, 1871), proposes the electro-puncture of the heart in cases of syncope from chloroform. He considers that the heart is endowed with extreme sensibility to puncture. Clinical surgical experience proves this. The puncture of the heart, he says, with a fine needle of the ventrilocular walls is not injurious, nor does the needle do harm if it reaches the ventricular cavities if withdrawn at once; but the puncture of the auricle is injurious. The most favourable point for puncture of the heart is the apex, because of the thickness of the walls and the distance from the coronary artery. The puncture should take place in the middle of the fifth left intercostal space at three centimetres from the sternal margin. The puncture should be perpendicular and three centimetres deep. The author has multiplied experiments on animals killed by chloroform; these confirm the opinion that the cardiac inactivity is the cause of death. The author concludes that there is, firstly, no danger in puncturing the heart. Electro-puncture is not a certain means of resuscitation in chloroform syncope, but the galvanisation of the heart ought to be preferred to artificial respiration whenever the arrest of the pulse and collapse depend on want of irritability of the heart. The electric current should be very weak: one element of Smee with an induction apparatus; the current ought often to be transmitted indirectly, the positive pole being directed to the heart by means of the acupuncture, and the negative pole placed on the seventh left intercostal space.

Mortality under Anæsthetics.

Dr. James R. Chadwick, surgeon to the Massachusetts General Hospital, has lately published a report on amputations at that institution, which, among other interesting statistics, contains the following in reference to the use of anæsthetics:—

In view of contradictory opinions which have been held as to the effect of chloroform upon the final result of surgical operations, it may be interesting to examine the foregoing tables with a view to deciding, it may be, in some measure the effect produced by the use of sulphuric ether upon the mortality of operations.

Limb.	Subdivision.	Before Ether.			After Ether.		
		Recovered.	Died.	Ratio of Mortality.	Recovered.	Died.	Rate of Mortality.
Arm,	Pathological.	4	0	0.	24	4	14.28
Forearm,	Traumatic Primary,	2	0	0.	22	7	24.13
,,	,, Secondary,	1	1	50.	11	1	8.33
,,	Pathological,	4	0	0.	19	4	17.39
Thigh,	Traumatic Primary,	3	3	50.	31	22	41.50
,,	,, Secondary,	2	1	33.33	4	8	66.66
,,	Pathological,	26	7	24.21	102	26	20.31
Leg,	Traumatic Primary,	4	1	20.00	59	32	35.16
,,	,, Secondary,	5	3	37.50	29	15	34.09
,,	Pathological,	20	1	5.	84	14	14.28
		71	17	19.31	385	133	25.67

At first view this would seem conclusive against the use of anæsthetics, but a moment's reflection renders the fallacy sufficiently obvious. A vast number of operations, especially in chronic or long continued cases, are submitted to by patients, and willingly undertaken by surgeons at the present day, owing to the entire immunity from pain and the diminished danger from shock, which, previous to the discovery of anæsthesia, would not have been tolerated. Among these many, as is well known, terminated in recovery, which formerly were allowed to die unrelieved, the mortality then not being less, but only attributable to the disease, and not to the operation.

Preservation of Subjects for Dissection.

In the *Progreso Medico*, April 1, we see it stated that a certain Professor Gaillery has submitted to the approbation of the Royal Academy of Medicine of Belgium a very simple method of preserving *subjects*. He placed a dead body brought from the Hospital of St. Peter on a table in the amphitheatre, and covered it completely with a sheet, with a solution of phenic acid in the proportion of two per cent. ; afterwards, every four or five days he pours over the body a certain quantity of the same solution. The first result was the absence of mephitic emanations, and in examining the bodyfrom time to time it was found to preserve almost the same appearance as it had at death. The walls of the abdomen gradually sank. The experiment has lasted for six months, and the body remains in the same condition. This is a most important discovery.

Laws against Drunkenness.

Republican France is making war against spirit drinking. On the 16th February in the National Assembly the following text of a Bill was laid before the members for discussion :—

Clause 1.—Those persons found in a state of manifest drunkenness in the streets, alehouses, or other public places, shall be liable to a fine of from one to five francs.

Clause 2.—Such persons who have undergone in less than three years, have been twice condemned by the preceding clause, shall be liable to imprisonment for from six days to a month, and to a penalty of from six francs to 300 francs.

Clause 3.—Every person who shall have been twice condemned for manifest drunkenness according to the last clause, shall be declared incapable of—1. Using the franchise ; 2nd. Of being elected as member ; 3rd. Of being nominated for any public employment, or to exercise any public office ; 4th. To bear arms for the space of two years from the day of condemnation.

Clause 4.—All electors or jurymen so appearing shall be similarly punished.

Clause 5 punishes keepers of cafés who allow their customers to drink to excess.

Clause 6 is to the same effect.

The Assembly has decided that the Bill be reserved for a more mature deliberation.

Dr. Marvaud on the Physiological Action of Alcohol.

In *Le Mouvement Médical*, 17th March, there is a notice of a memoir by Dr. Marvaud, of Bordeaux, in which that author concludes—(1) "Alcohol exercises on the healthy organism a complete action, which consists, firstly, in its existing in a free state in the blood ; and secondly, on the alterations which it undergoes in the economy. In its free condition, alcohol causes manifest effects (*a*) on the blood (by altering the form of the globules, and modifying the different gases and the serum, by altering the functions of the globules, and by the changes it causes in hæmatosis); (*b*) on the nervous system (by disturbing the intellect, sensation, and motility, and even conducting to anæsthesia and death ; by modifying the circulation, respiration, and distribution of heat in the different parts of the body). It remains for a longer or shorter time in the different organs (brain, liver, kidneys, &c), and is eliminated by the different secretions (expired air, sweat, urine). In its free condition, alcohol acts like the anæsthetics. 2. Thanks to the alterations which alcohol undergoes in the blood, it exercises a particular action on the nutrition ; it is not a respiratory food, but an *anti-calorific* and *anti-wasting* agent, for it diminishes the quantity of carbonic acid eliminated by the lungs, lowers the systemic temperature, restricts the proportion of the residues eliminated by the urine, causes disassimilation to cease, and favours steatosis. Its double *role* as excitant of the nervous system and as opposed to losses of substance, assures to alcohol a considerable and useful place in the province of hygiene, as the food of the ill-fed and of those who work at bodily labour. It gives a powerful aid to the working of the muscles.

"Alcohol exercises on the diseased organism more or less complete effects, which vary according to the disease against which it is used, and according to the dose administered, but at the same time depends on its triple physiological properties. It has its natural place in the materia medica among the anæsthetics (chloroform, ether, &c.) and the anti-wasting agents (coffee, tea, cocoa, mate, &c.), and unites these two series of remedies which would otherwise be confounded."

Proofs of the Darwinian Theory by facts in Animal Mechanics.

The Reverend Dr. Haughton, of Trinity College, Dublin, has announced the following propositions as the results of his investigations which will be given to science in his forthcoming book :

1. Each muscle is constructed in relation to its joint, in such a manner as to perform one kind of work only ; and it performs that work to maximum advantages.

2. The number of muscles employed is determined by the number of distinct actions required from the limb.

3. The shape and form of the bones employed are the necessary consequence of the shape and power of the muscles in action.

4. The smallest muscle in the combination is as carefully adapted to its conditions of maximum work as the largest muscle.

From these propositions, supposed to be extended to the action of every muscle and joint, it appears to me to follow as necessary consequences—

1. That a foreseeing mind planned the type of the limb and of its actions.

2. That, the idea of the limb and of its necessary actions being given, the number, shape, and arrangement of the necessary muscles can be calculated and predicted with as much certainty as an astronomer can predict an eclipse.

3. That the shape and arrangement of the bones follow, of necessity, from the necessary arrangement of the muscles.

4. That any alteration, however slight, in any part of the combination of bones, muscles, and joints, would entail a loss of work, and lead to a less perfect mechanism.

5. That, hence, the permanence and stability of each species so far as relates to bones, muscles, and joints) is absolutely secured, on the principles so admirably laid down by Mr. Darwin.

6. That the profound study of the mechanism of joints lends no support to the postulate that the similarities in the bones, muscles, and joints of animals, may be explained by common descent from a supposed common ancestor.

The Adulteration of Liquors.

In the course of the speech made when introducing the Bill relating to the sale of intoxicating liquors last week, the Earl of Kimberley stated that in it he proposed dealing with the adulteration of liquors. He said that nothing was more discreditable than the adulteration now practised; and that there was something so peculiar about public-house beer, compared with that he had procured direct from the brewer, that he had always thought it best to avoid it. He read a description that had been furnished to him of a process of adulteration frequently practised, by substituting a mixture of "foots" and water, together with salt and copperas, for a portion of the beer originally contained in the barrel; and said that honest brewers and publicans, as well as the consumer, would welcome any reasonable provisions for preventing such adulterations.

In connection with this subject, it is interesting to observe that at a meeting of the Chemico-Agricultural Society of Ulster, Dr. Hodges exhibited a specimen of whiskey brought to him by two men who had been unwell by drinking a portion of it in a public-house in Belfast. It contained, he found, a large amount of naphtha. The adulteration of whiskey in many cases, was of even a more deleterious character, and mixtures containing bluestone, cayenne pepper, and sulphuric acid were used, to give strength to the drink, sold in a low class of public-houses.

Several other species of adulteration were referred to, notably one showing the adulteration and manufacture of whiskey from not only worthless, but even poisonous ingredients. One specimen brought to Dr. Hodges by a number of provision cutters and curers was composed of naphtha and a slight colouring of whiskey. The men, on drinking it, got simultaneously ill, and with the same symptoms. This was a fair specimen of the drink sold in low-class public-houses. Another favourite compound for country public-houses was that offered for sale through the County Down, by an itinerant vendor. He offered for a penny to make a gallon of water into a gallon of whiskey! The decoction was made up of cayenne pepper, sulphuric acid (vitriol), a little spirits of wine, and sulphate of copper (blue-stone).

We have observed many cases of injury of the eye from a splash of public-house whiskey, which amply corroborates Professor Hodge's analyses. We have seen the conjunctiva burned, and sloughs of cornea established, results which could not possibly be due to the contact of spirit of any possible strength, and were obviously caused by a corrosive fluid, the contact of which with the stomach could not fail to make the drinker violently ill.

The Philadelphia Sham Diploma Traffic.

The investigation into this disgraceful trade was continued on February 17th. We extract the following brief summary of the evidence elicited from an editorial in the *Public Ledger*, February 21st:—

One of the witnesses, who either is or has been a "professor" in one of them, and who seems to have had intercourse with both, when asked if he knew anything of the sale of diplomas, or if Dr. Paine had ever asked him to sell diplomas as agent, or if he was ever present when Paine offered to sell diplomas, refused to answer on the ground that he might "criminate himself." This same witness, however, subsequently admitted that he had had blank diplomas of both Paine's and Buchanan's establishments in his possession; was about to make the selling of diplomas a business before the passage of the late Act of Assembly making it a criminal offence; that he had never sold but one, but that he would have signed one of them "quicker than a wink," if he could have made money by it.

Another witness testified to his knowledge of a diploma having been issued by Paine for 70 dollars, to a man who had attended no course of study. Still another, "an herb doctor," a coloured man, testified that he had never attended any course of lectures, but had received, through a Dr. Bissell, from Dr. Buchanan, a diploma as "a mark of honour"—but *a political campaign* was then going on, and one of these doctors *was a candidate* for the legislature.

But the most extraordinary portions of this testimony yet remain to be told. A "doctor," who described his business to be "studying and practising medicine," mentioned among his qualifications that he had been "janitor for seven years" in a Baltimore Medical school; he also had a diploma from a botanical college in the West Indies, and intended to get another from Buchanan, but that the latter charged too much! This, however, does not equal the evidence of James McShane, who has been some sort of an attendant in the dissecting room of both the "Philadelphia" and the "Eclectic."

He says he "worked" for Dr. Paine, and "did some work" for the "Eclectic;" he was no graduate, but in Paine's establishment he sometimes "ran the dissecting room," and "acted as teacher;" he was also offered a professorship in the American University, then at Tenth and Chestnut, and a "professorship of anatomy" in the "Eclectic." He had been offered diplomas to sell, and had been asked by Dr. Paine to teach.

Dr. Thorburn on Forceps Delivery.

Dr. Thorburn in a little pamphlet (Lond. Knight) gives the results (very favourable) of 112 cases of labour in which he used forceps, in Manchester. The instrument used was Dr. Robertson of Manchester's forceps. There was only one maternal death. The pamphlet is really a very valuable one, and all *accoucheurs* should read it.

Artificial Fecundation.

Dr. Roubaud, of Paris, a well-known writer on such subjects, has been making some experiments on artificial fecundation similar to those of Dr. Marion Sims and Dr. Courty, of Montpellier. In the *Mouvement Medical* is figured, April 14th, a syringe which he uses for the purpose. Of late years, some cases of artificial fecundation of the human female have been narrated, and 12 cases of success have been recorded by different experimenters.

Female Students at Zurich.

At the Polytechnic School of Zurich, 24 women are this year following the Medical curriculum, and six that of philosophy. One lady was admitted after a strict examination to the course of mathematics. A short time ago a Zurich woman passed a most creditable examination on entering the University; of twelve candidates, she was first in knowledge of the dead languages. This is the way in which, says *L'Independente*, we understand the emancipation of women, their social equality. Liberty and science, study and justice constitute the only basis wherever the revolution which many desire, can rest.

Prostitution in Paris during the Parisian Siege and the Commune.

According to *Le Mouvement Médical* the siege and investment of Paris produced various dangers to health and public inconveniences by the facilities to prostitution which they afforded—dangers which for the time being it was difficult to repress. The dismissal from the city of *bouches inutiles* having ceased, and a great influx of persons from the provinces invaded by the Prussians taking place, more especially from the environs of the capital, vast numbers were in a state of destitution, while many of those originally expelled thus found their way back. The civil population, too, placed in new circumstances, opposed to their natural habits, in the presence of their besiegers, the quasi-permanence of enrolment of the national guards, were among the circumstances which gave rise to an increase in clandestine prostitution, at the same time that it rendered its detection difficult. Thus it became a matter of no little difficulty to repress the vice. The Commune pretended in its programme to repress prostitution, but that was all. Practically it raged probably to a greater extent than before, and after the insurrection was suppressed it is said that it has continued to prevail. The principal causes to which it is now attributed comprise deficient education, the increase of luxury, the fact of so many occupations only suitable for women being in the hands of men, and the inadequacy of remuneration given for women's work. Nor is Paris the only city where those conditions produce their natural result.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending 20th April amounted to 133. The average was 166. The deaths were 191, the average being 170. Fifty-two deaths from small-pox were registered during the week ; of these 20 actually occurred during the week, and 19 during the previous week. No deaths were returned from the South Dublin Union Workhouse—it is much to be regretted that the deaths in public institutions are not registered with greater regularity. Of the 52 deaths registered, 15 were of children under 5 years of age, 13 were of persons 5 and under 15. 4 between 15 and 20, 17 between 20 and 40, and 3 between 40 and 60. Ten deaths from small-pox were registered in Cork, and 3 in Belfast. Nine deaths were caused by fever, viz., 3 by typhus, 4 by typhoid or enteric, and 2 by simple continued fever. Measles proved fatal in 3 instances, scarlet fever in 3, and whooping cough in 1. Two deaths were attributed to dysentery, and 4 to diarrhœa. Phthisis or pulmonary consumption was the cause of 20 deaths, hydrocephalus of 5, and tabes mesenterica of 2. Four deaths were ascribed to paralysis, 3 to convulsions, and 4 to apoplexy. Four persons died from heart disease. Twenty-one deaths resulted from bronchitis, and 3 from pneumonia. Two deaths were registered from kidney disease, and one from nephria.

Mortality of Infants.

Some important facts upon this subject have been brought before the Municipal Council of Paris. According to the Secretary-General of the Prefecture, there are 55,000 infants born in the Department of the Seine on an average annually, and of these 20,000 are placed out to nurse by the authorities. The nurses are drawn from three departments, and are under the charge of 70 inspectors and 87 Medical men. The average mortality of infants in France is 17 to 18 per cent. ; in Paris it is about 26 per cent. ; and that of natural children is always in excess of others. Thus, of the infants placed out to nurse by the authorities of the city, the mortality amounts to 27 per cent. in the case of legitimate, and to 33 per cent. in the case of illegitimate children. The mortality amongst infants placed out with private persons is according to the same authority, about 50 per cent. ; in other words, the chances of life or death are nearly equal. This excessive mortality gave rise to a serious discussion in the Academy of Medicine some time since, and a Bill was drawn up by a late Minister of the Interior in conformity with the views of the Academy. It is said that the subject is about to be revived and brought before the National Assembly.

Army Medical Department.

Deputy Inspectors-General of Hospitals L. C. Stewart, W. M. Murphy, and A. Bartley, Surg.-Major T. Thompson, Assist.-Surgs. S. G. White, F. J. White, G. Carwithers, P. S. Osborne, W. Galbraith, and B. W. Lowe arrived at Portsmouth on Monday in Her Majesty's ship "Crocodile" from India. Staff Surg. S. H. Halahan, M.D., embarked at Southampton on Wednesday in the mail steamer "Nile" for conveyance to Jamaica ; and Staff Assist.-Surg. Blood on the following day in the "Ceylon," for India ; Staff Assist.-Surg. Parkes arrived at Portsmouth from Jamaica in the "Simoom" on Tuesday. Staff Assist.-Surgeons have been transferred as follows, viz. :—Spence, from Boyle to Sligo ; Hughes, from Navan to Drogheda ; Churchill, to Boyle ; Holmes, to Richmond Barracks ; and Birkett, to the General Hospital, Dublin.

The Sanitary Condition and Population of the City of London.

Dr. Letheby's Twenty-Third Annual Report as Medical Officer of Health for the City has just been printed. It is full of interesting facts carefully arranged, some of which we proceed to glean. At the beginning of the present century (1801) there were 128,833 persons living within the City boundaries ; and in the four succeeding decades the numbers fluctuated between 121,124 (1811) and 125,065 (1821) ; but in the year 1851 it rose to 129,171. Mr. Simon, in his Annual Report for 1851, estimated it at 129,682. This is the largest population of the City during the present century, and it is perhaps the densest on record, for it is in the proportion of 9 persons to every house, or 180 persons to an acre. In the following year (1861) the number of the population fell, according to the Registrar General's returns, to 112,063 persons, which is at the rate of 8·4 persons to each inhabited house, or 155 persons to an acre ; and then, at the census of 1871, the number of the resident inhabitants of the City was returned at only 74,732, which is less than six-tenths of the population of 1851. It must not be forgotten, however, that the census of the City was taken at a time when the number of the population was at its very lowest ; for at midnight on Sunday, in the early part of April, the City is to a very large extent deserted. This fact is briefly alluded to by the Registrar General in his Preliminary Report of the Census of England and Wales for 1871, wherein he says: "Thus it comes that the City had, 'within and without its walls,' on the Census night, only 74,732 people, down to which number it had dwindled since 1861, when the numbers enumerated were 112,063. The decrease in ten years is 37,331, or nearly one out of three of the original number; and the Corporation of the City, in order to determine the numbers, took a day-census in 1866, with the following results: they found that, in addition to the ordinary sleeping population, the mercantile men engaged in the city daily amounted to 170,133. The numbers have probably increased since that date." Dr. Letheby thinks the day population of the City cannot be less than a quarter of a million; for, to say nothing of the 509,611 persons who at the day-census of 1866 were found in the City as clients and customers, there were 170,133 merchants, shopmen, clerks, and others, engaged in the City warehouses and shops. These, with the 74,732 who sleep in the City at night, make a total of 244,865 persons as the resident day population of the City. Distributed among the 9,321 inhabited houses of the City, they amount to rather more than 26 persons to a house, or to more than 338 persons to an acre. Even the night population of the City amounts to about 103 persons to an acre. Whereas in the whole of the metropolis the number is but 41·7 to an acre; and in the 20 chief towns of England, to which the Registrar General refers in his weekly reports of mortality, &c., the average density of the population is but 33·8 persons to an acre—the range being from 10·6 at Sheffield, to 96·8 at Liverpool. Again, in the 198 districts and sub-districts comprising the chief towns of this country, the number of persons to an acre is but 3·9, and in all England and Wales it is only 0·6, or less than two persons to three acres of ground. It is manifest, says Dr. Letheby, that notwithstanding the great reduction of the population of the City in the course of the last twenty years, the density of it is still excessive; and, considering the quality of a very large portion of the population in respect of its poverty and vice, there can be no doubt of the necessity for the same vigilant exercise of the sanitary powers of the Corporation, as has been hitherto practised.

Rumination.

At Fürth, near Nuremberg, there have been observed three ruminants, all of the male sex. The one was twenty-one years old, and had lost his father a long time. The mother suffered with pyrosis. He has this anomalous state from his tenth year. The beginning was that he drank bad water in a wood, vomited it several times, and had for a long time afterwards nausea. In his last school years the rumination was going on. In another hospital he has been treated by emetics. The vomiting proceeded easily, but the rumination did not disappear. The other functions are all in order, except the defæcation, which is somewhat inactive. Food and liquids easily reach the stomach. Not very long after the food the substances again mounted to the throat. Then they return to the mouth first that which he had eaten the last, without vomiting, without pain or nausea. Only when he is quiet, not excited, he is able to retain the food in the stomach, and some kinds of it only, beans and lentils, return most of all; then rice and barley; less frequently farinaceous, more or less meat (sometimes, but after three hours); and he most seldom drinks. If the food comes soon after the dinner, then the regurgitation is agreeable to him, and he masticates it with pleasure. For the beginning the mass is more thick, then thinner; it becomes, by the bye, bitter and acid, then he cannot retain it, and rejects it, but without an effort to vomit. The tongue is always covered, and changes the epithelium. By night he never ruminates, by day he can as he wishes make the food return to the stomach. Dr. Heiling, of Nuremberg, wrote a pamphlet on rumination. He says that Darwin knew a man who swallowed red and white gooseberries, and then at the will of the spectators, caused the white or red ones to return separately. Very often hypertrophy, or extensions of stomach in the form of pouches, were the reason of this rumination.

Clinical Thermometry.

Dr. Lucius D. Bulkley has presented a lengthy paper on this subject to the New York Medical Society. It is based on a prize essay he has obtained. The conclusions of the author, based on 337 cases of which a record was kept, not only of the temperature but of the pulse and respiration, are as follows:—

1. The body heat is maintained in health, under all conditions, at the uniform standard of 98·4° Fahr.
2. Any constant deviation from this constitutes disease.
3. A return to and continuance at this standard marks the termination of the disease.
4. A single high temperature is important.
5. The changes of temperature in diseases follow definite and known courses.
6. Variations from these typical ranges of temperature in disease are significant, as indicating a disturbing cause.
7. An irregular course is more unfavourable than a uniformly high range of temperature.
8. Different temperatures characterize different diseases, and various days of the same disease.
9. Although a high temperature indicates a more severe attack, no heat under 109° can be considered surely fatal.
10. The daily study of the pulse and respiration in connection with the temperature is of great assistance.
11. When the temperature and general symptoms agree, but the pulse disagrees, the two former are to be relied on.
12. When the pulse and general symptoms agree in indicating unfavourably, the temperature cannot be relied on, if contradictory, unless the improvement in respect to temperature is marked and persistent.
13. When the pulse and general symptoms agree in a favourable indication, a high or rising temperature should arrest attention.
14. All other means of investigation should be used in connection with the temperature to obtain the greatest benefit from the latter.
15. The continuous daily record of the three vital signs here represented, in the way exhibited, affords much aid in diagnosis, prognosis, and treatment of disease, by the presentation to the eye of its history in these respects.
16. The systematic record of these three points may assist in determining, at some future day, the vexed question whether the type of disease is changing, by preserving pictures which can be easily compared.

Elimination of Alcohol.

It appears, therefore, that a substance is found in the urine after six weeks of total abstinence, and even after an abstinence of two years, which gives the reactions ordinarily employed for the detection of small quantities of alcohol. As it is impossible to assume that elimination of alcohol, due to any alcohol having been taken, could go on for a period of six weeks, not to speak of two years, we are forced to the conclusion that this substance is a normal constituent of human urine, or at least may be obtained from it by distillation with an acid, &c.

At first the author inclined to the opinion that this substance was actually ethylic alcohol. The amount of substance obtained was, however, so minute, that even if it had been ethylic alcohol, it would not have been possible to separate it in the pure state. The distillate, moreover, is so evidently a mixture of various substances, that it would be unsafe to rely solely on the tests above given, the more so since the vapour tension, specific gravity, and amount of acetic acid produced are not such as a dilute alcoholic solution would yield. Lastly, the distillate gives the iodoform test far more readily than a spirit diluted so as to correspond in strength with the amount of acetic acid obtained from the distillate by oxidation; the appearance of the precipitate is also somewhat different.

However, while still engaged in this research, the author learned that M. Lieben, to whom we owe the introduction of the iodoform test, had already detected the presence of a substance, in human urine as well as in the urine of animals, which yielded iodoform. M. Lieben affirms that this substance is not alcohol, but he also, though working on larger quantities of animal urine, has not succeeded in isolating it. M. Lieben thinks it probable that this substance may be one of the odoriferous constituents of the urine. The author, however, believes that this cannot be the case—firstly, because the urinous odour of the distillate, which is very strong if no animal charcoal has been used, is not destroyed by heating with the dilute solution of bichromate and sulphuric acid, by which, nevertheless, acetic acid is produced; secondly, because the substance yielding the acetic acid and giving the iodoform test is not removed by distillation over animal charcoal, whereas the odoriferous compounds can thus be almost entirely removed; and thirdly, the same, or at least a similar substance seems to be present in the breath. Perhaps the substance giving the iodoform test, and that yielding the acetic acid, are two different compounds, but this must be left to future researches to decide. There can, however, be no doubt that this substance has sometimes been taken for alcohol, and has thus led some experimenters to the belief that the elimination of alcohol continued much longer than in reality it did.

The Incorporation of the Manchester School of Medicine and Owen's College.

An important movement for the incorporation of these two schools has been set on foot with every prospect of success. At an influential meeting held on Friday last in the library of Owen's College, Professor Greenwood stated that, as the result of negotiations between the Council of Owen's College and the Directors of the School of Medicine, that School would, after the 1st of August, become virtually the Medical department of Owen's College. This union was not an innovation upon established practice, but rather the contrary. It had been the usage of universities for eight hundred years to form connections with Medical schools. If in England they had seemed to be separated, it was due to the fact that the two great universities were in towns of small population, and therefore did not afford the opportunity to students of practising in very large hospitals. On the other hand, London, the city of great hospitals, had not had schools of general learning until quite recently. The Manchester School, which Owen's College welcomed with great enthusiasm, held the first place among provincial Medical schools, as being the largest and oldest of them all, its age now being nearly fifty years. During the next twelve months the necessary reorganisation of the school would be accomplished, and the College would be transferred to its new building. No change in the management of the school would, however, be made until after that time, when it would be necessary to expand, and in certain respects to alter, the system of Medical instruction. By the magnificent gift of Miss Brackenbury, which consists of £5,000 for the endowment of a Medical chair, and another £5,000 towards the erection of a new building, the Committee enter upon their labours under most favourable auspices, and we see no reason why with this happy combination of medicine and science, Manchester should not eventually possess a college equal in every respect to those of London, Dublin, and Edinburgh. To this end, and for the purpose of endowing chairs in anatomy and physiology, and one for State medicine and public hygiene, as suggested by Dr. Syson, an appeal is made for public support, the proposal of Mr. G. Southam, the lecturer on surgery at the school, "that the gentlemen now present, with power to add to their number, be a committee for raising a fund of not less than £10,000, in aid of Miss Brackenbury's liberal gift of £10,000, for the erection of suitable Medical school buildings and the endowment of certain Medical chairs," being unanimously carried, and at the close of the meeting the chairman announced that the subscriptions given or promised already reached £1,750, including £500 each from Mr. Birley and Mr. R. Johnson. All honour to such public benefactors, and may they increase and multiply!

The Management of Provincial Hospitals.

Some interesting facts are disclosed in the correspondence now taking place in the local journals of Worcester, relative to the non-appointment of a physician to fill the vacancy created in the Infirmary staff, by the death, some two months since, of Dr. Williams, senior physician. As the Committee appear to have taken no steps to appoint a successor, the Profession in the city naturally surmise that no election is intended, and that the *reductio ad absurdum* policy which has characterised other acts, will prevail in the present instance, to the injustice of the Profession, and the inevitable misfortunes of the patients. We read in the letter of one correspondent that when the Infirmary was established in the year 1745, it contained 12 beds, for which there were four physicians and three surgeons. This staff continued numerically the same for several years, but one of the physicians having died, and the Profession not being quite so fully stocked as it is in the present day, no successor could be found. The number was then reduced to three physicians and three surgeons, and this staff has remained unaltered for upwards of 100 years to the present day, the beds now numbering more than 100.

As nearly two months have elapsed since the death of Dr. Williams, and the Committee show no signs of filling the vacancy, we are strongly of opinion that steps should be taken to compel them to do their duty, for the credit of the Profession and the welfare of the patients. The most common-place argument ought surely to convince them that if four physicians were found necessary for 12 beds with 400 patients, two cannot be enough to attend to 100 beds with 3,438 patients; the same having now, too, the additional care of upwards of 1,500 patients at the Dispensary.

Against this exclusive system one writer naturally adopts the line of argument that a material injury is done to the Medical Profession in Worcester without any compensating advantages. There arises the well-known grievance so patent to every hospital surgeon, that numberless patients are admitted into the institution who can very well afford to pay for medical attendance, and who would otherwise pay considerable sums to their private Medical attendant. In the case of Union Medical Officers the injury is still greater, for not only do they lose their paying patients, but they are deprived of almost the whole of the cases for which they can legally claim extra fees from the Poor-law Board, and which are held out to them as an inducement to take the appointment they hold at low salaries. This may be looked upon as a money view of the case, but as a Medical man is as much bound to "owe no man anything" as any of any other calling, he must therefore think equally with others of such matters. Taking this in conjunction with the fact that he loses those cases which present the most interest in a Medical point of view, no one can deny that the existence of the Infirmary as it is at present conducted, is a grievance to the Profession at large, for which they have a right to demand redress, and some compensating benefits.

THE ball arranged to be given on Monday next in aid of the funds of King's College Hospital promises to be a great success.

A FRIGHTFUL eruption of Mount Vesuvius occurred on Sunday, one of the most terrible for many years. The lava is said to be flowing sixteen feet deep for miles round, and many lives have been sacrificed in consequence.

THE will of the late Robert Brent, M.D., of Modbury, Devon, has been proved under £50,000 personalty. Verily there are exceptions to the generally accepted notions of "our poor Profession."

A MEETING of the Pharmaceutical Society of Great Britain will be held this (Wednesday) evening at eight o'clock. The following paper will be read—"Pharmacy in Austria"—by Mr. T. Greenish.

AT the festival of the Royal National Hospital for Consumption held last week, Mr. William Leaf generously promised to undertake the entire cost of building one of the new houses now in course of construction at Ventnor. Over £5,000 was subscribed in the room.

THE twenty-seventh anniversary dinner of the German Hospital took place on Thursday evening at the Freemasons' Hall, London. The report for the year ending Dec. 31, stated that the number of in-patients during the year was 1,210, the largest number which the institution had hitherto attained. Among these 213 were cases of accidents, chiefly English. The number of out-patients amounted to 16,347.

DR. AITKEN, professor of medicine in the Netley School, lately gave an introductory lecture on the progress of Medical science, or rather, on the "influence of human progress on that of Medical science." Well, he claims for Scotland and England the adoption, if not invention of clinical teaching, passing over with silent contempt the fact that the Irish school had early adopted it, and carried it to a high pitch of excellence. We are accustomed to such slights, but would only remind Dr. Aitken and other professors from the canny north, that it is to Irish science is due the speedy method of cure of the peculiar skin disease so prevalent in the region of the thistle, a fact that of itself would demand some grateful recognition.

Literature.

HARLEY ON THE URINE (a).

THIS little volume contains eleven lectures delivered to advanced students and practitioners, over a period of some ten years at University College. Portions of these lectures were printed at intervals in one of our contemporaries, and two of them, on Albuminuria and Diabetes, have been published separately. Nevertheless, the work is so important as to deserve a full review, and inasmuch as it is very carefully revised—we may say almost rewritten—and brought down to the latest information, it may be regarded as a new work embodying the author's lengthy experience on all that relates to a subject he has for years past treated with conspicuous ability. Here we have then the result of years of patient investigation into the chemistry, physiology, and pathology of the urine, and practical men will be glad to hear also that the field of therapeutics has been diligently cultivated. Criticism of such a work is obviously difficult, and the present reviewer has been seduced rather into using the book for his own information, than for the purpose of writing the review he undertook at the request of the editor of this journal. The work is eminently suggestive to those who have studied the subject, and those who have not should at once procure it and set about its perusal. Before going further we may say that it is a handy volume, nicely bound, and the edges are cut—as they ought always to be. We do wish however, the publishers had indulged us with a larger type. In these days of hard-work, when reading has to be done by artificial light, small type is not an additional attraction to a book of this kind, and we trust the author will, in a future edition, insist on his work being enshrined in a type that will make it legible even to those advanced in years.

The first lecture is devoted to the question, What is Urine? The second is on the Normal Solid Constituents of Urine and the various agents which influence their quantity. In lecture three we get the Chemistry, Physiology, and Pathology of Urea. Then follow Uric Acid, Hippuric Acid, Chloride of Iodine and the Pigments; and the significance of each of these in disease is carefully pointed out. The seventh lecture is devoted to Phosphoric Acid and the Phosphates in Diseases of the Brain and Spinal Cord, in Rickets, in Disease of the Bladder, and other affections. The diagnosis and treatment of Phosphatic Gravel and Calculi are here considered. The next lecture is on the Oxalic Acid Diathesis, and will be turned to by many before the other parts of the book. The clinical import of some other bodies is discussed in the next lecture, after which come the two papers on Albuminuria and Diabetes, which, as we have mentioned, have previously been published.

From a consideration of the contents of the book the reader will scarcely form an adequate idea of the care that has been expended on it, or the amount of information compressed into its pages. It is interesting to a larger number of readers than might be supposed. Thus, the chemist cannot but be pleased with the manner in which the chemical department is done, while those chiefly interested in physiology will equally find food for thought and satisfaction with the physiological teaching. The same may be said of the pathology of the book. Now these points are of peculiar value, and will be duly appreciated by those medical schools which have endeavoured to supply the want of practical instruction in Physiological and Pathological Chemistry. But the book has further claims, for it is fitted to be an admirable text-book for the student; while the practitioner may here find all he wants in order to do justice to his patients. A full and accurate index enables either of them further to use it as a book of reference on any point connected with the Urine and its derangements in constitutional as well as local diseases.

(a) "The Urine and Its Derangements, with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Diseases." By George Harley, M.D., F.R.S., formerly Prof. in University College, and Physician to the Hospital. London; J. and A. Churchill. 1872.

DE MORGAN ON CANCER(*a*).

Most of the contents of this little volume appeared in a contemporary, and the views it expresses are moreover generally known, and we are happy to think extensively acted upon. Mr. de Morgan's book is eminently practical, and represents the result of a large experience. He is in favour of the early removal of cancerous tumours "as the surest means, if in any case practicable, of averting the direful sequels of the disease." We cannot but think the author is doing good service in publishing a small and practical work like this.

ON THE CAUSE OF DEATH IN FEVER(*b*).

We scarcely know how to speak of this pamphlet. The author tells us it was read before the Manchester Medical Society as far back as the year 1842, and that the twenty-nine years which have since elapsed have fully confirmed the correctness of the opinions then advocated. But what do our readers suppose are those views? or what the causes of death in fever? Coming upon us with such an air of importance we fully expected something practical, if not novel. Yet the whole pamphlet is occupied with the naked idea that it is to the use of purgatives, the injudicious use of them of course, that death is due in this disease. We think this sweeping statement has not a particle of truth to support it; whilst we know that the causes of death in fever are very numerous, and totally irrespective of any use of purgatives. We question too the discretion of any man who attributes bad practice to his Medical brethren in this wholesale way. It reminds us of the famous protest lately issued, which accuses the Profession of encouraging the use of strong drinks. But we need not pursue either point farther here. We consider our author would have done better to have let his pamphlet rest in the shade thrown over it by thirty years.

Foreign Medical Literature.

ON THE COMBINED ACTION OF MORPHIA AND CHLOROFORM.

(Translated for the Med. Press and Circ. by Dr Joseph Duggan, L.K.Q.C.P.I., Turloughmore, Co. Galway.)

The following communication of MM. L Labbé and E. Guyon, was placed before the Academy of Sciences by M. Cl. Bernard. The use of chloroform as an anæsthetic agent has been known for a considerable time, and the practical surgeon although frequently employing it as such, nevertheless, uses it with a certain apprehension, so that even up to the present day, no rule or course of procedure has been employed, or even discovered, that could place us in complete security from the accidents that its use unfortunately too often produces.

To obtain complete anæsthesia by escaping the risks and fatal accidents, which painfully occur so frequently from the absorption of chloroform, is a desideratum well worthy of the attention of all surgeons.

M. Cl. Bernard, during his course at the College de France, studied comparatively the physiological effects of the different alkaloids of opium, has raised the important question and partly demonstrated to us, that it is possible, by combining the action of morphia with chloroform, to obtain a state of profound and complete anæsthesia, with a much less quantity of chloroform than is ordinarily used in applying that agent alone.

To demonstrate this fact, he injected in the first place a certain solution of muriate of morphia (five or ten centigrammes), under the skin of a dog, and in a short time afterwards administered chloroform. Each time anæsthesia was quickly produced and prolonged, although the quantity of chloroform absorbed was very little. This experiment was frequently repeated, and always produced the same results.

At the same time that M. Cl. Bernard was conducting these researches and experiments, a surgeon of Munich, Nusbaum, similarly observed the same phenomenon, in a woman, who had, during the course of an operation, absorbed a large quantity of chloroform. This surgeon, not wishing to administer it too long, through fear of it inducing fatal syncope, was struck with the idea of administering an enema with a small quantity of morphia dissolved in it, he then observed that the anæsthesia was prolonged for a longer time than before.

Two surgeons of Strasbourg, MM. Rigault and Sarazin, made researches on the same subject, which were not published. From notes taken by one of their pupils, M. Guibert, we communicate the subjoined observations:—One centigramme of chloro-hydrate of morphine in subcutaneous injection, a quarter of an hour after the inhalation of chloroform, they obtained forthwith analgesie without sleep, and with complete integrity of the intelligence and the special senses. That analgesie is not complete, and would be insufficient for serious operations, or those involving the section of the trunks of the nerves.

"By continuing the inhalation they obtained anæsthesia, with doses of chloroform far smaller than when that agent was used alone."

We are of opinion that by applying these interesting facts elucidated by M. Cl. Bernard, to their various requirements in practical surgery, that surgeons are now left a wide field to cultivate further researches in this important subject. Impressed with this material question, we here beg to submit a short *resumé* of observations, which we have noted in experimenting on some individuals.

1st.—The 27th of January last, M. Labbe, in the Hôpital la Pitié, performed amputation of the foot on a young man; twenty minutes before the operation, he injected about two centigrammes of chloro-hydrate of morphine under the skin on the inside of the patient's thigh. He then gave him chloroform, which caused slight excitement. In seven minutes there was complete anæsthesia for a long time after the operation, which lasted seventeen minutes; the quantity of chloroform inhaled was about twenty-eight grammes. The patient, even before sensibility returned, replied perfectly to any question put to him, and was rather wakeful.

2nd.—The same day we gave the morphia and chloroform as above, to a patient who had to undergo a very long and tedious operation on the great trochanter. Chloroform

---

(*a*) "The Origin of Cancer considered with reference to the Treatment of the Disease." By Campbell de Morgan, F.R.S., Surgeon to the Middlesex Hospital. London: J. and A. Churchill. 1872.

(*b*) "On the Cause of Death in Fever." By R. T. Hunt, M.R.C.S.E., Consulting Surgeon to the Royal Eye Hospital, Lecturer on the Eye at the Royal School of Medicine and Surgery, and formerly Consulting Surgeon to St. Mary's Hospital, Manchester. Manchester: J. E. Cornish, 33 Piccadilly. London: Simpkin, Marshall, and Co. 1872. Pp. 16.

(*a*) See *Bulletin Therapeutique*, LXXVII. p. 241.

was administered twenty minutes after the morphine injection, in about six minutes after the inhalation of the chloroform, anæsthesia was complete, the operation lasted thirty-two minutes, and the quantity of chloroform consumed was twenty-five grammes. The period of excitement was rather long, but at last got well under the influence of the chloroform, and felt nothing during the operation.

3rd.—On the 30th of January, we gave to a patient, who had to be operated on for fistula in ano, as well as two others, an injection of two centigrammes of chloro-hydrate of morphine a quarter of an hour before the operation, period of excitement in five minutes, in a short time anæsthesia was complete. The quantity of chloroform employed was eighteen grammes.

4th.—Injected two centigrammes of chloro-hydrate of morphine in a young girl, aged 20 years, who had to submit to an operation for ovariotomy. Chloroform was given twenty minutes after the injection, the period of excitement was rather slight; anæsthesia was complete in about six minutes. The operation lasted an hour and forty-five minutes, and the amount of chloroform used to produce anæsthesia all that time, was only forty-eight grammes.

During the whole course of the operation, the patient was in a state of complete resolution, and she awoke very calm after the operation, saying she felt nothing, nor feels at present any pain.

In concluding those researches, however incomplete, permit us at the same time to assert, that we can in our own species, as M. Cl. Bernard has obtained (as shown by his experiments), in the lower animals, that anæsthesia is more safe and quick by combining the action of chloroform with morphia. That the anæsthesia is of longer duration, and can be prolonged for a longer time by smaller doses of chloroform, and consequently the risks of accidental death are considerably diminished. We are also of opinion, that we could without any inconvenience, slightly increase the dose of the chloro-hydrate of morphine in the previous injection, and that it would also be an advantage to have the morphine injected for a little longer time before the operation, than we have done.

We think it right to remark, that all was not absorbed fully where the injection was used, just at the moment of the operation.

BOU-FARIK AND ITS MARKET.

By C. T. de Fallon.

(Translated from the *Gazette Médicale de l'Algerie.*)

I have just read the very interesting work of Lieut.-Colonel T—— on Bou-Farik, and I have extracted from it, almost textually, because I could not better express myself, the part which most particularly interests the Medical man and the hygienist, and which shows the incessant and progressive modifications of the soil, modifications such that the most unhealthy spot of the province of Mitidja has become the most salubrious, the oasis chosen for our convalescents.

It was on the 23rd July, 1830, during the march on Blida, that the French army passed Bou-Farik for the first time. This place, where the market for the district was held, was then only marked by two wells with grey domes, a white "Koubba" dedicated to Sidi Abd-el-Djilani, four aspen trees, which for a length of time had done duty as gibbets under the Turkish *régime;* to the west of the second two fig trees and one palm tree grew on the spot on which was afterwards established the cemetery. The territory itself was nothing but a marsh, studded with forests of impenetrable reeds, pools of stagnant water, swamps, and leaking pits, &c. Thus, it was only in 1835 that the General, Count d'Erlon, decided on the permanent occupation of this unhealthy marsh, where for a long time sulphate of quinine was sold at the canteen as an article of consumption.

From this moment we have been engaged on a gigantic work,—a work which will cost many lives, but which will be carried out to the end by dint of energy and perseverance. It is that of making habitable this unhealthy spot, where the mortality was one in five, in passing which the traveller covered his face, closing his nostrils, so as to avoid inhaling such pestilential air. It was first necessary to create solid ground by drainage, to afford an escape for the water, to render it accessible by means of roads, to plant it with trees to assure its healthiness, to cultivate the soil, to build houses, and thus to attract labour, comfort, well-being, and consequently health.

The army alone has strength sufficient to attempt such an enterprise in an enemy's country. Afterwards, and under its protection, thirty-five petty tradesmen or work-people grouped themselves under huts made with branches of trees, and lay the foundations of the future Bou-Farik, of which they were nothing less than the founders.

Soon numerous ditches were dug in the vicinity of the Camp d'Erlon to allow the escape of the waters, which abundantly rose to the surface of the marshy ground, particularly to the east, on the proposed position of the new centre of population, which the road from Algiers to Blida reached in 1836. The future town, Medina-Clauzel, was established in the extensive proportions of a rectangle of 750 metres by 1,100. The colonists obliged to build in the alignment were further obliged to plant their rural lots with trees within three years.

The first years were especially given up to drainage; the troops increased the ditches round the camp, and on the spot selected for the town dug, in 1838, a great drainage canal, which, running from east to west, carried off the waters which inundated the space between the town and Bou-Ogab into the stream of Bou-Farik; they undertook, in 1840, to throw the stream Bou-Chemala into the stream Bou-Farik, and, in 1841, turned the stream El-Khauris, whose torrents in winter inundated the grand square of Bou-Farik and one quarter of the town.

But this was not done without great sacrifices, and disease raged cruelly among the troops in camp, especially among the newly-arrived regiments, whose strength disappeared. However, accommodation was improved; of 1,500 men two-thirds were located in masonry barracks, the remainder in wooden huts. The camp possessed a hospital, which, increased in 1840, was quite sufficient with its 254 beds, because the fever patients were sent to Douéra.

Let us mention, in passing, the creation of a special ambulance for the treatment of the natives, entrusted to Dr. Pouzin, established at the same time as Erlon's camp near the hamlet, Ech-Chaouch. It remained in operation until the 9th October, 1839, when it was finally abandoned in consequence of the incessant incursions of the Arabs after the rupture of the treaty of Thafna with Abd-el-Kader.

In the same period, 1835 to 1842, the Department of Roads and Bridges occupied itself with the interior sanitation by joining in four parallel trenches, and allowing the gardens to be easily watered, the floods which inundated more than fifty acres in the place itself. In the environs some passages across the marshes were established, also canals for the free passage of the water, and some temporary bridges. The streets and squares were planted with mulberry trees, and orchards laid out.

In 1841 Generals Schramm and Bugeaud caused the surrounding land to be cultivated by the troops, each regiment receiving as much as thirty hectares. Already Bou-Farik possesses appreciable resources; fine fields produced excellent corn; the colonists gradually built houses. On the 31st December, 1838, the colonists numbered 500, distributed in 102 habitations, of which 41 were in masonry, 40 in clay, and 21 wooden. We are already far from the primitive huts of the bazaar.

In 1840 the population was no more than 400 individuals; but the month of October alone carried off 48 by fever. In 1841, among 450 sick, the deaths amounted to 106; and these sad figures gave rise to the question of abandoning everything. But Bou-Farik has faith in its future, and notwithstanding so much misery, amuses itself every evening, sings and dances. This is what the Civil Commissary, Toussenel, says of the country which he rules:—"In 1842 Bou-Farik was the most deadly place in Algeria; the countenances of the few inhabitants who escaped from the terrible fever were green and puffed. The parish changes its priest three times a year; the church is closed. All the *personnel* of the civil and military administration has been replaced. There perished in that year from diseases of the climate 92 persons out of a population of 300 inhabitants."

Happily a new era was opened for Bou-Farik by the submission of the Arabs of the Mitidja in June, 1842. These reappeared in the market with oxen, leeches, green fruits, and wheat. A traveller, M. Nicaise, has just made a horticultural garden, where he acclimatises the most rare and varied exotic plants. 1,810 new trees were planted there during the year. In 1843 the population was nearly doubled, and the number of deaths was but 42, about 1 in 17.

To obtain this result, formerly considered impossible, a few works sufficed which transformed stagnant and poisoned waters into clear and running streams; but the draining was a painful and dangerous operation, and Bou-Farik had become a veritable focus of marsh cachexias. In 1844 250 hectares were cleared; planting was actively continued. The streets are levelled and partly paved; four canals for irrigation, 3,771 metres in length, traversed the town from south to north; water is abundant and wholesome; the inconvenience of the marshy soil has been remedied by raising buildings 25 centimetres (about 20 inches) above the surface of the ground.

The sanitary state improves; out of 1,017 admissions to hospital there were 46 deaths. The population amounts to 890 French and 480 foreigners. The mean mortality is 1 in 13.

On the 12th April, 1845, a Medical service for the colony was created by ministerial decree. In the same year the Governor-General by a decree made cultivation compulsory. Bou-Farik was connected with its suburbs, Soumâa and Soukali, by roads of communication, drying the marshes through which they passed, and bordered with willows by the care of the contractors. Thus, Bou-Farik lost its former dreary and desolate aspect, and contained not less than 150,000 feet of trees.

The public plantations made by the administration amounted to 3,720 trees,—plane trees, mulberry, poplars, willows, and elms. On the 31st December, 1845, it counted 1,928 inhabitants.

The insurrection of 1845-46 retarded somewhat its progress; but the State came to the aid of the colonists by furnishing those who requested it with materials for the construction of houses, cattle, and agricultural instruments for the cultivation of their rural lots. The deaths in 1846 were 1 in 15; in 1847, 1 in 12. The mean mortality was still greater than other centres of the colony. Since 1848 they have been able to encounter fever with success. From this epoch dates solid colonisation. Bou-Farik was now provided with a series of permanent roads for the cultivation of its rich lands; all the ditches and watercourses were bordered with willows and poplars; the population, without counting strangers, is 2,053 inhabitants; the mortality has come down to 1 in 28, in 1849 it was 1 in 35.

On the 17th June, 1850, Bou-Farik ceased to be a garrison; it was then nothing but an agricultural centre, made a commune in 1851. The Camp d'Erlon was given up to the Jesuits for an orphanage. The town is surrounded by a forest of 400,000 trees. The mean of deaths 1 in 34. If from 1831 Algeria has cost 1,500 millions of francs and 100,000 men, Bou-Farik can at least be shown as a consoling result and a promise.

In 1851 the number of deaths was 1 in 31. The greater part of the fever cases were sent to Douéra. The improvements continue; the lands under cultivation are increased; a lavatory, a drinking-place, and fountains are constructed. Bou-Farik, a model colony, takes six prizes at the Exhibition of 1852. After seventeen years of powder and of quinine, Bou-Farik commences an era of peace and health—the cemetery becomes converted into a garden. Genius had created Bou-Farik from the mud, emptied the marshes, turned the rivers, solidified and levelled the soil. The Civil Commissaries compelled the exterior of Bou-Farik to be turned into an orchard, orangery, vegetable garden, forest of willows and poplars,—a new Normandy, to be recommended to those suffering from nostalgia.

The space between Camp d'Erlon and the town was transformed into a magnificent public garden; orange and palm trees embellish its squares; the huts were replaced by handsome masonry constructions; a vast caravanserai was erected to afford shelter to the Arabs who frequented the market. All the farms and the town houses were provided with good wells. Three schools and an asylum have been founded. On the 31st December, 1854, the population was 2,553 inhabitants; the deaths, still numerous, exceeded the births. On the 31st December, 1855, there were 2,827 inhabitants, 132 births, and 135 deaths. On the 31st December, 1856, there were 3,036 inhabitants, 139 births, and 77 deaths, of whom 40 were children. It is almost childhood alone which causes the great mortality. In 1859 an ambulance was established for the treatment of slight diseases. Since 1852 many practitioners have rapidly succeeded each other as colonial surgeons, Dr. Georges filling this office since 1855. Bou-Farik was daily embellished and enriched by new fountains, drinking-places, and much improved public roads, the railway from Algiers to Blida inaugurated on the 8th September, 1862, by considerable drainage works for the improvement of health, by the erection of a flax manufactory, the rearing and fattening of cattle, culture of cereals and tobacco, a poor relief institution, &c. On the 31st December, 1866, the population was 3,033 Europeans and 2,243 Mahometans. There was one birth for each 33 inhabitants, one death for 51. In France they count 1 birth for 34·81 inhabitants, 1 death for 41·48; the comparison is in favour of Bou-Farik. Let us add that the earthquake of the 2nd January, 1867, did little harm, that the cholera but slightly affected a country already so tried, there having only been 15 deaths among the Europeans, and 300 among the natives.

Bou-Farik is situated in the centre of Mitidja, between Sahel and the Little Atlas, 27 miles from Algiers, and 8 from Blida, with a territory sloping from east to west and from south to north, a position which enables its waters to flow readily towards Mizafran, having an extent of 2,500 hectares, and capable of containing 50,000 inhabitants within its circumference. At present the population has only to allow itself to exist; the climate is excellent, the air is healthy; rosy and chubby cheeks have decidedly taken the place of those which formerly were yellow and puffed. With its favourable situation, its luxuriant vegetation, its public and private gardens, with its communal revenue, with its schools and courses for adult instruction, Bou-Farik will be unfortunate if it does not soon become the most healthy centre, the gayest, the richest, the most prosperous, and the best instructed of all those of French creation in the province of Algeria.

EXPERIMENTS ON THE REGENERATION OF NERVES.

M. **Velpeau** placed before the Biological Society the results of numerous experiments which he performed, relating to the influence of various nervous lesions, both on the regeneration of the nerves themselves, and on the modifications of muscular contractility.

He has studied comparatively the effects produced by section, l'écrasement, and transfixion of nerves, the latter he performed by the aid of a needle moistened with acetic acid, or essence of turpentine; he has operated on the sciatic, hypoglossal, pneumogastric, recurrent, &c. Now, the alterations observed have always been identical, whatever mode of experimenting was adopted; nevertheless, the regeneration of nervous matter was more rapidly accomplished in nerves submitted to l'écrasement, than those by section. The influence on contractility varied but slightly, and in either case was not completely lost, but only diminished, and that diminution of contractility more marked in excision than in l'écrasement. He further states that, whatever is the nature of the lesion, or injury done to the sciatic nerve for experiment on guinea-pigs, epilepsy was invariably observed to follow. Finally, the transfixion of the pneumogastric nerve with a needle charged with acetic acid, produces among dogs the same affection as section of the sympathetic.—*Revue Scientifique*, 6 *Janvier*, 1872.

◆

Correspondence.

THE GOVERNMENT AND MEDICAL OFFICERS OF MILITIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Cardwell has publicly stated that he intends to deprive Medical officers of Militia of nearly all the emoluments which, from the first formation of the Militia, to the present time, they have invariably enjoyed. Moreover, he has as yet made no mention of any intention of giving them the slightest compensation for this most *unjustifiable* and *unprecedented* act of spoliation on his part. I say UNJUSTIFIABLE because neither on the ground of economy or efficiency has he the slightest excuse for transferring the duties of these gentlemen to any other department. The scale of remuneration which has been allowed them has been made as small as it could be with any regard for appearances. And there has never been even the slightest whisper of a report of inefficiency as regards surgeons of Militia. For, in point of fact these officers are as a rule surgeons of eminence possessing the confidence of large numbers of the most highly educated classes in their respective counties.

I further call this act on Mr. Cardwell's part UNPRECEDENTED because never before have I heard of government arbitrarily depriving officers of the emoluments which they have always enjoyed as belonging of right to their appointments, and the duties appertaining to which they are both perfectly willing and able to perform; *without granting them adequate compensation*. From whatever point of view the subject may be considered, it appears to me that every impartial mind must see that it is most unfair thus to deprive zealous and efficient officers of the salaries and emoluments which they have always enjoyed.

Should Mr. Cardwell persist in his intention of ignoring the claims of militia surgeons, I trust that public opinion will be brought to bear on him, so as to obtain for this deserving class of officers the same scale of compensation that has been granted to all other officers whose vested interests have been interfered with.

I hope, Sir, you will excuse me for occupying so much of your valuable space, but I do think that this subject is one of very considerable importance, and one which ought to be thoroughly ventilated, and I hope very shortly to revert to it, when I think I shall be able to show that, if Mr. Cardwell's object be to make the reserve forces thoroughly efficient in time of war, his intended treatment of militia surgeons will tend most materially to defeat that object.

Yours,

GAMMA.

ROYAL MEDICAL BENEVOLENT COLLEGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—My attention has just been drawn to a letter in the pages of a contemporary, respecting the annuities to the pensioners of the Medical College, Epsom. The writer urges an increase to £30 per annum to the residents, on the strength of some handsome bequests recently left to the Institution, and at the same time seems to find fault that so much is spent on the boys.

As a well-wisher of the College, and admirer of the good intentions of its founder, I say let it in God's name do its utmost for its pensioners, but as a Paterfamilias I feel it should lose no opportunity of improving the advantages to its pupils. Much, it is true, has been done in the way of improvement of late years, but very much remains to be done to place it as it deserves to be, on a footing with our other public schools. For instance, I am not alone in thinking that Greek and the Latin authors should be commenced earlier, and greater attention paid to the *modern* languages, these being indispensable to the future progress of every respectable youth; this, however, is only to be carried out by a higher standard of lower masters. As it was, and I believe is now, neither German or any Greek or Latin author is commenced below the fourth form, the average age of boys attaining this position being 15, an age that in my own day was looked on as the period for leaving school. If it is not practicable to make German compulsory earlier, let it be optional, and made an extra. One of my sons was a pupil of the College, and the other would have been so but for these disadvantages. About two years since a very sensible arrangement was made by forming a "special" class for lads intended for the Medical Profession, but report says this is to be again abandoned. If so, and the disadvantages I have pointed out are not reformed, I fear the interests of the College as an educational establishment will suffer greatly to the benefit of other schools, which are daily showing themselves more and more alive to the necessity of early training for the various examinations, public and competitive.

I am, Sir, yours truly,

ANOTHER LOOKER ON.

April, 1872.

THE PUBLIC SERVICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your editorial notice, on April 10th, of a *brochure* entitled "The Army Medical department, Past and Present," you offer to Medical candidates for Army commissions the following advice:—"It will, therefore be well for future candidates for the commission of assistant-surgeon to weigh well if the play be worth the candle-light—we would say, certainly not, if something be not done to open the way for more rapid promotion." Following up this subject, it may not be unprofitable to that class of your readers to epitomise the relative advantages of the three departments which comprehend the Public Services—the Indian, naval, and military—in order that when selecting a career they may not be misled by traditions, and find too late that they have bartered a life's work in the lowest market.

Ostensibly equal in pay, privileges, and pension, the naval department excels the military, in the quicker rate of promotion to the rank of surgeon, by three years, that grade being attained in the former in twelve years, whereas in the latter the lengthening term of probation has at present reached fifteen years, and must extend itself to twenty. The pecuniary equivalent of this difference equals 5s. a day for three years, or £273 15s. in favour of the naval. The social advantage represents emancipation at a so much earlier date from the dictatorial interference of a professional senior, and endowment with opportunity for independent action and invigorating responsibility.

All peremptory exactions from the nominal pay, such as mess and band subscriptions, cost of living and of entertainments, are infinitely less in the naval than in the military service, so that to one purposing to live, to lay up for old age, or to lend, out of his professional earnings, a helping hand to some weaker members of his family, there can be no comparison between the two.

In addition to this the circumstances and climates in which the naval Medical officer spends his life are far less injurious to his health. He therefore, untouched by the poisonous influences of India, Hong Kong, and Honduras, returns to civil life a happy contrast to his broken military fellow-pensioner. Superior to both of these in emolument and position, the Indian Medical Service, with its *fixed* period of promotion at 12 years, has always commanded the richest outcome of the Medical Schools.

Tradition used to give the army the precedence to the navy, and teachers were wont to exhort their *less industrious* pupils to essay the latter; but now the former must forego the preference, and henceforth the stagnant Army Medical Department must become the last resort of the rejected.

Yours, &c.,

A CORRESPONDENT.

THE GENESIS OF FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have with much pleasure read a letter from Dr. Sharkey, in your publication of the 27th March, relative to a paper which I had the honour of reading before the Surgical Society of Ireland, and am delighted to find that Dr. Sharkey perfectly agrees with and supports my views, although he seems not to mean it.

The Doctor writes thus :—A *large* family lived in a house long notorious for its filthy surroundings, the whole frontage faced by a cesspool, the receptacle of all the filth that could be put together for the purpose of making manure. The manure in a hollow, the dwelling-house on a hill. There being no sewer, the rain and moisture could not escape. His landlord, a kind man, offered to assist him in sewering ; but the offer was rejected. Now, Sir, I say that no one can be astonished at this rejection, for two reasons, viz.—1st. The house stood above the pool ; 2nd. The kindly offer of the landlord might interfere with the tenant right of the property. However, after a long residence of perfect health in the locality above described, the father of the family caught fever, which he communicated to the rest of the family, a large one. (It does not matter what the type may have been.) The Doctor remarks that there had been no fever in the parish for months previous, and the person who first caught the complaint had not been near any sickness during that period. Now this statement seems to imply that he had been in some place where sickness was previously. Be this as it may, I will not contend ; but the Doctor will agree with me, I know, that persons take fevers, &c., without having been in contact with those affected, and also where there is no infection at all.

Dr. Sharkey writes thus :—Now here was a fever of a bad type, for *whose* origin no reason can be given *save one*—the odour of putrefying matter, animal and vegetable.

Well, I again beg leave to repeat it, and the Doctor knows it well, that too often, indeed, fevers and other complaints spring up and spread without any traceable origin, and it may be, and no doubt exists in my mind, that it so happened in the case put forward by Dr. Sharkey, as the conditions which the Doctor so distinctly states remained for many years the same, with the family—a large one—continuing in perfect health up to the unfortunate attack of the father.

The Doctor also agrees, and uses this expression—STINK will not produce fever ; and as it does not appear from the Doctor's letter that any sanitary precautions up to the present have been put into operation either by landlord or occupier about this notable dwelling, which the Doctor so graphically describes, one would almost be led to suppose that there was still a *vial of woe* in the pit beneath the dwelling mentioned, ready at any moment to burst open its odour of infectious vengeance upon the untidy occupiers of the above-described domicile, although this moment of misfortune may not perhaps come to pass during the existence of the present generation.

Marvellous ! Can it be so, when all agree that an attack of typhus or continued fever will not protect persons proof against this malady, same as an attack of small-pox or measles will ?

As to the construction of cottages, I must confess that I am not acquainted with the architecture which the Doctor points out as general, although a back-door is not uncommon where the offices are in the rear. Still, I have never seen them built so for the purpose of ventilation alone.

And respecting the luxuriant verdure around such places, as I mentioned in my paper, I will take it as a compliment paid me if the Doctor will read the paragraph again, as I gave it as an example which every one is familiarly acquainted with.

Finally, I was nearly omitting the Doctor's last remark, where he mentions the *Sonderbunds of Bengal ;* and would beg to refer him to the admirable lecture delivered by Goulab Sing, M.D., and printed last year by the Civil Service Association. He will find a vast amount of information in it which no doubt may be useful to him in his daily practice along the low banks of the river Suck.

I am, Sir, your humble servant,

Thomas Pratt,

Medical Officer, Mountnorris Dispensary, &c.

Medical News.

Royal College of Physicians of London.—At the ordinary Quarterly Meeting of the College on Thursday, the 25th ultimo, the following *Member* was admitted *Fellow* :—

Willoughby Francis Wade, M.B. Dublin, 24 Temple Row, Birmingham,

And the following gentlemen were admitted *Members* :—

William Chapman Grigg, M.D. Edin., 6 Curzon Street, Mayfair, W.
Thomas Cole, M.D. Lond., L.R.C.P., 17 Paragon, Bath.
Robert Farquharson, M.D. Edin., Junior United Service Club, S.W.
Henry Forbes Winslow, M.D. Lond., Sussex House, Hammersmith, W.
Francis Henry Laking, M.D. Heidelberg, L.R.C.P., 13 Addison Road, Kensington, W.

The undermentioned gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were granted *Licenses* to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery :—

John Philip Allwood, M.R.C.S., The Dispensary, Macclesfield.
Joseph Arthur, M.R.C.S., 14 Commercial Place, Commercial Road, E.
Alfred Pearl Boon, M.R.C.S., St. Mary's Hospital.
Edward James Domville, M.R.C.S., Devon and Exeter Hospital, Exeter.
William Ewart, M.R.C.S., St. George's Hospital.
Richard Harrison, M.R.C.S., Mabe House, St. Lawrence Road, Notting Hill, W.
Cleland Lammiman, M.R.C.S., 106 Cannon Street Road, E.C.
Henry Yate Pitts, M.R.C.S, Raikes House, Walton, Liverpool.
Eleazer Birch Roche, M.R.C.S., 21 St. Stephen's Road, Lewisham, S.E.
Adam Young, M.R.C.S., Seaman's Hospital, Greenwich, S.E.
William Wilson Coltart, who passed his Examination in Medicine July 24, 1871, and has obtained a recognised qualification in Surgery.

The following Candidates, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a qualification in Surgery recognised by the College :—

George Albert Dundas, Guy's Hospital.
Thomas Henry Fagg, 4 Talbot Road, Bayswater, W.

Mr. Harry Davis, of University College Hospital, passed his first professional examination.

Royal College of Surgeons of England.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on the 23rd and 24th ult. :—C. J. Davey, W. E. Dring, G. H. W. Thomas, and C. J. C. Mitchell, Guy's Hospital ; B. R. Baker, W. B. Waller, and B. R. Bullen, St. Thomas's Hospital ; B. Crawshaw and S. Wreford, London Hospital ; F. J. Brennand and T. Cassan, King's College ; A. E. Williams, and R. Bradley, Liverpool ; H. H. Thomas, University College ; W. M. Beaumont and J. A. Fothergill, Middlesex Hospital ; J. Fryer, Leeds ; I. M'Cammon, Canada and Guy's Hospital ; W. M. James, Edinburgh ; A. Arnold, Newcastle-on-Tyne ; H. M. Maggs, Charing-cross Hospital ; E. Knowles, Cambridge and St. Mary's Hospital ; E. O. Bark, Bristol ; A. Lingard, J. Black, S. A. Bernays, James Startin, W. Pocock, S. L. Smith, and C. M. Jones, St. Thomas's Hospital ; H. G. Dyer, W. A. Carline, and P. Birch, King's College ; G. C. A. Moir, J. J. Gawith, and H. E. Williams, St. Mary's Hospital ; S. J. Hutchinson, A. Peck, and T. K. Rogers, University College ; C. E. Winckworth, Guy's Hospital ; H. Jackson and F. M. Williams, Middlesex Hospital ; A. M. Cash and J. Dixon, Edinburgh ; J. R. Postance, Liverpool ; C. E. Smith, Manchester.

Royal College of Surgeons in Ireland.—At the Quarterly Examination held on the 9th of April and following days, the undernamed gentlemen passed their first examination for the Letters Testimonial of the College, viz. :—Richard Allen, John Barton, Walter B. Blake, David B. Booker, Martin E. Bourke, John H. Boxwell, Andrew J. Brady, Joseph Byrne, Joshua G. Brereton, David J. Carleton, John W. Crowe, Christopher J. W. Dunne, John J. Eyre, John E. V. Foss, Robert H. Foot, James N. Frood, Baptist Gamble, Alfred Grandison, Patrick A. Hayes, George C. Jackson, Henry Johnston, Robert Johnston, Wilmot J. Jones, Peter Keelan, Edward W. Kelsall, Patrick Kelly, Robert G. Loverock, Edward W. Luther, Bromlow B. Martin, Samuel R. Mason, James M'Cloughry, Joseph M'Donnell, Charles A. M'Munn, Joseph P. M'Sweeny, William F. Morgan, Mathew D. Moriarty, Edward J. Mulligan, C. Mullins, Frederick A. Mulock, Arthur G. Nicoles, John R. Palmer, Joseph M. Palmer, Joseph Power, Gabriel O'C. Redmond, John J. Redmond, John B. Reid, John F. Shanrahan, James Shaw, Robert Sproule, Richard Stoker, Henry Suffield, Richard G. Thomsett, Thomas F. Tighe, Mark S. Todd, Arthur L. Wade, William Warren, James C. Weld, and Thomas A. Woods. At the Preliminary Examination held on the 17th April, the following candidates obtained certificates. The names in the First and Second Class are in order of merit :—First Class—Simon D. Sproule, William Carr, and William A. Lee ; Second Class—William Hartigan, Daniel Ward, John P. Sullivan, Richard H. Dawse, James Sharpe, James Gloster, and William A. Burgess ; Unclassed—William A. Cody, Charles R. Daly, Francis A. Denning, Robert E. Grady, William Henderman, Stuart Jenkins, Geoffrey M'Carthy, Denyelle Mitchell, John O'Connor, Thomas E. O'Kelly, Richard Smith, Edward J. Thunder, James O'Brien Williams, George W. Wormleighton, and Michael Yourell. At the Quarterly Examination held on the 23rd, 24th, 25th, and 26th ultimos, the following gentlemen passed their second, third, and final examinations for the Letters Testimonial, and were admitted Licentiates of the College, viz. :—John H. Andrews, Benjamin Armstrong, Walter B. Blake, Edward Bowers, Henry W. B. Boyd, William J. Brizzell, William J. Brown, Henry W. Burton, Joseph Byrne, Philip F. Casey, John Clifford, Richard A. S. Daly, James H. Douglas, Alfred Grandison, Charles S. Grant, William Greer, Robert Griffith, James Hamilton, Joseph K. Healy, Henry M. Johnston, Patrick J. Macnamara, Charles J. Mahon, William Mahood, Charles A. M'Munn, William H. Middleton, Mathew D. Moriarty, John L. O'Keeffe, Thomas P. O'Meara, Joseph M. Palmer, John B. Reid, Charles E. Ryan, William Taylor, James Smith, Barre L. Tandy, Richard G. Thomsett, Arthur J. Wade, John H. Williams, William Warren, and Samuel H. Webb.

University of St. Andrews.—The following gentlemen, having passed the prescribed examinations, obtained the degree of Doctor of Medicine on the 24th April last :—

John J. Clarke, M.R.C.S. Eng., Surgeon H.M.'s Indian Army, Edinburgh.

Thomas Finch, M.R.C.S. Lond, Torquay.

Edward J. Franklyn, F.R.C.S. Ed., Surgeon-Major R.A., Woolwich.

John H. Gibson, M.R.C.S. Eng., L.S.A., Hull, Yorkshire.

James E. Hebblethwaite, M.R.C.S. Eng., L.S.A., Bawtry, Yorkshire.

John Mayer, F.R.C.S. Lond., Inspector-General Indian Army, London.

Samuel S. Perkins, M.R.C.S. Lond., L.A.C., Exeter, Devonshire.

George Saunders, C.B., L.R.C.P. & S. Ed., Deputy-Inspector of Hospitals, H.M.'s Army, London.

William H. Stretton, M.R.C.S. Eng., L.S.A., Beverley, Yorkshire.

Thomas S. Veale, M.R.C.S., L.S.A., Surgeon H.M.'s Indian Army, Epsom, Surrey.

The Royal Society.—The following are the names of the candidates who have been selected from the Medical Profession by the council of the Royal Society for admission into that body at the forthcoming annual election :—Surgeon Major Andrew Leith Adams, Prof. W. G. Adams, F. Le Gros Clarke, M.R.C.S., Prof. John Cleland, M.D., Dr. M. Foster, Dr. Wilson Fox, Dr. Arthur Gamgee, Dr. George Johnson, Dr. E. L. Omerod, Dr. E. J. Routh, and Dr. W. J. Russell.—*Nature.*

The Prudential Assurance.—The following figures taken from the Report presented at the annual meeting on Thursday show a very flourishing state of affairs. The total premium income was £348,975 15s. 6d., showing an increase of £63,267 19s. 2d. The total amount of claims paid was £125,229 7s. 5d., on 15,128 policies, raising the whole sum paid to £787,110 17s. The transactions of the year show a net surplus of £33,604 4s. 3d., which increases the assurance fund to £383,110 0s. 2d. The quinquennial report presented to the same meeting stated that the assurance fund on the 31st December, 1871, amounted to £384,110, and the net liability under all policies to £307,014, giving a surplus profit made during the five years of £76,096.

Dr. Thomas R. Fraser, lecturer on Materia Medica, and Therapeutics in the Edinburgh Medical School, whose original researches on the physiological action of remedies are among the most valuable of the recent contributions to Medical science, concluded on Friday evening the second of two lectures delivered before the Royal College of Physicians on "The connection between the Chemical properties and the Physiological action of active substances," and "the antagonism between the actions of active substances." The lectures were distinguished by the philosophical precision which is characteristic of all Dr. Fraser's writings.

NOTICES TO CORRESPONDENTS.

IMPORTANT NOTICE.—"STUDENTS' COLUMN."

In our next number will be commenced a series of articles by W. Handsel Griffiths, Ph.D., L.R.C.P.Ed., &c. This series will commence with a "Synoptical Review of the Officinal Compounds of the British Pharmacopœia." For the future, as often as our space will allow, we shall devote a column to articles chiefly interesting to students, to be called the "Students' Column." To which we invite the contributions of professors, teachers, and others interested in the advancement of students in medicine, surgery, and other allied sciences.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber, "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Anxious.—The work referred to is, as far as we are aware, only published in the French language, by Messrs. Baillière & Co., of London and Paris. You will doubtless be able to get a copy at the London house.

Dr. J. Richardson.—Certainly.

F. E. R., Bayswater.—You will find the terms for subscription in the centre of the Journal every week. Thanks for your complimentary remarks.

Dr. Fowler, Brighton. Dr. Stuart, Newcastle.—The alterations have been attended to.

A. Y.—1. Fully discussed in the numbers of this Journal, from October 6th, 1869, to January 5th, 1870, inclusive. 2. If your questions are not answered, send us your address in confidence, and we will write to you privately.

Mr. L. B., Manchester.—We see by our American exchanges that a work is announced for publication upon the subject matter to which you refer. The same idea appears to have occurred to both of you, but your American *confrere* is the first in the field.

J. G.—It is frequently necessary to *advise* restraint in delirium tremens—the patient being at the time unaccountable ; but the Medical man cannot be too careful as to *imposing* such restraint. Patients have rapidly recovered, and brought actions against their doctors for treatment which was really necessary, and the relatives who had been protected by the restraint have thrown all the blame on the Medical man. These latter ill-used men have even been held responsible for the conduct of attendants to whom they had given directions. So difficult is it to deal with this matter that one great writer on the subject says, we cannot hope to escape actions when acting conscientiously in such cases. We would therefore advise the utmost caution. Let the patient's friends have the giving of the orders. A consultation is advisable.

Erratum.—The last of the series of cases of foreign body in the bladder, communicated to the Surgical Society of Ireland by Mr. Edward Hamilton, and published in our issue of April 24th, page 361 was, by a typographical error, stated to have been under Dr. McDowel's care. The patient was in charge of Dr. Robert MacDonnell, who permitted Mr. Hamilton to communicate it to the Society.

VACANCIES.

University College Hospital. Resident Medical Officer. (See advt.)

Thurles Union, Holycross Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees (See advt.)

Great Northern Hospital, N. Ophthalmic Surgeon. Honorary. (See advt.)

Royal Orthopædic Hospital, London. Two Surgeons and two Assistant-Surgeons. (See advt.)

Richmond Infirmary, Surrey. Outdoor Medical Officer.

Rotherham Hospital. Assistant House-Surgeon.

Youghal Union, Ardmore Dispensary District. Medical Officer. Salary £100 per annum, fees extra. (See advt.)

West Riding Infirmary, Middlesborough. House-Surgeon.

Aston-under-Lyne Infirmary. House-Surgeon. Salary £80.

Derby County Lunatic Asylum. Assistant Medical Officer. Salary £100.

West Bromwich Hospital. House-Surgeon. Salary £80, with board.

Isle of Man General Hospital. House-Surgeon. Salary £85.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On Winter Cough. New Edition. By Horace Dobell. London: J. and A. Churchill.

Introduction to the Study of Biology. By H. Alleyne Nicholson, M.D., F.R.S.E. Edinburgh: Blackwood and Sons.

Medical Education in America. An address by Professor Bigelow.

The Teeth, and how to Save them. By L. P. Meredith, M.D., D.D.S. London: W. Tegg.

On Feeling Ill. By W. A. Johnson, M.D. London: Churchills.

Vital Statistics of the Borough of Salford.

Three Pamphlets in French:—

Hygiène Militaire. Par le Docteur Jules Arnould.

Manuel D'Hygiène et de Premiers Secours. Par le Docteur Bürgkly.

Conférence Sur le Service de Santé en Campagne. Par le Docteur Legouest. Paris: J. Dumaine et Cie.

Taxis in Strangulated Hernia. By C. F. Gay, M.D., Buffalo.

Boston Medical Journal; Lyon Médical; Allgemeine Wiener Medizinische Zeitung; Nature; Le Mouvement Médical; La Presse Médicale Belge; American Journal of the Medical Sciences; The Canada Lancet; New York Medical Journal; The Shield, &c.

◆

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, May 1.—OBSTETRICAL SOCIETY OF LONDON, 8 P.M. Dr. Newman, "On a Case of Delivery per Vias Naturales, in which the Cæsarean Section had formerly been performed."—Dr. Squarey, "On the Cases of three Sisters in whom the Uterus and Ovaries were absent."—Dr. Braxton Hicks, "On the Structure of the Human Placenta."—And other papers.

ROYAL MICROSCOPICAL SOCIETY, 8 P.M.

Thursday, May 2.—ROYAL INSTITUTION, 3 P.M. Prof. Tyndall, "On Heat and Light."

Friday, May 3.—ROYAL INSTITUTION, 9 P.M. Dr. Wm. Spottiswoode, "On Optical Phenomena produced by Crystals when submitted to Circularly Polarized Light."

Saturday, May 4.—ROYAL INSTITUTION, 3 P.M. Mr. R. A. Proctor, "On the Star-Depths."

Monday, May 6.—MEDICAL SOCIETY, 8 P.M. The Annual Oration will be delivered by F. J. Gant, F.R.C.S. After which the usual closing Conversazione.

Tuesday, May 7.—PATHOLOGICAL, 8 P.M. Ordinary Meeting.

ROYAL INSTITUTION, 3 P.M. Mr. Edward B. Tylor, "On the Development of Belief and Custom amongst the Lower Races of Mankind."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, May 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1¼ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, May 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, May 3.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, May 4.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, May 6.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, May 7.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

HEAD, W. C., M.R.C.S.E., House-Surgeon and Secretary to the Beckett Hospital and Dispensary, Barnsley.

KISBY, Dr., Medical Officer, &c., for Division No. 2 of the Castlebar Dispensary District of the Castlebar Union, Co. Mayo.

LEWIS, T., M.D., M.R.C.P.L., Consulting Physician to the Carmarthenshire Infirmary, Carmarthen, on resigning as Physician.

M'GUIRE, E., L.K.Q.C.P.I., Medical Officer, &c., for the Cong Dispensary District of the Ballinrobe Union, Co. Mayo.

MAUND, H., M.D., Medical Officer of Health for Sandown, Isle of Wight.

PEARCE, W. H., Resident House-Surgeon to the Rotherham Hospital.

SCORESBY-JACKSON, T., M.B., C.M., House-Surgeon to the West Sussex, East Hants, and Chichester General Infirmary and Dispensary.

SHAW, C. W., L.K.Q.C.P.I., Apothecary, Secretary, and Registrar to the Meath Infirmary, Navan.

THOMPSON, H., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

WALSH, P. L., M.D., Medical Officer, &c., for the Buttevant Dispensary District of the Mallow Union, Co. Cork.

◆

Marriages.

ALLSHORN—TEGG.—On the 2[illegible]th April, at Kingsland Chapel, A. H. Allshorn, M.D., White House, Dalston, to Rebecca Annie, eldest daughter of George Tegg, Esq., of Stamford Hill.

◆

Deaths.

BODEN.—On the 21st April, at Smalley, near Derby, Robt. Boden, M.R.C.S.E., aged 74.

BROWN.—On the 21st April, S. W. Brown, F.R.C.S.E., of Lewisham, aged 65.

DILLON.—On the 17th April, G. Dillon, M.D., of Byranston Street, aged 79.

GORDON.—On the 18th April, J. A. Gordon, F.R.C.P.L., F.R.S., of Pixholme, Dorking, aged 78.

NICHOLLS.—On the 23rd April, at Knutsford, Cheshire, Thomas Francis Nicholls, M.D., L.R.C.P.Ed., L.R.C.S.Ed., aged 37.

VENABLES.—On the 15th April, R. Venables, M.B., of Blackheath Hill, Physician to the Royal Kent Dispensary, H.P. Royal Artillery, aged 88.

WATSON.—On the 16th April, R. M. Watson, M.R.C.S.E., of St. Jean d'Acre Terrace, Stoke, Devonport, aged 70.

Advertisements.

ROYAL VETERINARY COLLEGE, Great College Street, Camden Town London.

The Governors of the Royal Veterinary College having determined to extend the Curriculum of the Institution, and having at their Meeting on April 9th, established a Professorship of Physiology, Therapeutics, and Pharmacy, and also a Lectureship on Medical Botany desire to announce that, for the future, the Educational year will be divided into two Terms, or Sessions—a Summer and a Winter one. The Summer Session will commence on May 1st, and end June 30th; and the Winter one on October 1st, and end March 31st.

During the forthcoming Summer Session, Lectures, Demonstrations, and General Instruction will be given on Anatomy and Pathology of the Horse and other Domesticated Animals, Practical Chemistry, Therapeutics and Pharmacy, Botany (including Practical Demonstrations in the Field), Hospital Practice, Operative Surgery, the Principles and Practice of Shoeing, &c.

The Staff now consists of—
Professor J. B. Simonds, Principal of the College, and Lecturer on Pathology.
,, W. Pritchard, Lecturer on Anatomy of Domesticated Animals.
,, R. Tuson, F.C.S., Lecturer on Chemistry, Materia Medica, and Toxicology.
,, G. T. Brown, Lecturer on Physiology, Therapeutics, and Pharmacy.
Dr. T. S. Cobbold, F.R.S., F.L.S., Lecturer on Botany and Parasitic Diseases (Middlesex Hospital).
Assistant-Professor J. W. Axe, Demonstrator of Anatomy.
Special Clinique by Professors Simonds and Pritchard.

Gentlemen intending to commence their studies this Session should present themselves for Matriculation as early as possible, that arrangements may be made for their Examination by the College of Preceptors. Fee, 1 guinea.

Entrance Fee to the College, 25 Guineas, the payment of which confers the right of attendance on all the Lectures and Collegiate Instructions, with the exception of Practical Chemistry. Fee for Laboratory instruction during the Summer Session, 1 Guinea.

PRIZES IN BOTANY.—The next Examination for the Society of Apothecaries' Annual Prize in Botany will be held at the Hall of the Society on Wednesday, the 19th of June next, at 10 a.m.

The Prizes consist of a Gold Medal and a Silver Medal and a Book. Gentlemen will be eligible as candidates for competition who are in attendance on the *Second Summer Session* of their medical studies.

Candidates must send a written notice to the Office of the Beadle on or before the 1st of June.

By order of the Court of Assistants,
R. B. UPTON, Clerk to the Society.

Apothecaries' Hall, London, 1872.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 8, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Laryngotomy in Œdema of the Glottis: being Extracts from an Introductory Lecture delivered at the Royal College of Surgeons in Ireland, Session 1871-72. By J. Stannus Hughes, M.D., F.R.C.S.I., Professor ot Surgery (*Illustrated*) 399

The Valedictory Address: Delivered before the Surgical Society of Ireland. By James H. Wharton, President of the Royal College of Surgeons in Ireland 403

Observations on Laryngitis and Tracheotomy. By Benjamin F. McDowell, M.B., L.R.C.S., Surgeon to Mercer's Hospital, Dublin.............................. 401

TRANSACTIONS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND—

Tramway Accident 406

Blood Poisoning after Self-Mutilation and Emasculation 406

Observations on Laryngitis and Tracheotomy 407

Dislocation of Hip. Colombat's method of reduction 408

Health of Dublin 409

PAGE

LEADING ARTICLES.

THE SMALL-POX EPIDEMIC 409

NOTES ON CURRENT TOPICS.

Society for Relief of Widows and Orphans of Medical Men 411

The Mrs. Day Fund 412

Respiratory Murmurs 412

Goitre 412

A New Remedy for Drunkenness......... 412

Sir James Paget, Bart., F.R.S. 413

New Scholarships 413

Elimination of Alcohol....................... 413

A Fact for Non-Smokers..................... 413

Psychic Force 413

Munificent Charities in England 413

Adulteration of Food and Drugs Bill 414

Yellow Fever at Montevideo................ 414

Approach of Cholera 414

Miss Jex Blake's Lecture.................... 414

Death of Mr. Thomas Bickerton, F.R.C.S. 414

The Sewage Question 414

Annual Exhibition of the Royal Academy 414

Fund for Mr. Baker Brown 414

FOREIGN MEDICAL LITERATURE.

Poisoning by Phosphorus—Analysis and Appreciation of Lesions produced by this Poison—Mode of Action of Phosphorus on the Organism and its consequences. (Translated from the *Presse Medicale Belge* for the MEDICAL PRESS AND CIRCULAR by A. Vickery)............. 414

CORRESPONDENCE.

J. G. P. G., on Are Patients in Delirium Tremens Lunatics? 416

"Old Times" on Electricity in Infantile Paralysis 416

J. G. on The Responsibility of Medical Men in Granting Certificates 417

Horatio on Is Madness Caused by Drugs? 417

Cold in Hyperpyrexia 417

OBITUARY.

Dr. Thomas Edward Beatty, of Dublin .. 418

Funeral of Dr. James Hall Park, Broughty Ferry 418

MEDICAL NEWS.

Royal College of Surgeons of England .. 418

Kicked to Death in a Lunatic Asylum .. 419

A Man with a Watch-key in his Lungs .. 419

Medical Society of London................ 419

Notices to Correspondents 419

Appointments 420

Marriages 420

Deaths 420

Original Communications.

LARYNGOTOMY IN ŒDEMA OF THE GLOTTIS:

BEING EXTRACTS FROM

THE INTRODUCTORY LECTURE

DELIVERED AT THE

ROYAL COLLEGE OF SURGEONS IN IRELAND,

Session 1871-1872.

BY J. STANNUS HUGHES, M.D., F.R.C.S.I,

Professor of Surgery.

YOU may recollect that, whilst speaking of the modern improvements in our art I included amongst them the substitution of the simple operation of laryngotomy for that of tracheotomy in cases of œdema of the glottis, and although it may possibly be thought by some present that any attempt on my part on an occasion like this to dwell on such a subject as the surgical treatment of œdema of the glottis as unnecessary and out of place. Yet as it is, in my opinion, not only a great improvement in operative surgery, which has not, as a general rule, been treated, even in the systems of surgery with that precision and completeness it deserves, but as it likewise forcibly points out to the student the advantages which minute anatomy, combined with pathology, confer on surgery, I will not apologise for directing your attention to it for a few minutes, and I feel the more called on to do so, having lately read in one of our leading Medical journals, the following paragraph amongst its "*Notes on Current Topics.*" A paragraph which, by the way, I have reason to know was inserted by oversight, and for which I do not, therefore, hold the accomplished editor of the journal accountable. I do not take notice of the paragraph here for any sensational purpose, but because the views therein laid down are not consonant with the minute anatomy and pathology taught by Arthur Jacob, Robert Harrison, John Hutch Power, and other great anatomists of Dublin of former days, not to mention those of the present time, nor consistent with the practical surgery taught in this school by the late Wm. Henry Porter (the greatest authority of the age, "On Diseases of the Windpipe"), and by those who have followed him.

Here is the paragraph alluded to:—

"KILLED BY A WASP.

"The newspapers relate the story of a gentleman who died from the sting of a wasp in the throat, he seems to have swallowed the venomous insect unawares when drinking. It is known how great a swelling takes place from wasp stings in any loose tissue, and we can, therefore, readily understand how the victim might perish from œdema of the glottis, thus brought on.

"Such a consequence of the sting might be fatal *before* professional aid could arrive, and even *when present*, a surgeon might *not* be prepared to perform such an operation as might save the life of the patient."

Pathological anatomy has satisfactorily proved (as these drawings by Connolly, enlarged by Burnside, executed on wood by Mr. Hanlon, of Dublin, point out) that the swelling in œdema of the glottis is always localised sometimes it is limited to the areolar tissue of the aryteno-epiglottidæan folds not involving the rima, at othertimes it implicates the folds and false cords, and extends as far as the glottis, in other cases it engages the sub-mucous areolar tissue of the false cords alone, whilst, in other instances, it is confined to one side.

I do not here include under the name of œdema of the glottis that form of exudation which occurs *below* the true glottis, as it is of a fibrinous character, a clear description of which you will find in Sir Duncan Gibb's admirable monograph "On Diseases of the Windpipe." That gentleman has made me acquainted with the interesting fact, carefully worked out by him, that œdema below the glottis never co-exists with œdema above the glottis, and therefore in performing laryngotomy for the latter, no obstruction need be anticipated to interfere with the operation itself, or of its subsequent results.

Œdema of the glottis so frequently attacks persons in good health, and so often kills *suddenly* that the practitioner must always be prepared, even unassisted, to grapple with it at any moment. Here the effusion is in the sub-mucous areolar tissue, the mucous membrane itself being, as you see in the woodcuts, marked Nos. 1, 2, and 3, neither much congested nor inflamed, for instead of assuming an intensely red hue, it is often of a pale pink or purplish yellow colour, the false cords become greatly swollen, forming tense tumours, sometimes oval in outline, sometimes round, hanging down close on the glottis, together with the foregoing results the epiglottis is often red, tense, and swollen like a cherry, at other times there is a recurvation of the enlarged epiglottis by which serious obstruction to the respiratory process becomes established.

Here Prescott Hewitt, Duncan Gibb, Arthur Jacob, Harrison, Ledwich, and others, have pointed out the fact that the effusion into the areolar tissue in œdema of the glottis *never* extends below the true cords, being limited at this point by the direct adhesion of the mucous membrane to the subjacent fibrous tissue, without the intervention of any areolar tissue, or by areolar tissue which is so short and dense as to form so firm a bond of union that it is difficult to separate the mucous membrane from the parts lying below; indeed, Prescott Hewitt has found that air or water injected into the areolar tissue of the larynx will *not* pass beyond the upper margin of the inferior cords, beyond which point they cannot be forced downwards towards the trachea.

The laryngoscope will materially assist, when used by an expert, in revealing the precise part of the larynx engaged in the œdema.

This is obviously neither the time nor place to enter into a detailed account of the symptoms of œdema of the glottis. Suffice it to say that they naturally divide themselves into two stages.

The first stage being characterised by a frequent distressing cough, stridulous breathing, hoarseness, a sense of impending suffocation, together with a feeling as if there was a foreign body in the windpipe, or that a cord was tied tightly round that tube, the patient's voice now becoming so altered in character that it is almost inaudible, he becomes very restless, and his countenance is expressive of great anxiety. If the disease progresses unchecked it rapidly runs into

The second stage, in which the patient becomes more restless; he is constantly starting out of bed with a frightened appearance, throwing his arms about as if imploring relief from the bystanders; in fact, spasmodic breathing has become established. The circulation now becomes impeded, as evidenced by the face and lips becoming swollen and livid, the eyes protruded from their sockets, the patient now assumes either the sitting or standing position, and if he is not suddenly carried off in the third paroxysm of spasmodic breathing, which he often is, as Dr. Robert Adams has remarked (unless timely surgical assistance comes to his relief), his pulse becomes small, quick, and irregular, the surface cold and clammy, he gradually becomes somnolent or drowsy and dies comatose. Here the disease is of a *local* character, and when a patient dies of œdema of the glottis he dies a *mechanical death.*

In œdema of the glottis, as thus briefly sketched, much can be accomplished in the early stage of the disease by the adoption of local depletion, scarification, the topical application of nitrate of silver. The administration of tartar emetic, calomel, James's powder and other remedies; but if these have failed, or that the surgeon has not been called in until spasmodic breathing has become developed, he should, holding in recollection the practical fact that the patient is not infrequently carried off in the *third fit*, instead of wasting valuable time, by which some lives to my knowledge have even recently been lost, at once open the larynx after the manner of Vicq d'Azyr, by the simple operation of dividing the crico-thyroid membrane—an operation, which is unattended with difficulty or danger, and which will suffice to save the patient's life by establishing a free opening in the larynx below the seat of obstruction.

Here, as in the case of the gentlemen I have just cited, who was killed by a wasp, death might, no doubt, as has been suggested, occur from œdema of the glottis before professional aid could arrive, but not, as has been stated in the report, "Even when a surgeon, although present might not be prepared to perform such an operation as might save the life of the patient." For I contend that unassisted a moderately good operator, knowing his regional anatomy could, by means of an ordinary penknife and quill, or piece of a catheter of sufficient calibre have snatched the patient from impending death by making a suitable opening in the crico-thyroid membrane, and introducing either the barrel of a quill or piece of catheter (or a piece of sheet lead rolled into the shape of a little tube and smoothed, as recommended by Sir Charles Bell) into the aperture, until a proper laryngeal tube could have been procured.

I may here naturally be asked, Can you quote a case in point to prove the feasibility and utility of so ready and simple an operation? My answer is that I can. The most striking example being that which took place not long since in a Medical hospital in this city, for the following details of which I am indebted to one of the most experienced hospital surgeons of the day, namely, my friend Dr. Robert Adams, who is excelled by none for his correct observation and descriptive fidelity, viz.:—

"A patient, named Andrew Hagarty, æt. 35, a farmer, was under treatment for acute œdema glottidis, having the usual symptoms of that disease strongly marked, he had not only attacks of dyspnœa, but had also difficulty of swallowing fluids, some of which returned by the nostrils. At half-past 12 o'clock on the night of the 19th December, 1866, his dyspnœa became most urgent, and the night nurse ran for the resident pupil, who slept above stairs; whilst the pupil was hurrying down stairs, after little delay, he found the patient, who had got out of bed, at the door of the ward gasping for breath in a fit of dyspnœa, and seeing at a glance that the case was one of impending suffocation, a case of great emergency, in which there was obviously not a moment to be lost, no time to spare to send for the surgeon on duty, he laid the patient on his back, drew him under the light of the night lamp, took his penknife out of his waistcoat pocket, penetrated the blade into the crico-thyroid space, and enlarged the wound a little downwards towards the trachea.

It so happened that there was no laryngeal tube to be had, the pupil took the steel pen he was in the habit of carrying about with him and ran the tube of it into the opening in the larynx, thus converting it into a temporary channel for the air. There was but little bleeding, and the patient recovered his powers of respiration, a proper silver tube was soon procured, the patient was well enough to leave the hospital on the 16th February, and returned to the country."

Now, although as an hospital surgeon, I do not approve of resident pupils taking too much on themselves in the absence of the surgeons of the institution, except in cases of great emergency, I must say that, all praise is due to the scientific knowledge and self reliance of that astute resident pupil who, unassisted, had the foresight and courage to relieve the sufferings, and prolong the life of a fellow being by the proper application of a very simple operation. It would have done infinite credit to the oldest amongst us. It is but justice to mention that the name of this very promising resident pupil is Herbert Faussett, now M.B., T.C.D., and practicing his profession at Poplar, near London.

The following is another case of œdema of the glottis, in which the life of the patient was saved by the timely application of the simple operation of laryngotomy, which took place in the practice of my friend, Mr. Joliffe Tufnell, who has given me its history, viz.:—

A pedlar, æt. 30, was coming into Dublin about half-past 2 o'clock, when passing through Stillorgan he went into a cottage to light his pipe. Seeing a pot of potatoes by the side of the fire with the lid partially off, he took one, put it into his mouth, biting it in two halves. The retained portion he found to be scalding hot, and before he could get it dislodged, the back of the mouth and throat were much affected. Shortly after, œdema of the glottis set in, and when he arrived at the City of Dublin Hospital at 6 p.m., he was suffocating. His symptoms being very urgent, the crico-thyroid membrane was immediately divided by Mr. Tufnell and relief given. The œdema subsided in about three days, and the man left the hospital at the end of a short time quite recovered. The case speaks for itself.

The following is another very interesting and successful case of a modification of Boyer's laryngo-tracheotomy, namely, the division of the cricoid cartilage, as well as that of the crico-thyroid membrane, the particulars of which have been communicated to me by Professor McDowel:—

Bartle Ryan, æt. 21, was admitted on 5th February into the Hardwicke Fever Hospital, labouring under typhus fever; before convalescence he had bronchitis running into pneumonia, and affecting both lungs. Laryngeal symptoms were also present, such as hoarse, whispering voice, pain in larynx, and ringing, wheezing cough. These symptoms, however, yielded to treatment; for a fortnight he was in the convalescent ward of the hospital; on the 14th of March he imprudently exposed himself to cold, and that night became affected with hoarseness and difficulty of breathing. Next morning, March 15th, he was evidently labouring under laryngitis in an acute form, respiration was stridulous, inspiration prolonged and noisy, pain and tenderness on pressure over laryngeal region, examination of fauces showed no disease; the apex of the epiglottis was healthy, but some thickening could be distinguished about its base; bronchitis was present, but only to a slight degree. Leeches were applied over larynx, also poultice; calomel and opium were administered.

March 16th.—Patient had an easy night. Ptyalism is present, breathing still difficult; symptoms became more urgent towards evening, there is a loud stridor both with inspiration and expiration, but louder and longer with the former; he is afraid to sleep. Dyspnœa is constant, with aggravations of laryngeal distress brought on by coughing, he complains of tenderness of larynx on pressure, and his voice is reduced to a hoarse whisper. Leeches again applied.

March 17th.—No relief; so at 3½ o'clock laryngotomy was performed, the operation was unusually difficult, the crico-thyroid space was very small and deeply situated, smart hæmorrhage occurred at a considerable depth before the larynx was opened, and the operation was delayed to allow it to subside, the crico-thyroid membrane was freely opened, but the opening was not sufficiently wide to allow of free respiration, and accordingly the anterior arch of the cricoid cartilage was cut through by scissors and hook. Violent convulsive efforts followed, and bloody mucus was expelled through mouth and wound; the tube could not be tolerated even for one moment. In half an hour all irritation had subsided, and towards evening his breathing became tranquil.

March 18th.—In great distress this morning; breathing very difficult, and the edges of the wound were inflamed. On introduction of the tube his breathing became easier; some violent coughing was excited, and mucus tinged with blood was expelled, which gave great relief. Towards evening breathing became again very bad, and he appeared in the most alarming condition: he again, however, got great relief by being able to expel the mucus; in this he was always aided by the mucus being cleared away as it appeared at the wound.

March 19th.—Better this morning. For some days, however, he had great difficulty in expelling the mucus, the tube could not be tolerated, and the wound being very deep was with difficulty kept free, a spring, curved forceps was introduced, and blades expanded in the opening of the larynx, this proved very useful, the temperature of the ward was kept at equable high range. He now recovered slowly, but no improvement took place in the condition of the larynx. The tube was subsequently tolerated by the mucous membrane, and the use of it brought much comfort, but no respiration could be carried on through the rima. Saw him in March, 1849, a year after operation; his general health was good, and he looked stout and healthy. The larynx, however, has but little improved; the tube is still necessary, his voice is very hoarse, but he can without difficulty make himself understood.

Dr. McDowel saw him again ten years afterwards, when he applied at the hospital for a new tube, he expressed himself happy and contented, was in robust health, and never suffered from pulmonary or laryngeal irritation.

Having been favoured by the late Professor Porter, in the year 1866, a few days previous to his lamented death, whilst I was editing a course of lectures by Sir Henry Marsh, on "Diseases of the Larynx," with extracts of an unpublished clinical lecture, delivered by him in the Meath Hospital sometime before on the surgical treatment of œdematous laryngitis, I gave them to the Profession as Mr. Porter had intended I should; they were read with a deep interest, conveying as they did Mr. Porter's matured views on that all-important subject. The following are a few extracts from the lecture I allude to:—

"Here then," says Professor Porter, "are two operations, laryngotomy and tracheotomy, performed in or nearly in the same locality, and both having the same primary object in view, that of creating a passage for the uninterrupted transmission of air to the lungs when the natural one has been from any causes impeded; one of these, however, is simple, unattended with difficulty in the performance or danger in the result, it is in fact as Louis expressed it, as safe and as easy as common bleeding, whilst the other involves the infliction of a deeper wound, is always more or less difficult of performance, and leads often to most serious results. It may verify the opinion entertained by Desault of being 'une operation toujours facheuse.'

"It follows, of course, that surgeons are in no wise disposed to incur unnecessary risk or trouble, that something more is occasionally sought for than a mere passage for the air, and that where tracheotomy is the operation selected some ulterior or secondary object is to be obtained. It would, therefore, be most desirable if it could be in the first place determined to what form of disease or species of accident either might be especially applicable, and this is perhaps not so difficult a task as might on a superficial view be imagined.

"When I first turned my attention to this subject, and for several years afterwards, I freely confess that all my predilections were in favour of tracheotomy. The operation to be sure had its dangers, but they could be avoided by care and circumspection. It had its difficulties, but in the hands of the bold young surgeon they sunk into nothing in comparison with the advantage, the supposed advantage of having the wound at the greatest possible distance from the disease. It is true that I knew that an opening in the crico-thyroid space must answer every purpose of artificial respiration; that I had written 'when inflammation of the mucous membrane has accompanied the laryngitis œdematosa, I cannot find any satisfactory examples of its having extended beyond the larynx and into the trachea, and that even if inflamed the close connection of the mucous membrane to the rings of the trachea must prevent any very dangerous tumefaction, still I could not divest my mind that the wound of the operation ought to be as far as practicable from the seat of the diseased action, whatever it might be, and I invariably acted accordingly.' It happened, however, that one day two drunken fellows were squabbling in an ale-house in the country, when one was stricken down, and received, whilst on the ground, a violent kick in the neck from the other. He immediately exclaimed that his windpipe was broken. He was taken up and carried home, where he languished and died three or four days afterwards.

"Of course there was an inquiry into the cause of his death, and in consequence of some difference of opinion the case was referred to me. On the windpipe being removed from the body, the larynx presented posteriorly all the appearance of œdematous effusion, a swelling on each side obliterated all appearance of ventricle or chordæ vocales, and effectually closed up the rima, and the poor man must have thus suffocated. The swelling was, however, not caused by serum, but by blood. The thyroid cartilage had been broken by the kick, the loose cellular tissue had been torn underneath and an ecchymosis formed within it slowly and gradually, but sufficiently to choke the unfortunate patient. But what particularly attracted my attention was *the manifest limitation of the swelling.*

"Where there was loose reticular tissue to permit the play of the muscles of the larynx it was loaded and gorged with blood; below, the mucous membrane adhered firmly and closely to the trachea, and there was *not* the slightest swelling.

"An opening into the windpipe through the crico-thyroid space would have saved the poor fellow's life. The case went very far in inducing me to modify my opinion with respect to the paramount advantages of tracheotomy, but to proceed a little farther with the inquiry. Every one that has ever attended a case of tracheotomy after operation, knows that one of its most unpleasant consequences is the tendency of the wound to close. At first it is obstructed with clots of inspissated mucus and blood, and subsequently by its great tendency to contract and close; in order to remedy this inconvenience most operators are not satisfied merely with an incision into the tube, but actually cut out and remove a portion, and it is quite possible that in seeking this object to inflict great and permanent injury.

"In order rightly to understand this (a point which, by the way, I see nowhere insisted on) it will be necessary to bear in mind that a wound in the windpipe does not heal in by a reproduction of its own tissues, there is no new cartilage formed, and consequently there is no elasticity in the *cicatricial* membrane, which is merely stretched across from side to side of the opening, the tube here, therefore, is not circular, but to a certain extent truncated, and by the size of that truncation is its calibre diminished at that spot. Like every other product of inflammation this new membrane continues to contract long and long after the apparent healing of the wound, and the tendency to such contraction will be to draw the edges of the wound closer, and to render the canal of the windpipe at that spot narrow, crooked, and deformed. Of course, the probability of such an occurrence will be exactly in proportion to the size of the piece of the trachea to be removed, and it is, I suppose, infrequent, but I have been consulted on three cases of suffocation from this cause, in one of which it was necessary to perform another operation lower down in the neck. *This is an accident that could not possibly occur in Laryngotomy, and should form an additional reason for preferring it.*"

Acute affections of the larynx terminating in effusion present, as Mr. Prescott Hewitt properly remarks, a very great difference in the adult and in the child, the effusion in the former taking place by far most frequently in the submucous tissue, whereas in the latter it is most usually poured out on the free surface of the mucous membrane, in these cases in the adult, the effusion is purely laryngeal, in the child it is most frequently not only laryngeal but tracheal. This marked difference in the locality of the effusion at these two periods of life at once points out, as Mr. Prescott Hewitt observes, two great divisions in which the surgical treatment will be different.

"Effusion, in the submucous tissue of the larynx, it matters not of what kind or how produced, are strictly limited to the parts *above* the rima glottidis, this fact already pointed out by several pathologists has not, I think, been sufficiently dwelt on by practical surgeons. That the effusion is thus invariably limited to this region may be proved by morbid anatomy, by experiments, and by the anatomical construction of the parts."

Mr. Prescott Hewitt's object in thus confining his remarks to one of the divisions of acute inflammation of the windpipe, namely, to that of the adult period, is to show that when an operation is called for in threatened suffocation from acute affections in the larynx in adult life, it is advisable to make an opening in the crico-thyroid region.

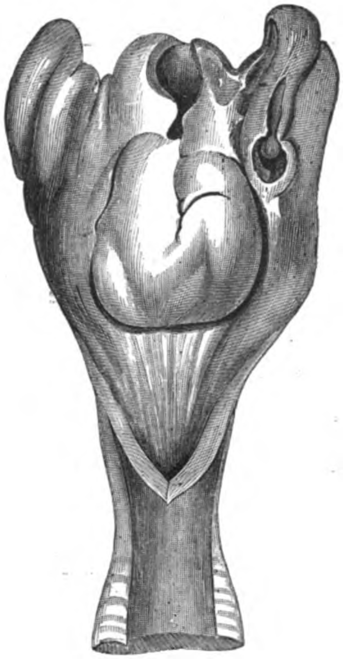
One observation more and I am done with the subject of œdema of the glottis. Supposing that in a case of œdema of the glottis or other condition demanding laryngotomy, you happen to arrive just when the patient has dropped down in a state of insensibility, as if dead, from spasm of the glottis, or that just as you have commenced the operation of laryngotomy, apnœa sets in do not hesitate to open the crico-thyroid membrane, for I am in possession of cases where it was supposed by the majority of the bystanders that the patient had breathed his last, whereas the operation having been completed respiration was restored, and the patient's life was prolonged.

Time will only permit me to quote two such cases in point, the first being that of William Ryder, æt. 31, for the following notes of which I have to thank Dr. Benjamin George McDowel, Professor of Anatomy, T.C.D.:—

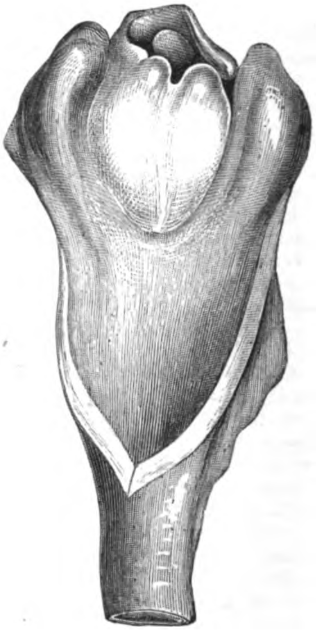
"On Tuesday morning, May 27th, 1857, I was summoned in a great hurry to see a patient in ward No. 2 (Dr. Banks') of the Hardwicke Fever Hospital, the door of which I was passing at that moment. The man was reported to be dying, I saw at once that death was approaching, he was sitting up in bed, gasping for breath and making ineffectual efforts to respire, he could not speak, but his expression was unmistakeably that of intense suffering; as I approached him a change came over his countenance and a livid colour became apparent; he was perfectly sensible and opened his mouth when I asked him; I could only make a hurried examination of his throat, but I could see extreme œdema of the uvula, and could feel great tumefaction which prevented the finger from being passed into the pharynx. I knew nothing whatever of the case, but imagining that an abscess might exist in or about the tonsil, I pressed my finger forcibly on each side in hopes of rupturing such—if it existed. The next moment the patient became greatly agitated, his face became absolutely livid, his eyes fixed and staring; a most violent convulsion supervened, and he fell back on his pillow expiring; he gulped once or twice then ceased to breathe; apparently death had occurred. The pulse (previously distinct) had left the wrist, and the body was motionless and relaxed. From the first moment I saw him I had mentally resolved to open his larynx, but not apprehending that death was so near I was anxious to obtain some information as to the history of the case. Three minutes, however, had scarcely elapsed when apparent death thus suddenly supervened. Instantaneously I placed his head as straight as I could, and with a bistoury cut down on the crico-thyroid space; the veins were gorged, and blood flowed freely. After a few strokes I pushed the knife through the crico-thyroid membrane, I then divided it in a crucial manner; *a portion of quill*, the nearest substitute for a quill that I could find, was then introduced, and artificial inflation employed. After inflating the lungs five or six times, we were rewarded by a spontaneous inspiration, and respiration was re-established. The inspirations at first were feeble, but soon became more distinct; a large tube was now procured and introduced. With the re-establishment of respiration the pulse returned to the wrist; within ten minutes he had coughed and discharged some dark coloured blood and thin mucus through the tube, and his colour was improved. In a little more time he became conscious, and swallowed some wine and water. External warmth was applied to him. One hour after operation he was sleeping quietly; his surface warm; pulse distinct but rapid and small. During the day he slept a good deal, and expectorated much mucus through the tube, he seemed free from any distress, his swallowing, however, was slightly difficult. In the evening he was going on favourably; some tea which he drank escaped at the wound, but none regurgitated through the nose. He had had an enema of milk, and drank some beef tea.

Wednesday.—Countenance tranquil, lividity gone.

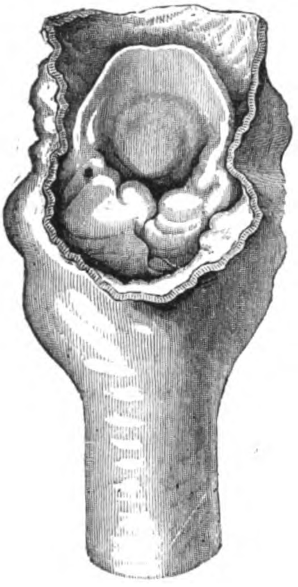
No. 1.



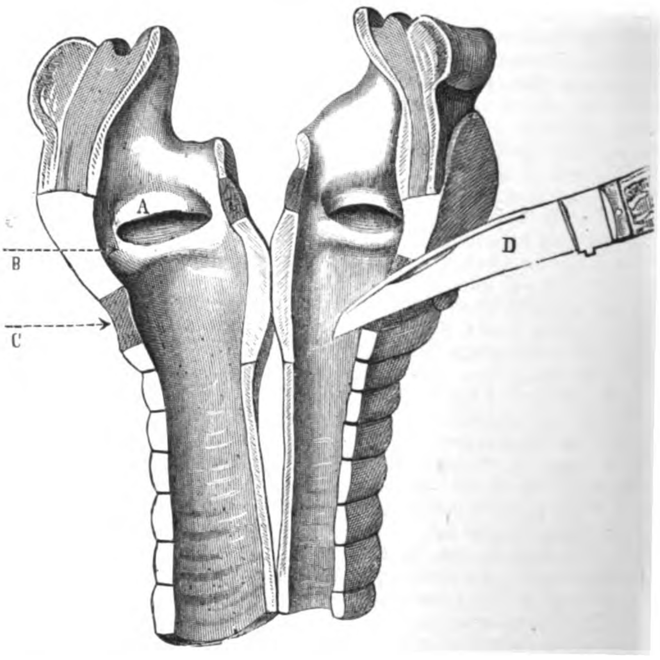
No. 2.



No. 3.



No. 4.



THE SURGICAL TREATMENT OF ŒDEMA OF THE GLOTTIS.

BY

J. STANNUS HUGHES, M.D., F.R.C.S.I.

Nos. 1 and 2 faithfully represent the Pathological appearances after death from Œdema of the Glottis, for the Drawings of which I am indebted to Dr. Robert Adams, of Dublin. No. 3 represents a similar specimen, for which I have to thank Dr. Hans Irvine, in whose practice it took place. No. 4 is drawn from a French Sectional Model of the Larynx. **A** False Chordæ Vocales: **B** True Chordæ Vocales; **C** Crico-thyroid Membrane; **D** Penknife of the Operator in a case of emergency.

Pulse small and rapid; less mucus discharged, and but little cough; swallows better; voice is extinct, and he is unable to breathe when wound is closed. The tube was now removed, the wound is quite open; the edges are swollen, but slightly sloughy. Ordered jelly, wine, and Sol. Nit. Arg. to fauces.

Thursday. - Tube was removed in evening as wound was contracting. During a fit of coughing towards morning it slipped out, and he suffered from dyspnœa until it was replaced. Pulse is alone the only unfavourable symptom. In the evening, however, he began to sink, his breathing, nevertheless, being easy and unembarrassed. He died, apparently of exhaustion, on Friday morning at two o'clock, sixty-two hours after being resuscitated.

Post-mortem examination revealed an enormous abscess behind and around the pharynx, which extended down behind the œsophagus and throughout the entire of the posterior mediastinum. This abscess was, therefore, bounded above by the base of the skull, and below by the diaphragm. It had not burst anywhere, but had compressed the pharynx superiorly. . This was the swelling felt on examination by the mouth. The lower half of the right lung was in a state of purulent infiltration, and soaked with pus.

The following is another highly interesting and practical case of laryngotomy, in which the life of a fellow being was saved by my friend and colleague, Dr. Michael Harry Stapleton, under very unpromising circumstances:—

"A cook, whilst giving the servants their dinner, and having a piece of meat in her mouth, fell down suddenly, the man servant took her in his arms and carried her into my study. I endeavoured to pass my finger into the fauces when she was seized with a convulsion, she appeared as dead so much so, that the man servant ran away declaring her dead. Luckily, a knife was on my study table, seizing which I opened the crico-thyroid membrane and calling out obtained a catheter, which having introduced, she, after about two minutes, commenced to respire, and recovered so well in about an hour as to be able to be taken to Jervis Street Hospital, which she was able to leave perfectly recovered at the end of about ten days. What made this simple operation somewhat difficult was, that the woman was afflicted with a very large 'goître.'"

◆

THE VALEDICTORY ADDRESS:

DELIVERED BEFORE

THE SURGICAL SOCIETY OF IRELAND.

By James H. Wharton,

President of the Royal College of Surgeons in Ireland.

A few months since it devolved upon me, as President of the College, to address you from this chair, for the purpose of inaugurating the Session this evening brought to a termination.

On that occasion I gave a brief and necessarily an imperfect sketch of the comprehensive objects of this Society as well as of its past history. I also apprised you of the good work which it had accomplished through some, and they, not a few, of those who have preceded us, and alluded to the care which this College has bestowed upon it since its foundation, care continued to the moment in which I speak, and which I trust will for ever be perpetuated. Indeed, the College would be sadly wanting in its duty, if it failed to foster, and to encourage it. But I have no fear of such an occurrence, were it otherwise, the College would itself lose much of its well-earned prestige. Its educational institutions, its valuable museum and library would forfeit much of the interest attached to them, if there were not a society, such as this, privileged to assemble within its walls, where subjects of all kinds, directly or indirectly connected with the advancement and practice of medicine in its widest sense, could not be freely and fairly discussed. But, gentlemen, although I have no apprehensions with regard to the failure of the College in this or in any of its duties, yet there is a fear that the members of this Society may prove careless of the advantages which it offers, and of the responsibilities of membership. I do not, indeed, mean to intimate there has been any indication of remissness to the present time, but speaking generally, men are too much inclined to undervalue the benefits within reach, and to seek for others at a distance; should this feeling at any time prevail in this Society, then indeed will its lustre be dimmed and its doom be sealed, on the other hand, should its members feel persuaded that its life and vigour must depend upon individual exertions, then no less truly will its future glory, surpass that of its present and former, and its future history and its past. That this Society has a name to live by, I have shown on the occasion to which I have referred by adducing evidence from its records, but this will pass into a tradition if it be not jealously maintained. Be it then our bounden, and if I may express myself, loving duty to render that name still more illustrious and more and more worthy of that great cause which has for its noble end the advancement of surgery, and, therefore, of the public good. Gentlemen, I have ventured to make these remarks solely in my presidential capacity, in order that those who may succeed us, may be watchful of this proud inheritance. That I make no allusion to my present hearers will immediately be manifested, because I shall show that the Session of 1871-72 has not been unworthy of any of its predecessors. At our first meeting a very interesting communication was made by Mr. Tufnell, on the subject of the radical cure of hernia, according to the method recommended by Mr. Syme. At subsequent meetings the Society was favoured by communications from Mr. H. G. Croly, "On the Treatment of Contracted Knee-joints," the favourable results of which were illustrated by casts and photographs, also "On Lithotomy," and on a series of cases of strangulated hernia. The same surgeon also presented a remarkable specimen, now in the museum, of a glove of cuticle, cast off from a patient suffering from small-pox, and in whom scarlatina occurred on the thirteenth day of his illness. A "Case of Fatal Poisoning from Carbolic Acid," was reported by Dr. Harley, and a communication was received from Mr. Corley "On the Bavarian Plaster Apparatus for Fractures." Mr. Edward Hamilton exhibited a rare, if not a unique specimen of "Epiphysary Fracture of the lower end of both Femurs." The same gentleman likewise detailed the particulars of a "Case of Diseased Knee-joint," in which he performed the operation of excision, and of several cases in which foreign bodies were removed from the male urethra. Mr. Richardson read a communication from Mr. Thomas Laffan, of Cashel, in which he gave the particulars of a "Case of Stone in the Bladder in a child 6½ years old," on whom Mr. Laffan performed the lateral operation, and with perfect success. Mr. Richardson also read a paper from Mr. Arthur E. Barker, who communicated to the Society the notes and history of "A Case of Gunshot Wound of the Bladder, followed by the formation of a Calculus in that Organ." In this case also the lateral operation was performed with success. "Excision of the Hip-joint for Caries" was brought under the notice of the Society by Mr. Barton, who described the particulars of a case in which he operated with good results. A paper of vast importance in a hygienic point of view was communicated by Dr. Thomas Pratt, of Omagh, "On the Origin of Fever," and Mr. F. T. Porter engaged the attention of the Society on "The Treatment of Small-pox." Mr. B. F. C. McDowell exhibited a specimen of "Comminuted Fracture of the Humerus and a portion of the first Metatarsal bone" which he had removed in consequence of a tramway accident. Dr. Mapother related the particulars of a case of "Vesico-Vaginal Fistula," in which he operated successfully according to the method recommended and practised by Dr. Kidd. The same gentleman also brought under observation the history and treatment of a "Case of Purpura." The Vice-President, Mr. Kirkpatrick, described the method in which, by the combined use of cutting instruments and caustic he is in the habit of treating certain surgical affections, and gave several examples of the success which has followed from this method of operating. Mr. Stapleton exhibited the drawing of a "Case of Monstrosity," sent to the Society by Mr. Douglass. The case itself was under the observation of Dr. Fearne, of Warrenpoint. The same gentleman also exhibited a specimen of "Recurrent Mammary Glandular Tumour" removed from a woman on whom he had operated a few years ago, on account of her enormously hypetrophied breast, which was laid upon the table together with a wax cast of the same, taken by the excellent curator of the museum, Dr. Barker, who informed me that it is unsurpassed by any preparation in any of the museums, British or Continental. On the same occasion, Mr. Richardson, whose name I have had so often to mention, and whose exertions in the cause of this Society are above all praise of mine, exhibited the "Male Organs of Generation," removed by a man from his own person, and Mr. Morgan exhibited a morbid specimen illustrative of Dupuytren's fracture of the fibula with "Dislocation of Tibio-Astragalean Articulation." Lastly, Dr. Henry Kennedy read a paper "On the Use of Emetics in certain stages and relapses of Fever." If to the foregoing the proceedings of this evening be named I think I may with justice and in truth affirm that the prediction I had volunteered to make at the opening of the Session has been more than fulfilled. Gentlemen, I trust my successor may have an equally valuable report to submit at the close of the next session. I should rather have said a still more valuable, for Societies, like ours, can not remain stationary, with impunity.

Gentlemen, I honestly apologise for having so long detained you, yet I cannot adjourn this meeting nor vacate this honoured chair without paying a debt I owe to the memory of one who was amongst those present when I last addressed you formally from this place, but who, alas, within one week from that date was mingled with those whom we shall see no more, I allude to Robert St. John Mayne, cut off in the prime of early manhood, full of promise and full of hope, I cannot refrain from expressing my deep regret, at his, so to speak, untimely end. These remarks are offered, not on my own behalf merely, but of his many friends who bear witness to his high sense of honour, his manly independence of character, worthy of his father's son, and to his love of that Profession which, in due time, he would no doubt have cultivated with becoming ardour. So far I have attempted to discharge this melancholy obligation, but there are other debts which I can only acknowledge because I cannot meet them. A debt of gratitude to the Council of this Society for their never-failing confidence and forbearance, to the Hon. Secretaries—Dr. Benson, whose name it is only necessary to mention to secure for it an universal and cordial reception which I, and all who know him, trust he may long enjoy—and Dr. Richardson, the able administrator of the Society's affairs, for their ever ready guidance and assistance; and lastly, to you, gentlemen, for the courtesy with which you supported the chair, and the stirring interest which you evinced in the discussion of the important topics I have just now enumerated.

◆

OBSERVATIONS ON LARYNGITIS AND TRACHEOTOMY.

By Benjamin F. McDowell, M.B., L.R.C.S.,
Surgeon to Mercer's Hospital, Dublin.

As laryngitis and the operation necessary for its relief are of great interest and importance to the practical surgeon, I desire to bring those subjects under consideration. I shall illustrate my observations by some cases in which tracheotomy was performed under disheartening circumstances with most encouraging results. The first case I shall relate is one which Mr. Wharton, the President of the Royal College of Surgeons, saw a few days after the operation and while the tracheal tube was still in the windpipe.

— Kelly, a stoutly-built, low-sized man, æt. 48, by occupation a car-driver, was admitted to Mercer's Hospital, under my care upon Saturday morning, 15th October, 1870. He was suffering from great distress in breathing and exhaustion. Upon examination I found the front of his throat to be enormously swollen. This swelling involved the whole anterior and a considerable part of the lateral aspects of the neck. It was dense and non-fluctuating in its character, and there was comparative freedom from pain upon pressure. Upon each side of the mesial line, that upon the right side being lower than that upon the left, appeared two elevations upon this enlargement. These were red and soft, and resembled much the small chronic scrofulous abscesses which are often seen upon the neck of young people. I found it impossible to determine with any degree of accuracy the relative position of the larynx or trachea to the surface or that of the great vessels, as their outline was completely obliterated in the general enlargement, which extended from immediately under the chin to the top of the sternum. I may observe, however, that my impression was that the trachea lay behind the great bulk of the swelling, an opinion which the sequel proved to be correct. The fact of my patient being unable to submit to a proper examination with the laryngoscope disappointed me greatly, and of course rendered the case more perplexing. I was enabled, however, upon depressing the tongue, to get glimpses at intervals of the interior of the pharynx by the aid of a bright light. Its mucous membrane appeared puffy and red, and streaked with a white fibrinous-looking substance. The man's voice was considerably modified; it was more like a hoarse, penetrating whisper than a distinct natural articulation, resembling much the dysphonia, which so often accompanies syphilitic disease of the larynx. He expressed himself, moreover, in short sentences detached, after each of which he paused to obtain relief from his distress by filling the chest as best he could. Deglutition was impaired and painful, and there was a manifest expression of peevishness and dislike when asked to partake of any kind of nourishment, solid or liquid. The poor fellow's chief anxiety appeared to be to battle with the breathing, as he knew from experience when he attempted to swallow anything it hurried this, and increased his terror and exhaustion. His favourite position was sitting up, with his body inclined forward and his hands resting upon his knees. His pulse reached 120, and was small and weak. Such was his condition upon admission to hospital. The history of his case, as given by his wife, may be shortly told. He got a severe wetting ten days before, and had worked all the next day in his wet clothes. The following day he complained of difficulty of breathing and was hoarse; then came the swelling in the neck. He obtained relief at a dispensary on two occasions, but not finding himself getting better, he sought admission to hospital. His previous history is that he was a soldier, and entering the service as a boy, had put in his full time. He had seen a great deal of active service in India, the Crimea, and elsewhere. In the Crimea he suffered much fatigue and privation, and was wounded so severely as to necessitate his remaining in hospital for ten months. He then left the service, but never thoroughly recovered his health. He never, however, suffered from visceral disease, and was not addicted to drink. There was no syphilitic history, and his wife had a healthy child now eight months old.

Immediately upon his admission he was placed in a comfortable warm bed. He was nourished by enemata of beef tea, egg, and wine; these were repeated every fourth hour. Inhalations of steam were applied constantly to the throat and poultices outside. He had hot jars to his feet, and mustard over the region of the heart. A bolus, containing a grain each of calomel and James' powder, with three grains of Dover's powder, and half a grain of quinine was given every second hour, and twenty grains of mercurial ointment was rubbed into either axilla every third hour. I had a consultation with my colleagues soon after his admission. It was determined to continue the above treatment with a view to ameliorate his condition, and if possible stave off the apparently pressing necessity for operative interference. That night his condition seemed improved; but the next morning it could not be said he had gained ground: nevertheless, upon a second consultation it was resolved to push on the active mercurial treatment and make incisions over the more prominent portions of the tumour above described. Meanwhile, I visited him several times during the day, and was prepared at any moment to operate.

Between twelve and one o'clock that night I received a message to see him, as he was rapidly sinking. In a few minutes I was at his bedside, and found him almost *in extremis*. I lost no time in making an incision of about four inches in extent in the mesian line from the supposed position of the hyoid bone towards the sternum. Layer after layer of condensed tissue, which was infiltrated with curdy pus, was now divided until the scalpel struck upon the trachea, which was at least two inches and a half from the surface. So deep, indeed, was it, that it was feared it was shifted to one side. The clear resonance upon percussion imparted to the handle of the scalpel, however, assured us that we were mistaken. The point of the instrument was now inserted into the trachea with a short but rapid plunge, and three of its rings as well as the cricoid cartilage divided from below upwards. The opening thus made was dilated by inserting into it the handle of the scalpel and giving it a twist. By this manœuvre the trachea tube was introduced—not always an easy proceeding—with comparatively little trouble. There was not much blood lost, although the isthmus of the thyroid or a portion of it was divided. In consequence of the depth of the trachea, there was considerable difficulty in keeping the tube in its place; in fact, the shoulders of the instrument had to be insinuated between the layers of thickened tissue which formed the great bulk of the swelling. The relief afforded the patient was immediate, and it might be said complete from the first. The lungs at once responded to the free admission of air, and he could breathe with freedom, although the rhythm of the respiration was not for some time re-established. I remained at his bedside for about two hours, and need hardly say was deeply gratified by the wonderful improvement which had taken place in his condition. At about two o'clock, a.m., he got a violent fit of coughing, during which it was found very difficult to maintain the tube in its place, whilst in this paroxysm he expectorated a large quantity of bloody mucus. At nine a.m. the following morning, the expressions of terror and exhaustion and the livid hue which for some days had suffused his face had given place to a natural and tranquil look. It is not necessary to prolong the record of this case by a daily detail of its after-treatment; it will be sufficient to state that on the sixteenth day after the operation the tracheal tube was finally removed, that in three weeks afterwards the artificial openings in the trachea and skin were completely healed, the larynx had resumed its normal function, and the patient was soon afterwards discharged from the hospital quite well. This man enjoyed excellent health and followed his employment for ten months, when, to my great sorrow, he was attacked by double pneumonia, which carried him off in three or four days. This latter result, although I have thought it proper to mention it, has nothing whatever to do with the success of the operation, which is most encouraging considering the disheartening circumstances under which it was undertaken.

The man's recovery, having regard to his condition, can, of course, only be attributed to the watchful care he received. For ten days after the operation he was never left a moment without an intelligent person at his bedside. These are critical cases; the labour and anxiety only begin after the trachea has been opened, and it may be truly said that constant and judicious care in the after treatment is as essential to the patient's ultimate recovery as the operation is in the first instance to his immediate rescue.

There are four points in connection with these cases, which appear well worthy of attention, viz.:—

(1.) The state of the apartment before, if possible, but certainly after, operation.
(2) The tracheal tube.
(3.) The *time* of operation.
(4.) The *place* to operate.

1.—Any one who takes the trouble to read up the details of cases in which this operation has been performed cannot fail to observe what a fruitful cause of death is *bronchitis*. The late Professor Porter, whose monogram on this subject stands justly pre-eminent, observes that he never witnessed a case that was not followed by bronchitis, and his book records many deaths from this accident. In an interesting case which I brought before this Society in February, 1870, this complication did not supervene, and in the case just now recorded there was likewise no bronchitis following the operation; and it certainly appears quite reasonable to believe that this great barrier to our ultimate success in these cases would be completely removed by a proper attention to the state of the apartment. The two indications are—to keep the room moist and moderately warm. Any person of ordinary intelligence can accomplish these objects who is provided with a thermometer, a good fire, and lots of boiling water. Cold air should be carefully excluded by hanging curtains at some distance round the bed.

2.—The next point of practical importance is the tube. It should be a full-sized double one, much larger for an adult than those commonly exhibited for sale. When introduced, the patient should be able to fill the chest with ease and freedom. The inner tube should fit freely in and out of the outer, so that on turning the button it may be introduced or removed rapidly. This is essential, as occasionally a pellet of hardened mucus may at once block it up; and if the inner tube, or, failing this, both tubes, be not immediately removed, it might cost the patient his life. I have read of many deaths from asphyxia which were most likely from this cause, and I know of one which occurred in this way from a momentary neglect on the part of the attendant. The inner tube should also be frequently washed with soap and boiling water of the wax-like inspissated mucus which collects within it and lines its walls, lessening their calibre, and very soon, if neglected, causing a marked change in the condition of the patient. Another point of paramount importance is the removal of the tube from the trachea as soon as possible after the operation. If this be not attended to, Nature may become accustomed to its use and decline afterwards to restore the larynx to its proper function—a distressing termination, and one which mars the credit due to tracheotomy. In the first case recorded by me it was removed finally on the twelfth day, and in this case on the sixteenth day.

3.—With regard to the *time* most suitable to open the trachea in this disease, it may be said that no definite rule can be laid down. Each case must be treated according to its individual circumstances, the urgency of its symptoms, and the judgment of the operator. It is a dangerous thing to lay down rules in surgery: how few cases do we meet with in practice whose attending phenomena call for a precisely similar mode of treatment, operative or otherwise! No doubt, as laryngitis is essentially a fatal disease, and very often rapidly so, *early operation* is most recommended. It is, moreover, urged with all the force of great ability combined with practical experience by the late Professor Porter; but this is not often feasible in practice—the patient may object, or his friends may object, and so the operation has frequently to be undertaken when the case appears devoid of a ray of hope. Still, it is wonderful what surgery has accomplished and may yet achieve in such cases. Sir Thomas Watson has recorded several such. In many of his cases the patients were breathless and even pulseless at the time of operating. M. Ricord (*Lancet*, July, 1849) also describes the successful result of a most disheartening case. In the first case also which I recorded, the patient had absolutely ceased to breathe for some twenty to thirty seconds, and was livid and almost cold before air was admitted to the chest.

4.—The fourth point proposed for consideration, namely, the form of operation most suitable in laryngitis, seems not the least deserving of attention. I believe that above the thyroid isthmus, or, as it is technically called, "laryngo-tracheotomy," to be not only available in all cases of this disease, but to be the best suited for general adoption. Indeed, I cannot help thinking it may be employed with advantage in the great majority of cases in which such an operation is called for. Tracheotomy proper, or the deep operation, although it is the proceeding commonly had recourse to in practice, and described in the books on surgery as that usually employed, is always dangerous, and in many cases absolutely impossible to perform; and yet it does not appear what special advantages it possesses over the simpler operation of laryngo-tracheotomy. In the first case in which I operated I at once tried laryngotomy, and failing in this, laryngo-tracheotomy, which succeeded. This course was employed from necessity, as the patient was asphyxiated when the operation was commenced, and the delay in carrying out the steps of the deep operation would certainly have frustrated the effort to save her life. Moreover, in that case the submucous effusion or œdema was both supra and infra-glottic in its position. The supra-glottic œdema was amply demonstrated by the laryngoscope on the evening preceding the operation, when the epiglottis was erect, swollen, and red, and there was considerable effusion at the base of the arytenoid cartilages and in the neighbourhood of the superior cords; but when the operation was undertaken, the entire cavity of the larynx and down to the second ring of the trachea was found to be completely occluded. The supra-glottic œdema, therefore, so far, at least, as we are taught by that case, is no proof that infra-glottic œdema may not co-exist, as some modern writers on this subject inculcate. But so far as it goes, we are also taught the important practical fact that infra-glottic œdema may exist and extend to the second ring of the trachea, and yet that laryngo-tracheotomy may be employed with success.

Under these circumstances I venture to join in recommending this operation to the favourable notice of the Profession as being suited to the great majority of cases in practice, and as being a simpler, safer, and more satisfactory proceeding than tracheotomy.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

The concluding meeting of the Society for the Session of 1871-72 was held on the evening of Friday, the 19th April, at the Royal College of Surgeons, the President of the College, **Dr. Wharton** in the chair.

TRAMWAY ACCIDENT.

Dr. Ormsby exhibited the left leg of a woman extensively lacerated and the bones comminuted, the result of a tramway accident, which had proved fatal. She was crossing the Rathmines Road, when the pole of the tramway car knocked her down. Either the horses trampled on her, or the wheel of the car passed over her, causing very extensive injuries. When brought into the Meath Hospital at 12 o'clock she was in so very collapsed a state no operation could be attempted. Stimulants were freely given both by the rectum and the mouth, but without result. A great deal of vomiting occurred, and she died at half-past five in the evening. The tibia and fibula were broken in two or three places, and the soft parts were very much lacerated.

BLOOD POISONING AFTER SELF-MUTILATION AND EMASCULATION.

Mr. Richardson exhibited the morbid specimens which had been removed from the body of the unfortunate man who, with a carving knife, had extirpated his genital organs, and which were exhibited at the previous meeting. The man had rigors from time to time after the mutilation, but his pulse remained under 100 until a few days ago, when he was seized with a very severe rigor, his respiration became rapid, the pulse very quick, and he sank in about forty-eight hours. On making a *post-mortem* examination it was found that the cavity of the right pleura contained about a quart of sero-purulent fluid, the pleura itself being but little injected. The lower lobe of the right lung was infiltrated with pus. The liver was enlarged, and both kidneys were fatty. In addition to these states both lobes of the prostate gland were infiltrated with pus, and the bladder was abnormally vascular. The question was whether this was a case of the so-called pyæmia or not? He was inclined himself to take that view of the case. They knew that in chronic degeneration of the kidneys there is a liability to a low form of inflammation of the lung, which may run rapidly into a mass of putrilage. Several specimens of the kind had been exhibited at the Pathological Society of Dublin, and occurred in persons having Bright's disease. But, from the fact that in this case both lobes of the prostate gland were infiltrated with pus, he considered that this was a case of blood poisoning from the combined influence of the wound and diseased kidneys, for they all were aware that when the kidneys are diseased both accidents and surgical operations may lead to unfavourable results that probably would not happen in their healthy condition.

The **President** said that some years ago he detailed a similar case to the present. A patient in a lunatic asylum removed his testicles, and a co-inmate, a lunatic who was a Medical man, came to his aid, called for and was supplied with the necessary instruments, tied all the vessels, and treated the case most admirably. With regard to the occurrence of pyæmia, he should wish to know how long after the infliction of injury was it that the pyæmic symptoms set in.

Dr. H. Kennedy said the case appeared to him to be one of genuine pyæmia, because of pus existing in a very slightly injected pleura. He had seen cases of pyæmia occur without any abrasion whatever, in cases where there had been kidney disease, and also in cases of fever, when, although there had been no wound, pus was effused into the joints, into the lungs, and into the brain. The existence of these symptoms in connection with diseased kidneys had been noticed by Dr. McDowell, who published, in the *Dublin Quarterly Journal*, a number of cases where pyæmia had succeeded to disease of the kidney. They all knew that when the state of the system was bad the slightest injury might be attended with fatal results. In a book published by Mr. Colles or Mr. Cusack, he forgot which, it was stated that persons who attempted suicide and did not succeed, often die after it, not of the wound, but of some low state of the system pointing to a defective state of the circulation with a low state of vitality. He therefore thought the case brought before the Society by Dr. Richardson was pyæmic in the strictest sense of the word.

Dr. Fleming observed that it was by no means surprising that such a state of the prostate as was presented in this case should exist at the period of life to which the deceased man had attained. There was no enlargement of the prostate in this instance; but very considerable enlargements of the prostate were met with at an early stage of life, and those not malignant but strumous in their nature. He had seen the prostate as large as a large sized duck's egg, even in persons under thirty years of age. He wished to ask Mr. Richardson a question which bore on the pathological interest of the case, namely, whether there was any affection of the urethra? The state of the prostate existing in this case was by no means uncommon with chronic strictures, and he thought it possible that there might have been disease of the tract of the urethra in the present instance.

Dr. Archibald Jacob might be permitted to mention a remarkable case that came under his observation when a student, and which was valuable as proving that these very dangerous injuries were by no means uniformly fatal. When he was serving his apprenticeship at Maryborough, he saw the case of a young man whose genital organs had been seriously injured. He had been returning home from a fair, driving an asses' cart, and from some extraordinary notion that entered his mind he tied the rope reins of the ass round the penis and scrotum. Jerking on the reins the animal ran away; the young man fell off the cart, and the reins being strongly constricted on the penis and scrotum tore away the whole of the testes and the whole of the integumental covering of the penis, leaving the penis itself in a condition resembling a goose's neck just stripped. The man did not die; he recovered after a lengthened illness and with an extremely mutilated organ, and lived for many years afterwards. He also remembered another case which came under the care of Dr. Geoghegan, in which the same mutilation as had been described by Dr. Richardson had been inflicted by the patient himself,—the entire penis and scrotum having been amputated by a razor. Though the hæmorrhage was something stupendous, the man recovered eventually, being nothing the worse. These cases showed that the complete extirpation of the genital organs, with all the concurrent hæmorrhage, though extremely dangerous, was not necessarily fatal.

Mr. H. G. Croly said he had seen cases of this kind. In one case the man died of pyæmia, and he was going on admirably until a few hours before death. The stump was healing, and all was apparently going on well, when he got a severe rigor, a cold, clammy sweat came out on him, and he sank rapidly. A few days ago he met the Governor of Spike Island, who told him that a man had been admitted to hospital who amputated the genital organs himself. He applied to the surgeon to operate, but, as there was no disease present, the surgeon refused, and the man performed the operation himself, with what instrument he did not know. He was admitted to hospital, and was recovering.

Mr. Richardson, in reply, said that the infiltration of the prostate with pus, combined with a similar infiltration of the lung and sero-purulent effusion in the right pleural cavity with scarcely any vascular injection of the pleura itself, were the reasons that induced him to consider this case as probably one of so-called pyæmia. With regard to the specimens of rapid putrilaginous softening of the lung occurring during life in persons labouring under Bright's disease, and which were exhibited at the Dublin Pathological Society, he would remind Dr. Kennedy that upwards of thirty years ago Rayer described this condition of lung in connection with Bright's disease. He was surprised at Mr. Fleming's observation that the prostate was not enlarged, whereas it was very much increased in size, being larger than a duck's egg. There was no evidence of stricture during life, for a full-sized catheter could be passed with facility into the bladder from the perinæum, in fact, the man was apparently in good health up to the moment of the mutilation, which was prompted by the exposure of an intrigue in which he was a principal. He, Mr. Richardson, would, however have a careful examination of the urethra made and careful measurements of the prostate taken with a calipers, which he would add in the form of a note to the published report of the discussion on the case (*a*).

Dr. McDowell then read some

OBSERVATIONS ON LARYNGITIS AND TRACHEOTOMY,

which will be found at page 404.

The **President** could bear testimony to the value of keeping the patient in warm moist air after the operation. He had recently received a letter from a person in Bradford, on whom he had performed the operation ten years ago. He had the bed brought near the fire, and a tube leading from the spout of the kettle so as to keep the air moist, and the patient escaped bronchitis, which was so apt to occur in these cases.

Dr. Tufnell attached great importance to the cleaning of the internal tube. He remembered a case where on the third or fourth day after the opening of the trachea everything was going on well, but the attendant went to sleep, and slept so soundly that he did not hear the distressing appeals from the patient, and the consequence was, a plug of inspissated mucus blocked up the inner tube, and the man was found dead in the morning. In such cases he thought it would be advisable to have two attendants at night.

Dr. Kirkpatrick, V.P., said with regard to the withrawal of the tube at the earliest possible moment, he was reminded of a case under his own care some years ago. That was not done, and the larynx having contracted the opening became so adapted to the size of the tube, that it was with the greatest difficulty they could change it, and when the tube was drawn out, if the other had not been put in immediately the patient would have been suffocated. On several occasions the man was in imminent peril. In those days the double tube was not known.

Professor Hargrave remembered a very interesting case in which a female was operated on. She was brought into hospital suffering from the effects of acute laryngitis. She was operated on with seeming success; the tube was introduced into the opening, and she left the hospital after three weeks apparently well, but apparently unable to do without the tube. She survived the operation three or four years, but the tube she would not give up. She got some bleeding from the wound, and was brought into the hospital again. There was considerable hæmorrhage, and she soon died from the effect of that hæmorrhage. There was a very careful *post-mortem* examination made, and it turned out that the trachea was never opened at all; the tube had slipped in between the muscles and the trachea and there remained, and the cause of hæmorrhage was that the end of the tube injured the arteria innominata. He was satisfied from what he had seen of this case, that there was not sufficient attention paid to ascertain that the tube was introduced into the trachea.

Dr. T. Beatty had listened with great pleasure to the case so ably detailed by Dr. McDowell; but with very great diffidence he would suggest that very possibly in that case, as it originally commenced, the operation of laryngotomy would not have been required if the treatment had been pursued which he was in the habit of seeing employed when he was a young man, in cases of diffuse inflammation of the areolar tissue round the throat. He had a distinct recollection of being in the study of Mr. Cusack, when a gentleman, an officer in the navy, came in with his throat in the condition Dr. McDowell had described. The swelling of the neck was extreme, a large mass from the chin to the sternum, rigid as brawn, and he was suffering from the greatest distress and difficulty of breathing. Mr. Cusack told the gentleman to go home to his house, and he followed, accompanied by him (Dr. Beatty). Mr. Cusack made a deep cut in the gentleman's neck from the chin to the sternum, and cut down on deep seated matter, and saved the patient's life. He thought it was not at all unlikely if Dr. McDowell had followed a similar practice he would have got at the matter he found afterwards, which was manifested by the tumefaction, and which, by pressing on the larynx was causing suffocation, and the case might have recovered without the operation of laryngotomy, which was always dangerous.

Mr. H. G. Croly said that Dr. Beatty had anticipated him in some of his observations. Within the last five or six years he had had several cases of this kind. One was a remarkable case, where a woman was admitted to hospital with a hard tumour in the neck, say like goître. It was diffuse inflammation of the areolar tissue of the neck, and relief was given by opening the deep cervical fascia over the larynx and the trachea. He did not say the case was similar to that of Dr. McDowell's. The point dwelt on by Dr. Beatty had been laid down very clearly by a very distinguished writer on the head and neck, Burns, who taught that in deep cervical abscesses, the opening of the deep fascia would give relief, without the necessity of opening the trachea. On a late occasion in a case of Mr. Stoker's, the propriety of performing tracheotomy was discussed. They found a man with deep seated matter in the neck, and it was agreed that Mr. Stoker should open the cervical fascia by a deep incision, which on being done, breathing was at once relieved. He had two cases of the same nature lately in hospital. One thing he had a great dread of was the inhalation of steam. When there was a tendency to œdema of the glottis and submucous tissues, the inhalation of steam was likely to increase it. The importance of keeping up the temperature of the room was laid down by Sinclair, and it was best kept up by boiling water, which rendered the air moist. With regard to the high or

---

(*a*) Examination of the prostate and urethra made on the 29th April, 1872. Present, Messrs. Richardson, Heath, and Doyle. Prostrate uniformly infiltrated with pus, and measured as follows:—

	Inches.
Greatest transverse diameter	2½
„ antero-posterior diameter	2¼
„ oblique diameter	2⅓

The urethra of the amputated portion of the penis allows a No. 13 catheter (Weiss's gauge) to be passed along it with great facility, but little pressure being required for the purpose.

It should be mentioned that the preparations have been lying in a chromic acid preservative solution, which has contracted them, and therefore they are smaller than when they were recent.

the low operation, he had made up his mind never to open the trachea unless there was a large foreign body impacted in it. One of the most fatal operations in Surgery was tracheotomy. It was always difficult and dangerous, no matter how often a man was accustomed to it. On *post-mortem* examination the veins in this locality were often like goose quills, and what must they be in cases of inflammation? Erichsen had given up tracheotomy, and thought laryngotomy was the operation that ought to be performed. As to the tube, it was not always necessary. The stitching out of the edges of the wound, which was a practice adopted by Mr. Tufnell and himself, left a sufficiently clear space for the escape of fluid. When tubes were used, the internal one should project well beyond the outer one. There was no doubt persons had become so much accustomed to the tube that at last they could not give it up. Some years ago all the cases of laryngotomy in Dublin were collected, and the number of persons who had tubes was startling. Of course, in syphilitic cases where the tissues were altered, the individual could not do without the tube.

Dr. Fleming thought Dr. McDowell was deserving of the thanks of the Society for the admirable manner in which he had detailed the case which he had brought before them. The important consideration respecting this case, was that connected with the remarks of Dr. Beatty. He (Dr. Fleming) had met with a sufficient number of these cases to enable him to form some estimate of these operations, and the cases in which they are necessary. He had been called on to operate for laryngotomy and tracheotomy in the very identical cases indicated by Dr. Beatty. One of the most striking he had met with occurred in the Hardwick Hospital. He was sent for during the night to operate on a man, whose neck presented a remarkable appearance—a prominent elastic tumour presented itself in front of the trachea and under the lower jaw, and there was great difficulty in opening the mouth. In all these cases there was great difficulty in opening the jaw, arising from the condition of the fascia. Seeing what the case was, he pushed the knife boldly down in the mesial line, and although there was no absolute circumscribed abscess, there was infiltration of the whole areolar tissue with pus, and in a short time the man who appeared to be gasping for breath, was perfectly relieved. The same kind of thing occurred to him more than once while he was connected with the Richmond Hospital. In many cases the whole outline of the neck was œdematous, sometimes as hard as a board, but with little alteration as regards the colour of the integument. He recollected some cases of diseases of the tongue, not malignant in their nature, where there were abscesses within its substance; and in those cases the symptoms he had spoken of supervened. The necessity of laryngotomy was done away with by making a free incision in the under part of the neck in the mesian line, and giving exit either to the diffused or circumscribed matter that existed.

Mr. Richardson said he had a man in hospital a few years since confirmatory of the observation that some persons could not do without the tube. The person referred to had been operated on by Mr. Wright, of Ship Street, Dublin, thirty-six years ago. In the year 1869 he was a patient in the Adelaide Hospital, when it was found that he could not dispense with the tube which he had been using successively ever since the operation. There was another point connected with tracheal tubes of some importance, and that was their liability to corrode, particularly the soldered ones. The corrosion generally took place at the soldered joint, and so that the tube might separate at that part, and might pass lower down in the trachea and cause death, either by its impaction or by hæmorrhage from perforating adjoining vessels.

Dr. Henry Kennedy observed that hæmorrhage had often occurred when the trachea had been freely opened, and the tube properly introduced; and that was an additional reason for removing the tube at the earliest possible moment. Any cases of œdema of the glottis which he had seen, had not the swelling such as Dr. McDowell described.

Dr. Hans Irvine said a remarkable case of œdema of the glottis had come under his notice. A gentleman was taken suddenly with difficulty of breathing, but had no fever or anything to indicate a febrile complication He (Dr. Irvine) was sent for at five o'clock in the evening, and found that there was some difficulty in swallowing and great difficulty in breathing. The lungs were perfectly sound. It was plain there was œdema of the glottis. He was sent for to the man's house at two o'clock the next morning, and found him expiring. He made a *post-mortem* examination twenty-four hours afterwards, and found œdema of the glottis alone. The different parts about the glottis were, of course, œdematous, but there was no swelling whatever outside. The man had not been twelve hours ill.

Dr. Lawlor, of Tralee, said that in these cases of effusion into the areolar tissue under the throat, Dr. Crumpe always made a deep incision, and with a successful result.

Dr. McDowell replied:—With regard to Mr. Tufnell's observations as to inspissated mucus, he might say there were three kinds of mucus found in these cases. First, a frothy mucus, the ordinary secretion from the mucous membrane of the bronchial tubes; second, the inspissated mucus which adhered to the interior of the tube, and which, if not removed with soap and boiling water would cause congestion of the lungs to ensue; and the third variety was the pelletous mucus, which was that of which Mr. Tufnell spoke. It was this kind of mucus which blocked up the tube, an occurrence which happened in the case he had brought before them, and he thought if he had not been in the ward at the time the patient would have died. The student who was beside the patient's bed was so alarmed that he uttered a loud cry, and he (Dr. McDowell) immediately ran to the patient and took out the tube, when he breathed freely. He agreed with Dr. Kirkpatrick that the tube should be removed as soon as possible, for if not, lymph might become effused, and ultimately the artificial opening might be left to do duty for the natural one. He did not see how the observations of Dr. Hargrave applied to his case, as there was no doubt that the tube had been fairly introduced. He was quite prepared for the observations of Dr. Beatty. No doubt cellulitis did exist, and he thought that a free incision of four inches in extent over the larynx would have afforded relief, but that was not the case; and it was not until the opening was made into the larynx that relief was given. When he made the incision into the neck there was no pus; there was, no doubt, infiltrated curdy pus through the areolar tissue, but there was no free pus, and the case, which was one of laryngitis and œdema glottidis was not inconsistent with diffuse cellulitis. With regard to Mr. Croly's observations as to the inhalation of steam, no surgeon of intelligence would allow steam to be inhaled. They commonly had to operate in cases where the œdema of the glottis was caused by the inhalation of steam. When he spoke of the matter he meant that the vapour of boiling water should be held in the neighbourhood of the patient's mouth, so as to give relief to the dry mucous membrane of the throat. With regard to the use of the tube, many patients were very nervous after operation, and greatly afraid of the removal of the tube. It was necessary, however, to take it out, otherwise there was danger of the rima glottidis being occluded. Some time ago he saw a strong healthy looking man with a tube in his windpipe. He stated that he got a cold, which was followed by laryngitis, and that the late Mr. Smyly operated, and he had to use the tube ever afterwards.

DISLOCATION OF HIP.—COLOMBAT'S METHOD OF REDUCTION.

Mr. H. G. Croly wished to bring under the notice of the Society an easy and simple method of reducing the dislocation of the head of the femur on the dorsum of the ilium. On the 17th of March last a man suffering from that injury was admitted into the City of Dublin Hospital. On the day before, he was knocked down, being partly drunk at the time, and when he recovered from the shock found that he could not walk. He lay in bed all night, and on the following morning was brought to hospital. Mr. Croly's brother first saw the patient for him, and informed him of the nature of the injury, and when he saw the man he presented all the symptoms—the inverted foot, the two inch shortening, the head of the bone directed backward, the top of the trochanter scarcely to be felt. He summoned a consultation of his colleagues, and Mr. Tufnell and Mr. Stoker attended. The case being one not frequently seen by students, he told the pupils of the school, and they gathered in large numbers to see reduction effected by the pullies. Everything was in readiness for this operation, when the patient was brought into the theatre. He then, however, made up his mind to try reduction by manipulation according to a plan called the "osteo-strephic plan," described by Colombat, an American surgeon. He should say, however, that he (Mr. Croly) had learned this plan from the late Mr. Williams who, in the year of the Dublin Exhibition, reduced three cases of dislocation on the dorsum of the ilium. Mr. Williams placed the patient leaning across a table, fixing his pelvis on the table, and flexing the leg of the dislocated side on the thigh. Two or three students pulled the calf down, and Mr. Williams directed the head of the bone, and it passed into the acetabulum. He (Mr. Croly) told the pupils that he intended to try Colombat's plan, and if that failed he would try Reid's, and if that were unsuccessful, the pullies. The patient was placed leaning on the table, Mr. Tufnell and Mr. Stoker pulled the thigh down, and he (Mr. Croly) merely directed the head of the bone. He felt it yielding, and it returned into the acetabulum. He thought this method of treatment was, from its simplicity, worthy of being brought forward, particularly as it was not mentioned in any of the class books on surgery.

Mr. Ormsby said he witnessed the case described by Mr. Croly, and he determined to try that method whenever an opportunity offered. About a week ago a case of dislocation of the head of the femur on the dorsum of the ilium was sent into the Meath Hospital, under the care of the President, who transferred the case to him. The dislocation had existed five or six days, and was caused by a fall from a car. He had the man brought into the theatre, and told the students he intended to try Colombat's plan. Accordingly, placing the patient in the position described, he got two gentlemen to put a certain amount of pressure on the popliteal space in the calf of the leg, and pressed on the bone with his two thumbs, and in less than a minute the dislocation was reduced. The man said "the bone is reduced." This plan of treating the dislocation was therefore a very simple one, and appeared to have many great advantages.

Professor Hargrave said this method was mentioned in South's edition of "Chelius' Surgery."

Dr. Fleming stated that when the late Mr. Williams was President of the Society, he brought under their notice this particular method of reduction of the dislocation which he had practised in Baggot Street Hospital.

The President said he had detailed a case in which he had endeavoured to reduce the dislocation by Reid's rotatory motion. He reduced it by that method, but produced the thyroid dislocation. He reduced that again, and reproduced the dorsal dislocation.

Mr. Fleming had a case of dislocation in a little girl where Reid's method succeeded admirably.

The President said it was due to Drs. Darby and Stapleton to mention that these gentlemen had reduced dislocations of the hip by manipulation, prior to the publication of the case reported by him to the Society.

Dr. R. P. White said that in Orr's "Surgery," which is a Dublin class book, Colombat's method of reducing dislocation of the hip is described.

The President then delivered the Valedictory Address, which will be found at page 403.

HEALTH OF DUBLIN.

In the Dublin District the births during the week amounted to 157. The average number was 178. The deaths were 250; the average was 163. Sixty deaths from small-pox were registered during the week; of these, 24 actually occurred during the week, and 17 during the previous week. Of the 60 deaths registered, 13 were of children under 5 years of age, 14 were of persons 5 and under 15, 8 between 15 and 20, 22 between 20 and 40, 2 between 40 and 60, and 1 aged 60 and upwards. Thirty-one deaths from small-pox were registered in Cork, and 7 in Belfast. Eight deaths were caused by fever, viz., 7 by typhoid, and 1 by simple continued fever. Measles proved fatal in 5 instances, and scarlet fever in 3. One death was attributed to dysentery, and 4 to diarrhœa. Phthisis was the cause of 27 deaths, hydrocephalus of 7, and tabes mesenterica of 3. Two deaths were ascribed to paralysis, 6 to convulsions, and 2 to apoplexy. Six persons died from heart disease. Twenty-two deaths resulted from bronchitis, and 3 from pneumonia. Two deaths were registered from kidney diseases, and 1 from Bright's disease.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers	£1 2 6
" If Paid in Advance	1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

Subscriptions for France are received by Messrs. Bailliere, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs. Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 8, 1872.

THE SMALL-POX EPIDEMIC.

Dr. Letheby's Report, to which we drew attention last week, contains some important information respecting the small-pox epidemic. We proceed to glean from the learned Medical officer of the City of London, a few of those facts that we think our readers will most appreciate. Dr. Letheby has prepared a table showing the number of deaths from small-pox in the city in each year since 1849. This shows a curious periodicity in the disease, for at intervals of about every two years, it acquires epidemic violence, and becomes alarmingly fatal, and then declines for a couple of years; the average annual mortality of the epidemic periods being 49, and of the alternating years only 12. This condition of things is common to the whole metropolis, and to every large town in England, although the intervals of the epidemic are not in all cases the same. In London, for instance, the interval is about three years, and in other centres of population it varies from four to five years. This, Dr. Letheby says, is no doubt determined by the relative density of the population, and by other circumstances which favour the development of the disease —as the habits of the people and the neglect or otherwise of vaccination. He has discussed this question to some extent in a former report, and shown that the force of an epidemic of small-pox is always proportional to the neglect of proper and effective vaccination. It is worthy of note that the proportion of cases of small-pox in which vaccination had been performed has been steadily advancing during the last 20 years; for, according to the returns of the Small-pox Hospital, at Upper Holloway, it appears that during the sixteen years which terminated with 1851, the average number of vaccinated cases was only 53 per cent. of all the patients admitted, whereas in the epidemic years of 1854, 55 and 56, it amounted to 71 per cent.; in 1859-60, it was 78 per cent.; in 1862-66, it was 81 per cent.; and in 1871, it was 91·5 per cent.

These facts are ascribed to two causes, namely :—

1st. That vaccination is often imperfectly performed, and therefore fails of its prophylactic power; and

2nd. That even when it has been well performed in infancy, the effect of it is weakened by time.

Figures are given of the deaths both in London and Berlin which seem to afford proof of the fact that vaccination sometimes fails of its protective power because of its having been imperfectly performed, and because it has been weakened by the lapse of time. But even in spite of this its prophylactic agency is enormously great, for while the general mortality has been at the rate of 15·1 per cent. of all who were attacked with the disease, it has been only 7·5 with the vaccinated, and as high as 36 8 with the un-vaccinated. These numbers are not very different from the proportions which Mr. Marson, in his large experience at the Small-pox Hospital, has found to be the average ; for the records of the hospital for many years show that when the disease attacks those who have not been vaccinated, it is fatal to 37 per cent. of them, or rather more than one in three ; whereas in those cases where vaccination has been performed, whether properly or improperly, the mortality is only at the rate of 6·8 per cent., or about one in fifteen. He finds, moreover, that the protective power of vaccination is directly proportional to the way in which it has been performed ; for if it has been so done as to leave upon the arm the well marked signs of the operation, the mortality is only at the rate of 2·5 per cent., whereas in badly marked cases it is 8·8 per cent. And, by going still further with the enquiry, he has ascertained that, when there are four well marked cicatrices upon the arm, the mortality is only 0·6 per cent.; when there are three, it is 1·9 per cent.; when there are two, it is 4·7 per cent.; when there is but one, it is 7·7 per cent.; and when there are none apparent, although vaccination is said to have been performed in infancy, the mortality is at the rate of 23·6 per cent. of those who are attacked with the disease ; the mortality of the un-vaccinated being as high as 37 per cent. It would seem, indeed, from his investigations, that vaccination when properly performed is even more protective of fatal consequences than a previous attack of small-pox ; for in the latter case the mortality is as high as 19 per cent.

"Not a single fact," say Dr. Monk, and Mr. Marson, in their report of the Small-pox and Vaccination Hospital for 1871, "has occurred within our experience at the hospital during the past year to shake our confidence in vaccination, *when properly performed*, or to detract in any degree from that high estimate of its value, which many years' experience in the wards of the hospital, and a close study of small-pox have led us to form. But vaccination is an operation of considerable delicacy, and requires much care in order to secure the advantageous results it is capable of imparting. The failures of vaccination to prevent *fatal* small-pox, which have occurred, are almost all of them due to the careless and imperfect manner in which it has been practised ; and they go on to remark that, in the present state of the population, *re-vaccination* is of scarcely less importance to the adult than is primary vaccination to the infant. A very large number of the adult population of this country are without adequate protection from vaccination, and are liable to take small-pox in its gravest and most deadly form. All persons who have not already had small-pox and have been, or are likely to be exposed to the infection of that disease, and all who have not several (at least four) good marks, testifying to the character and efficiency of the primary vaccination, ought to be re-vaccinated. Re-vaccination has proved itself to be an important and efficient means of preventing small-pox. For upwards of thirty years all the nurses and servants of the small-pox Hospital, who had not previously had small-pox, have been re-vaccinated within two or three days of entering on their respective duties, and in no one instance has it failed to preserve them from small-pox. We believe therefore, that re-vaccination extensively practised, and *with the same precautions to ensure efficiency, as ought to be observed in primary vaccination*, will prove to be the most certain mode that could be adopted of checking the present epidemic of small-pox."

This accords with the experience of all observers of this disease, and Dr. Letheby has collected other facts in proof of it. At Christ's Hospital for example, where there is an average of about 800 boys it is the practice to vaccinate them directly they enter the institution, and this has been found so thoroughly protective that, according to Dr. Stone, there has been but one death from small-pox, for fifty years. So also with regard to secondary vaccination in adult life, wherever it is compulsory its prophylactic power is equally manifest. In the recent epidemic of 1871, when small-pox was severely fatal at Verona, killing as many as 21 per cent. of those who were attacked with it, the mortality from the disease among the re-vaccinated soldiers of the garrison was only 0·4 per cent. At Vienna also, where the re-vaccination of soldiers and all government officials is obligatory, it is found that 39 per cent. of those who are vaccinated at 20 and upwards, exhibit such a condition of the vaccine vesicle as to prove beyond all doubt that they were susceptible of the disease if exposed to the contagion of small-pox. It would seem therefore that the vaccination of infancy is protective during the growth of the body, and that a second vaccination is necessary when the structures have almost reached their full development ; and then if properly and successfully performed, it needs no repetition to ensure its continued prophylactic power.

The general mortality of the present epidemic is unusually large ; for it has amounted to 19 per cent. of the admissions into the Small-pox Hospital at Upper Holloway ; and in the three hospitals of the Metropolitan Asylum District it has ranged from 18·2 per cent., at Stockwell, to 19·8 at Homerton—the average for the whole of the cases treated in the hospitals being 19·1 per cent. According to the statistics of the Small-pox Hospital, the death-rate ordinarily ranges from 12·9 per cent. (1864), and to 17 per cent (1863),—the average for many years being only 14·3 per cent.

The force of the epidemic may also be estimated by the number of deaths from the disease among the general population. In all England during the last 20 years, the average mortality from small-pox has been only 1·9 per 10,000 of the population ; and in London during the last 10 years it has been 2·9 per 10,000, and in the City 1·6 ; whereas in the year 1871 it amounted to 24 per 10,000 of the population of London, and 11·5 per 10,000 of the City.

The remainder of Dr. Letheby's remarks on this subject are so cogent and now the vaccino-phobiacs are still raving so appropriate, that we quote them textually.

"It may be interesting to know that, according to Sir Gilbert Brane, the average mortality from small-pox in England before vaccination was adopted, was 30 per 10,000 of the population. From 1838 to 1840, when it was much practised, but before any public vaccinators had been appointed, it was 7·7 per 10,000. From 1841 to 1853, when it was still more in vogue, but was not compulsory, although provision was made for gratuitous vaccination by public vaccinators, it was 3 per 10,000: from 1854 to 1863, when it had become compulsory by Act of Parliament, it was 1·7 per 10,000; and from 1864 until the present time, it has been at about the same proportion, although in 1867 it was only 1·2 per 10,000; in 1868, 0·96; and in 1869, but 0·72. What more striking and trustworthy proof could be offered of the benefits of vaccination?

"With respect to the onset and progress of the present epidemic, it would seem, from the returns of cases admitted into the Small-pox Hospital, that the disease began to manifest unusual severity as far back as the month of November, 1869, for in that month the number of admissions rose from an average of about 31 in the month to 51. During the five following months the rate of increase was steadily advancing, and in May, 1870, it amounted to 112, at which proportions it remained until the following October, when it rose to 144, then to 159, and lastly to 178. This was the closing month of 1870, and the number was the highest for the whole period of the epidemic; for from that time it gradually declined to nearly its normal proportions. Looking at the weekly returns of deaths from small-pox in London, it appears that the normal proportions of about 12 in the week were maintained until the first week of October, 1870, when the number rose to 27 in the week. After that, with slight variations, it slowly and steadily increased, so that at the close of the year the number of deaths from the disease was over a hundred in the week. Throughout the months of January, February, March, April, May, and June, the weekly number was more than 200, and in the first week of May (1871) it reached to 288. This is the largest weekly mortality for the year; for, although the disease continued to be very severe during the whole of May, June, and July, yet it began to decline from the first week of May. It is evident from this that the chief force of the epidemic, as estimated by the weekly returns of deaths from small-pox, was manifested for a period of seven months—namely, from the last week of the year 1870 to the end of the following July, and that it reached its climax in the first week of May. In the City of London, judging from the returns of sickness among the poor, it would seem that small-pox began to be somewhat prevalent in the month of October, 1870, and that in the two following months it was notably severe. This severity has lasted, with more or less variation, until the present time, although the period of its greatest violence in the City was from November, 1870, to June of last year.

"The lesson to be learnt from this epidemic of small-pox, like that from others which have so often preceded it, is the danger of neglected vaccination, whether it be the primary vaccination of infancy or the secondary of adult life.

"I refrain from discussing the question, which I have more than once alluded to in my former Reports, viz., the complimentary or compensating laws which evidently govern the manifestations of the so-called zymotic diseases, and which point to a fixed and almost determinate quantity of zymotic energy. This is so remarkable that attempts have been made to correlate these diseases, after the manner of the correlation of physical phenomena, and opinions have been hazarded of even the probable identity of all zymotic contagions. 'Is it possible,' says Mr. Wolff, in his recent essay on this subject, 'that the true explanation of the variety of zymotic diseases may be, not that there is a multiplicity of poisons, each exciting a specific disease, but that there is one cause common to all, and that the variety of the disease depends upon the channel through which the noxious agent finds access to the body? Is it possible that the same agent gaining access to the body through the direct medium of the blood, as in syphilis and dissecting-wound fever, may give rise to the symptoms characterising these and cognate diseases; that the same agent striking through the alimentary canal may give rise to the symptoms of enteric fever, cholera and that group; that the respiratory organs acting as another channel may perhaps lead to the phenomena that we express by the terms 'scarlatina,' 'measles,' &c.?' and that the hygienic and other conditions under which the subject of infection lives may also modify the results. Given, in fact, a molecule of organic matter in a peculiar state of motion or decay, and he believes, from the investigations of Laplace, of Berthollet, and of Liebig, that it will communicate its motion to other molecules of matter which are susceptible of such motion, and thus produce zymotic disease. 'A certain number of individuals subjected to the contagion of these molecules in motion have the action extended to their bodies, and diffuse the diseased action in a constantly widening circle. And this very diffusion, whilst extending the ravages, tends to limit the duration, and gradually diminish the intensity of the disease. As the undulations of ruffled water gradually die away in the distance—as the waves of sound decrease in intensity as they are diffused through a larger space—as a heated substance gradually imparts its motion to contiguous matter until a condition of statis is arrived at, so this poisonous action loses in intensity as it gains in extension, until the diseased action is too feeble to overcome the resistance of healthy action, and a state of statis (restoration of health in the individual, cessation of the epidemic in the community) is the result." But although the entire phenomena of zymotic diseases, and especially the reproductive powers of them, are hardly consonant with what we know of the physical manifestations of molecular motion, yet there is much about them, as for example, their modes of attack, their periodicity, the regularity of their progress, the order of their decline, and, above all, the quantitative or complementary relations of them, which point to a probable correlation of some kind. But whether the relation is in the quality of the contagion, or in the nature of the material upon which it acts, or in the force which governs its manifestations, is a problem for searching enquiry; for at present no man can safely dogmatise on this obscure subject, by saying that these diseases are caused by matter in a peculiar state of motion, or by living germs with their faculty of reproduction, or by the so-called 'zymotic principles' of the Registrar-General. All that we can certainly say of these maladies is, that, be their origin what it may, or their correlation as close as can be, they are governed by laws which are quite within the reach of human investigation; and that although perhaps we shall never be able to banish such diseases from the community, yet we have always power to mitigate their force, to regulate their actions, and to bring them under the control of Hygienic influence. This, in fact, is the practical aim of sanitary science, however much it may be disturbed by the fanciful theories of dreamy physicists or by the sensational rhapsodies of popular writers."

◆

Notes on Current Topics.

Society for Relief of Widows and Orphans of Medical Men.

The Annual General Meeting of the above Society was held in the Council room of the Royal Medical and Chirurgical Society, on Friday, April 26th. Mr. Charles Hawkins, V.P., in the Chair, the President, Dr. Burrows, being unavoidably absent from town.

From the statement of the affairs of the Society it appeared that the available receipts for the past year amounted to £2,936 13s. 8d., the grants to £2,606, the expenses to £247 10s. 6d., the total expenditure to £2,853 10s. 6d., leaving a balance of £83 3s. 2d. in favour of the Society. During the year 9 new members had been elected, 17 members had died, 10 had resigned or ceased to be members; the number of members at the end of the year being 411, a decrease of 18 on the previous year. Four widows and 7 children had been added to the list of recipients of grants, 4 widows and 14 children had died or become ineligible for relief; the numbers on the books being 55 widows and 43 children. Information had been received by the acting treasurer that the Society would benefit by two legacies, one of £200 stock, duty free left by Mrs. Ann Hammond, the other of £500 duty free from Mrs. Jane Lyon.

The meeting was special to consider the proposed repeal and alteration of some of the bye-laws.

It was resolved that bye-law XV, imposing a fine on members remarrying should be repealed, also that bye-law XVIII. should be repealed, and a new bye-law be enacted in its place—viz.—

"In case of life members, it shall not be necessary for such members to have lived two years, after having paid a life subscription, to render their widows and orphans eligible for relief."

A vote of thanks to the Royal Medical and Chirurgical Society for their kindness and liberality in granting accommodation to the Society, rent free, was carried unanimously.

A requisition was signed by seven members for a special general meeting to confirm or not, the repeal of the bye-laws and the new bye-law as resolved at the meeting.

The proceedings terminated by a vote of thanks to the chairman.

The Mrs. Day Fund.

We are glad to be able to state that this fund, the commencement of which we announced, is making rapid progress, and we are, therefore, in hope that its object may be completely accomplished. It was commenced by the Council of the St. Andrews Medical Graduates' Association, for the purpose of securing better provision for the widow of the late Dr. George Day, F.R.S., formerly Chandos Professor of Medicine in the University of St. Andrews.

It may be well to mention that some years ago Dr. Day met with a serious accident, which practically disabled him from professional work until the end of his life; the result is that his death has left Mrs. Day, herself a great invalid, with means altogether insufficient for her support.

During the periods of his life when he was able to work, Dr. Day accomplished the most signal services. He was successful in advancing the progress of medical education; he was the author and translator of some of the most useful standard scientific works; and by his other contributions he popularised scientific knowledge, while he upheld firmly the true light of science.

In the last number of the *New York Medical Journal* will be found an article from his pen "On the Progress of Mental Science in England." This, we may suppose, is his last work, and gives a melancholy interest to our valuable contemporary's last issue.

It is felt that the widow of a physician and scholar who did such excellent work, but who was unable by physical infirmity to provide for the future, has urgent claims on the community.

Respiratory Murmurs.

At a recent meeting of the New York Academy of Medicine, Dr. James R. Leaming read a paper on "Respiratory Murmurs," intended to show its composite character. Referring to the anatomy of the tissue of the lungs and bronchial system, he calls particular attention to the circulations in the bronchial system; the bronchial arteries are attended by venæ comites only so far as the bronchial tubes extend, and not into the true pulmonary structure, consequently the blood which goes to nourish this structure does not return to the heart as venous blood, but is aërated in the air vesicles and returned by the pulmonary vein as arterial blood to the right side of the heart. Occupation of the air-sacs by tubercle interferes with the circulation of the nutrient artery, and blood is thrown back upon the bronchial artery, resulting in bronchonagia—a conservative act, for, like the application of leeches, it sets the absorbents actively at work to remove the cause. In this way cases of early phthisis are self-cured, or, at all events, ameliorated, and the physician is guided in his treatment. After some further comments on this manner of circulation the writer goes on to speak of the residual air in the lungs, and that it has no more motion than the water in the bottom of the ocean—the air in the air-cells is purified by the laws of the diffusion of gases. Hence, any theory of vesicular murmur or crepitant râle which ignores the existence of this residual air must of necessity be incompetent. The respiratory murmur consists of two sounds: the first, the motion of the tidal air in the bronchæ; the second, due to the contraction and dilatation of the muscular (?) fibres of the lung substances; the first is intermittent, the second continuous, and may be heard best when the breath is held. This, the true respiratory murmur, only begins to be developed after eight years of age, becomes recognisable at twelve, and is only fully developed at maturity. *The Broncho-Respiratory Murmur.*—The sound produced by the tidal air may be heard by forcing the respiration, thereby increasing the velocity of the air in the bronchial tubes and the loudness of the sound. It is heard most perfectly, however, in children before the true respiratory murmur begins.

Goitre.

The following case is reported in the clinique of Prof. D. T. Nelson, of Chicago, on "Goitre—Enlargement of Thyroid Gland," this patient has a moderate enlargement of the thyroid gland, presenting a prominence across the lower front part of the neck. It was first noticed by the patient six weeks since, and has been slowly increasing until she applied for treatment last week. The swelling is neither painful nor tender, and is chiefly interesting on account of its liability to increase until its prominence becomes unseemly and more or less oppressive to the trachea. Prof. Nelson observed that in his country the disease is comparatively rare, while in some parts of Europe it is very common. She has been taking small doses of iodine in solution with iodide of potassa, and there is already a decided diminution in the size of the swelling. The same treatment was continued.

A New Remedy for Drunkenness.

Will Sir W. Lawson, Dr. Dalrymple, and those other philanthropic gentlemen associated in the laudable endeavour to stamp out drunkenness by legislative measures as the great plague spot of the country, thank us for drawing their attention to the following brilliant example? Medical men like others have their failings, but whoever heard a friend confess to this particular weakness? Well, this has at last been done, and that publicly, and we claim the originality of idea for a member of our Profession on the other side of the Atlantic. In an American exchange we read the following:—

"Dr. N. E. Cushing, of Brownsville, gives public notice to saloon-keepers that he is inebriate, and if they sell him liquor they will be prosecuted under the law in such cases made and provided." Now, as the first step towards reformation is the acknowledgement of guilt—which by-the bye, is a virtue possessed by few—by way of encouragement, we hereby give notice that our business manager, who is a very moderate man, indeed, is authorised to receive similar announcements to the above at a very considerably reduced scale of charges, and as *everybody* is not expected to read our columns, we would suggest that two or three of our aristocratic contemporaries and an equal number in dozens of our democratic friends of the Press should follow our noble example forthwith. Perhaps, if the drunkards cannot find themselves sober enough to make the announcement, their wives will do it for them!"

Sir James Paget, Bart., F.R.S.

SPEAKING of the pictures at the Royal Academy, the *Times* remarks, "All can appreciate the lifelike presentment of a man, such as Millais has given us this year in the admirable portrait of Sir James Paget. The famous surgeon is painted in his own arena, the lecture-room. The great lecture-room slate forms an appropriate background, and shows a half-effaced drawing of the bone which lies below it, and which has been the last subject of exposition. It is not only in the keen, intensely observant, and concentrated face that the truth of this admirable portrait lies; it extends to the hands, to the whole pose and bearing of the man, and all about him down to his clothes. There is not a conventional touch in the picture."

New Scholarships.

BRODERIP SCHOLARSHIPS.—Two scholarships of the annual value of £30 and £20 respectively, tenable for two years, have been founded by the Governors of the Middlesex Hospital, for the encouragement of the study of medicine and surgery, in memory of the late Francis Broderip, Esq., a munificent benefactor to the hospital.

These scholarships will be open to competition, at the end of each winter session, amongst the general students of the hospital who shall have completed their third year of study at the Medical college. The successful candidates will be required to attend and work at the hospital for a fourth year, during which period they will be eligible for the various resident appointments.

Two other scholarships of £25 and £20 respectively are also offered to gentlemen commencing Medical study next October.

Elimination of Alcohol.

UNDER this title last week there appeared in these columns a paragraph which we are bound to explain. It was, in fact, a quotation from Dr. Dupré's paper published in the *Practitioner*. We had taken the trouble to analyse that important paper, closing with the extract. The printer's devil, or some other equally annoying entity, mislaid our comments, and the quotation, therefore, appeared alone, as if it were an original article. The commencement of the paragraph itself shows clearly enough that something must have preceded it, and the printer's reader ought not to have allowed it to pass. Still, all our editorial wrath was useless, for we did not see the paragraph until the whole issue of the Journal had been posted. We now therefore adopt the only course open to us, and explain a circumstance that may have puzzled Dr. Dupré, whose valuable paper we commend to the study of our readers. The experienced editor of the *Practitioner* will very likely have seen at a glance that we had been victimised by the printers, and as he may probably have been himself some time or other as much ill-used, he. will appreciate our chagrin, and not be surprised that we refrain from re-writing our comments on Dr. Dupré's paper.

A Fact for Non-Smokers.

A DUTCH MERCHANT, named Klaës, who was known among his acquaintances by the name of the King of Smokers, has just died near Rotterdam. According to the Belgian papers he had amassed a large fortune, and had erected near Rotterdam a mansion, one portion of which was devoted to the arrangement of a collection of pipes according to their nationality and chronological order. A few days before his death he summoned his lawyer, and made his will, in which he directed that all the smokers of the country should be invited to his funeral, that each should be presented with 10lb. of tobacco and two Dutch pipes of the newest fashion, on which should be engraved the name, arms, and date of the decease of the testator. He requested all his relatives, friends, and funeral guests to be careful to keep their pipes alight during the funeral ceremonies, after which they should empty the ashes from their pipes on the coffin. The poor of the neighbourhood who attended to his last wishes were to receive annually, on the anniversary of his death, 10lb. of tobacco and a small cask of good beer. He desired that his oak coffin should be lined with the cedar of his old Havannah cigar boxes, and that a box of French caporal and a packet of old Dutch tobacco should be placed at the foot of his coffin. His favourite pipe was to be placed by his side, along with a box of matches, a flint and steel, and some tinder, as he said there was no knowing what might happen. A clever calculator has made out that Mr. Klaës had, during his eighty years of life, smoked more than four tons of tobacco, and had drunk about 500,000 quarts of beer.

It is said, "exceptions prove the rule." This is decidedly a very strong exception, and will doubtless be often adduced as forcible evidence against "the poisonous effects of tobacco upon the system."

Psychic Force.

THE Council of the Royal Society has formally expressed regret to Mr. Crookes that the statements of Dr. Carpenter at a public lecture lately should have been made. Those statements were, it seems, inaccurate as well as unauthorised. This expression of the Council of course does not in any way affect the arguments about psychic force. We have already distinctly stated our disbelief in such a force, but we think Mr. Crookes entitled to the same courtesy as that extended to Fellows who select other subjects for investigation.

Munificent Charities in England.

THE Manchester papers state that Mr. Humphrey Nicholls has this week given further proofs of his munificence. He has made a donation of £5,000 to the Society of the Widows and Orphans of the Clergy at Warrington, and on Friday he gave a similar sum to the Barnes Convalescent Home. He has also given £500 to the endowment fund of the Oldham Infirmary, and £500 towards the expenses of paying the Oldham Blue Coat School play ground. At a meeting in Manchester on Friday it was announced that Miss Brackenbury had given £10,000 to be devoted to the establishment of a School of Medicine in that locality.

Adulteration of Food and Drugs Bill.

The Committee on the Adulteration of Food, Drugs, &c., Bill, has been deferred till Wednesday, the 15th of May.

The University of Strasbourg was opened under German rule on the 1st of May.

Yellow fever has broken out at Montevideo.

Cerebro-spinal meningitis continues severe at New York. It also prevails in Germany, and a case is said to have occurred in London.

The birth-rate in England last quarter was below the usual average.

There are indications in the opinion of some of an approach of cholera.

The subject of aneurism has lately been prominently brought forward at several of the London societies.

The Medical Society of London closed its session on Monday with the oration by Mr. Gant, after which there was a conversazione.

Miss Jex-Blake's lecture is the occasion of a moderate article on the Medical education of women in the *Lancet*. She may exclaim *veni, vidi, vici*.

It is believed that means may even yet be found to bring the London University and the Apothecaries' Society into the conjoint scheme for England.

There will be an election for three seats in the Council of the London College of Surgeons this year. Messrs. Curling and Hancock are eligible and will probably be re-elected.

The next examination for the London Society of Apothecaries' annual prizes in Botany will be held on the 19th June next. The prizes consist of a gold medal and a silver medal with a book.

Viscount Middleton has consented to take the chair at the Biennial Festival of the Royal Benevolent College, which will be held at Willis's Rooms. Dinner will be on table at half-past six o'clock.

Dr. Aveling has contributed to a contemporary some notes on *post-mortem* delivery, but does not seem to have considered the correspondence lately carried on in our columns on the subject.

We regret to hear that Dr. Alfred Carpenter's services as Medical officer have been lost by Croydon.

The death of Mr. Thomas Bickerton, F.R.C.S., is severely felt at Liverpool where he was highly esteemed for his skill and kindliness. He died from acute synovitis.

Dr. Arthur Gamgee, Lecturer on Physiology in the Edinburgh Medical School, has been appointed Examiner in Forensic Medicine in the University of London.

The Summer Session of the University of Edinburgh commenced on Wednesday.

By the will of the late Mrs. Mary Baker, of Millbrook, Winchester, the Royal South Hants Infirmary becomes entitled to a bequest of £2,000, and the City of London Hospital for Diseases of the Chest to £500.

The sewage question is attracting great attention in many directions. The reports issued originally in these columns, and now reprinted with Dr. Letheby's analyses, contain the fullest information, and should be read by all interested in the subject.

The annual exhibition of the Royal Academy was opened on Monday. There is a picture by Sir H. Thompson, and one by Mr. Propert. There is a fine portrait of Sir J. Paget by Millais, one of Prof. Sharkey by Knight, and one of Prof. Erasmus Wilson by Pearce. In the sculpture gallery are busts of Mr. Louth, Dr. Lockhart Clark, and Dr. Greenhow.

Mr. Humphrey Nicholls, of Manchester, whose munificence to Medical charities has often been chronicled in these columns has just presented £5,000 each to the Salford Dispensary and the Barnes Convalescent Home. The latter through Mr. Robert Gladstone who, we regret to record, was seized with a fit on Friday last and died in the course of a few minutes.

We are glad to see that the fund being raised for Mr. Baker-Brown is making progress. After a brilliant career this splendid operator has become paralysed, and the fund is being raised to relieve his pecuniary distress. So at least we gather from our contemporaries to whom it seems the treasurers (Dr. F. Winslow and C. Cogswell) confine the information they have to give. We are, however, glad to hear of help being forthcoming for the ovariotomist who, at one time, had little reason to be grateful to *some* who now seem ready to aid him.

Foreign Medical Literature.

HOSPITAL OF ST. JEAN, BRUSSELS.

Clinical Practice of M. le Prof. Crocq.

Poisoning by Phosphorus—Analysis and Appreciation of Lesions produced by this Poison—Mode of Action of Phosphorus on the Organism and its consequences.

Observation presented to the Société Anatomo-Pathologique of Brussels, by M. Ernest Lambert, Interne.

(Translated from the *Presse Medicale Belge* for the Med. Press and Circular by A. Vickery.)

Therese Nicaise, a domestic servant, æt. 23, entered the ward of M. Crocq, January 1st, 1872. She said that she had drank the phosphorus of an entire box of matches diluted in an infusion of coffee.

On her entry into the hospital, a short time after having taken the poison, an emetic was immediately administered, which made her vomit excessively; she afterwards took lime-water. The next day she was, apparently, in a sufficiently satisfactory condition, complaining only of sharp pains in the epigastrium; she said that she had menstruated fifteen days before the poisoning. On the third day, same state as the second; died the following morning. At the *post-mortem*, the vascular system was found filled with blood in clots, in great measure, blackish and soft. There were present numerous and large ecchymoses in the sub-pleural cellular tissue, all along the vertebral column and on the walls of the thorax. Petechiæ were present in the lungs and heart, and subperitoneal ecchymoses very numerous and extensive, extremely pronounced in the mesentery and great epiploon.

The liver was of a pale yellow, well marked on the exterior as on the interior; it is filled with blood, pale, diffient, and neutral to turmeric paper; it weighs 1,900 grammes (rather more than 4 lbs).

The kidneys were consistent, yellowish, slightly red; the cortical substance very finely granulated. The blood which it contained resembled that of the liver, but was still more pale. A kidney weighed 200 grammes (rather more than 7 ounces). The heart was not friable, but its muscular tissue was marbled of a yellowish tint, more especially in the sub-pericardial region; the muscular tissue of the right heart was yellowish and evidently fatty.

The uterus was normal, it contained a little blood in its y.

At the opening of the cranium we found a large quantity of serum. The brain was slightly injected, the encephalic serum alkaline. The blood of the organism presented also an alkaline reaction.

The stomach and intestines are normal; numerous ecchymoses are remarked in the sub-peritoneal cellular tissue the entire length of the mesenteric attachment. There was present enteritis of the ileum.

The urine was slightly acid and dark, very albuminous, and lastly, it gave by the addition of nitric acid, a whitish precipitate, flocculent and very abundant. The same reaction is obtained by simply heating the urine. On heating and adding a solution of potash no precipitation takes place, but this appears immediately on the addition of acetic acid. On being treated with concentrated alcohol, even in excess, there appeared a simple hazy whiteness which was precipitated very slowly, and after twenty-four hours the precipitate obtained is complete, but it is less abundant than that produced by nitric acid, or heat, it is the same with chloroform. These two reagents are then powerless to coagulate and to precipitate completely the albumen from these solutions. Various incisions made into the limbs demonstrate the existence of numerous ecchymoses in the cellular tissue surrounding the vessels. These ecchymoses are found equally in the tunic of the aorta. The diaphragm presents a yellowish colouration, the other muscles are of the normal colour. The examination of the various organs proves, consequently, that phosphorus does not act as a destructive agent in the organism, as the alimentary canal presents no lesion of this kind.

This poison acts then by absorption. Absorption only can explain a death so sudden. For the rest, the presence of the numerous ecchymoses speaks in favour of this theory; phosphorus determines probably the degeneration of the vascular walls and hence death, by acting, perhaps, in the same way as the morbid principle of scurvy or purpura, as M. Crocq has remarked. This toxic agent, I have already said, determined, in this patient, albuminuria, a complication which is due, without doubt, to the degeneration of the capillaries of the kidneys. This consideration strengthens the parallel which I have just established between the pathological lesions of poisoning by phosphorus and those of scurvy and purpura; since in both of these maladies we generally find albumen in the urine. It is proved in all cases which produce, under the influence of this toxic agent, an alteration of the blood, but what is the nature of this alteration? We encounter here a great divergence of opinion. Thus, MM. Munck and Leyden, launching out into the field of hypotheses, see in it a profound modification of the globules of the blood. Others attribute the poisonous action of phosphorus to a simple de-oxidation of the blood. For myself, I share this last opinion, and I believe that phosphorus owes its toxic properties above all to the rapidity with which it absorbs oxygen, after having passed into the circulation. Following this, it would commence very quickly to de-oxidise the tissues and this would be the starting point of the fatty degeneration of the vascular walls, the heart, and other organs; in fact, if the albuminous substances of the economy suffer, by whatever cause, an arrest in their work of oxidation, or a de-oxidation, they will be transformed into fat and not into fibrin.

After having spoken of the probable mode of action of phosphorus in poisoning by this agent, I take, Messieurs the liberty of saying a few words respecting the state in which this poison is found in the economy after absorption. I will say, to begin with, that the neutral or alkaline reaction which all the tissues and liquids examined present to tournesol paper, excludes evidently the existence of this metalloid in the state of phosphoric acid, and thus overturns the theory of Orfila afterwards sustained by Hunefeld, Weigel, and Oppolzer, and in later times by MM. Munck and Leyden. For the rest it would be difficult to explain the rapidity of de-oxidation in the liquids even of the economy. Under what state does this agent pass into the torrent of the circulation? For my part, I believe that it passes in the state of phosphorus, and the opinion of Hauseman and of Wohl appears to me the most probable. What inspires me with this idea is, firstly, the neutral reaction of the liver tissue and the alkalinity of the liquids contained in the pleura, the meninges of the brain, and secondly, the slight effect in its treatment of lime water, which, in virtue of its great affinity for phosphoric acid should necessarily be able to neutralise and rapidly to annul its effects. This poison had not, in fact, determined any lesion before its absorption which could cause death, as the state of the alimentary canal proves. These two considerations make me then consider that phosphorus thus absorbed is not transformed into phosphoric acid. On the other side, we see the essence of turpentine enjoy a remarkable efficacity, as an antidote of this kind of poisoning, as M. Rommelaere has proved in a recent publication which he has written on this subject. As to the mode of action of the essence of turpentine in presence of phosphorus, it is not certainly, as this interesting pamphlet teaches us, in its simply dissolvent action that its efficacity is to be sought. In fact, a further solution of the phosphorus would only render it more absorbable and consequently more poisonous. There is evidently an insoluble compound established between these two agents; it proves, as M. Rommelaere has remarked, that the solutions of phosphorus in water, ether, fat, &c., produce poisonous effects as marked as those of phosphorus itself.

This idea, put forward by M. Rommelaere, of the evident production of a special chemical combination by the essence of turpentine in presence of phosphorus has just been chemically confirmed by the works recently published in Germany on this subject. These state that Köhler and Schimpff have demonstrated by experiments made on animals the real antidotal effects of turpentine. According to the same authors, the efficacity of this treatment would be due to an insoluble compound of phosphorus with the essence of turpentine presenting itself under the form of a mass analogous to spermaceti. It is necessary to remark at the same time that this compound would not be formed by dissolving phosphorus in the essence of turpentine chemically pure. It is this which has led Dr. Vetter, of Dresden, to distinguish three kinds of essential oils of turpentine, oil chemically pure, French oil and German oil; he concludes from his experiments, that that of France is the best antidote to phosphorus. At the same time, I am far from denying the existence of all trace of phosphoric acid in the economy in poisoning by phosphorus. Indeed, we find, in poisoning by phosphoric acid, symptoms analogous to those in poisoning by phosphorus in nature. I have seen two examples and under the following circumstances: The Germans have praised very highly the efficacity of phosphoric acid administered in lemonade, in typhoid fever, and they pretend to restore to the nervous system by this means, the phosphorus which the system has lost under the influence of this malady. M. Jacobs made trial of it at the hospital on a certain number of patients, after some days of its employment two among them complained of violent colic, and presented, in a word, the symptoms of the commencement of phosphoric poisoning, phenomena which disappeared rapidly on the cessation of this medicine. There was no alteration of the red globules of the blood, and this again speaks against the theory of M. Munck.

By the request of M. Rommelaere, I have examined by the microscope the tissue of the liver and heart, in order to know if they were really fatty. The heart presented a great quantity of fatty granulations in the muscular canaliculi themselves, this is fatty degeneration of the second degree. The liver cells were very much altered, going plainly to destruction. This again contained at the same time a great quantity of fat.

M. Crocq speaks of having found the same lesions, and besides he has examined the peripheral muscles, where he has found also a certain degree of fatty degeneration, but much less advanced than in the tissue of the heart.

Reflections—An interesting discussion followed the reading of the work of M. Lambert. We report only the most prominent facts.

Reviewing the particulars of this observation, M. Rommelaere remarked, to commence, that this was a new failure of the treatment by alkalies of phosphoric poisoning. Recalling the fact that the globules of the blood were found normal, he stated the importance of this fact against the theories of Munck and Leyden, who saw in the mode of action of phosphorus a profound alteration of the elements of the blood.

Another important lesion which has been stated to exist in these cases is very pronounced leuco-cythemia.

Where, indeed, under the field of the microscope, in a normal condition, should be seen 4 or 5 white globules, there are found 150 to 200.

The enteritis which has been observed is also very important to note; this is the second time that this lesion has been seen at the *post-mortem* of individuals who have succumbed to the poison of phosphorus.

M. Rommelaere believes that the poison penetrates into the economy in the state of phosphorus. If, he says, it acts by absorbing the oxygen of the economy, we should necessarily observe the entire phenomena of asphyxia, such as we meet, for example, in black variola, whilst in phosphoric poisoning it is not so.

The ultimate lesion exercised by phosphorus on the blood is not completely known.

M. Mahanx did not believe in the action of oxygen on phosphorus, because if, he said, the observed phenomena of oxidation can be met with in slow poisonings, he could not explain it in rapid poisonings, in which they found nearly all the observed lesions in the present case.

The action of phosphorus is special, rapid, and its termination is fatty degeneration.

M. Mahanx has observed two very curious cases of poisoning by phosphorus. In the first case it attacked a young girl, who did not feel the first toxic effects of the poison until forty-eight hours after its injection. Terebinthine was administered, and the state of the patient improved rapidly; at the end of three days, she seemed likely to recover. Some hours after, M. Mahanx had remarked about this patient these favourable symptoms which made him hope for a rapid cure, he was recalled in all haste and found the young girl in a very grave condition; she was in a state of somnolence; the pulse small. Some hours later hæmorrhage took place from the mucous membranes. Death supervened the following morning.

Not knowing to what to attribute this fatal termination in these conditions, and recalling a case remarked by Anderson in which death had been provoked by the administration of oleum ricini, he questioned the family minutely, and learned that they had made the patient take 15 grammes of oleum ricini.

The other case of phosphoric poisoning observed by M. Mahanx is interesting from another point of view, a gentleman after having taken a strong dose of phosphorus was cured by the administration of terebinthine.

Since that this gentleman, who was of medium corpulency, has become extremely obese and that in some months.

◆

Correspondence.

ARE PATIENTS IN DELIRIUM TREMENS LUNATICS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly state in your "Answers to Correspondents," if, in a case of *pure* delirium tremens a Medical practitioner is justified in certifying that the patient is insane, and a fit person to be committed to a lunatic asylum?

Yours truly, J. G. P. G.

⁂ The reply to the question whether a case of *pure* delirium tremens (apart from "*mania a potu*") would justify Medical practitioners in certifying that the patient is insane, and a fit person to be confined in a lunatic asylum, depends much on the circumstances. Such cases are usually of very short duration, and treated either in private homes, or general hospitals. However, a patient, say without friends able or willing to provide for his case, must be protected, but it is quite to be considered if it is wise to confine him in an asylum when he is likely to be well or dead in a few days. Blandford at page 398 says: "You are not to forget, however, that it is lawful for any one to restrain a lunatic who is dangerous to himself or others, by virtue of the common law, apart from the lunacy statutes. This has been decided more than once. In Scott *v.* Wakem, an action was brought against a Medical man for placing the plaintiff under restraint while in a state of delirium tremens, and Baron Bramwell ruled that a Medical man may justify measures necessary to restrain a dangerous lunatic. The same opinion was held by Chief-Justice Cockburn, in Symm *v.* Fraser and Another, in 1863. Here Mrs. Symm, a widow, had been restrained while in a state of delirium tremens. It is done, in fact, constantly. Certificates of lunacy are not signed for patients whose malady only lasts for a few days. . . . The Chief-Justice, in the latter of these actions named, desired the jury 'to consider the case not only with reference to the interests of the individuals committed to the care of Medical men, but also with a view to their interests in another sense—taking care not to impair or neutralize the energy and usefulness of Medical assistance, by exposing Medical men unjustly to vexatious or harassing actions.'' On the other hand, so jealous of the liberty of the subject is public feeling, that in the present Parliament the House of Lords has refused a Committee to consider the proposed interference with habitual drunkards.

ELECTRICITY IN INFANTILE PARALYSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Has any one of your readers tried electricity in the treatment of "Infantile Paralysis?" If not, let him read a paper by Dr. Barswall, in the *Lancet* of 20th inst. He will there find that an infant, *four months old* when attacked, under this treatment was able, after the lapse of *seven months* —*i.e.*, when eleven months old—to "walk and run" with a "barely perceptible limp," which "bangs Banagher," as we say in Ireland, where our most precocious and healthy juveniles scarcely toddle, let alone walking or running, at that age. As the subject is curious and bordering on the miraculous, you should copy the article in question into your next number, to let your constituency see how fast John Bull can "bounce" after Cousin Jonathan in the marvellous.

Your obedient servant,

"Old Times."

Dublin, April 20, 1872.

THE RESPONSIBILITY OF MEDICAL MEN IN GRANTING CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I beg to thank you for your answer to my former inquiry in your "Notices to Correspondents," May 1. My position in the case referred to is this :—I am one of the Medical Officers of the Parochial Board here, and as such I was requested to visit a man who had been removed to the police office for violent conduct towards his mother. I found him labouring under an attack of delirium tremens, the result of hard drinking for two or three weeks. I granted a certificate that he was suffering from this disease, and recommended that the patient should be put under proper care, and Medical treatment, either at his own house, or in a hospital. I positively refused to fill up the ordinary schedule required for his removal to a lunatic asylum, not by any means on the ground that restraint was unnecessary in his case, but on the ground that the necessary restraint should have been exercised elsewhere than in a lunatic asylum. My reason for doing so is, that I make a broad distinction between the effects of delirium and those of insanity, however violent in, or unaccountable in either case the patient may be for his conduct. The patient being dangerous to those about him, my colleague in office signed the form in the schedule for the removal to the asylum, at the same time stating upon it that the patient was suffering from delirium tremens. As the signatures of two Medical men are necessary before a warrant from the sheriffs can be obtained, another practitioner, not connected with the Board, was called in, and he also signed the schedule on grounds similar to those certified to by my colleague.

I am sorry to trouble you with so long a letter, but as I have acted on the principle indicated during a long practice, and as my procedure in this matter may be brought up, not only before our local Board, but also before the Board of Supervision, as to the expense incurred on my refusal to sign, I should feel obliged by your stating, as in the cases of my former question, whether or not I was justified in acting as I did, and by your referring me to any authorities on the subject which may be known to you.

I am, Sir, your obedient servant,

J. G.

IS MADNESS CAUSED BY DRUGS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is it possible that an overdose of cantharides or other aphrodisiac drugs might cause insanity or paralysis? A popular prejudice exists that it does produce madness, and some cases of hemiplegia in young persons, and anomalous brain disease, seemed to me to be brought on by drugs of some kind. At least they followed upon the taking of a draught of porter, but one would expect the effect to be evanescent, and not productive of permanent organic lesions of nervous tissue, and what is the experience of your readers?

Horatio.

COLD IN HYPERPYREXIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The interesting letter of Mr. Harris in your last issue, and the fact that some time ago you laid before your readers an elaborate review of Dr. Wilson Fox's work on hyperpyrexia, induces me to send you the following extracts from a letter signed E. S., that has just been published in the *New York Medical Record.*

Dr. W. Fox does not, however, present his treatment by temperature as a remedy exclusively adapted to rheumatism, but as *the* remedy for hyperpyrexias at large. Thereupon the question suggests itself, "What will be the next move? . . ." An essay on the *Treatment of Apyrexia?* . . . Then what becomes of the innumerable diseases of modern nosographies in a therapeutic point of view? . . . Evidently the subject is too broad for the columns of a periodical.

These monographs of Dr. W. Fox deserve besides to be studied as presenting the most complete specimens of diseases and recoveries in which the thermometer almost alone has done all the work of clinic and therapeutic, and the strongest practical indication of the revolution clearly expressed in the book on *Medical Temperature,* by C. A. Wunderlich and E. Seguin (page 238), "Thermometry will soon rule, not only diagnosis, but pathology and therapeutics." To consider a single fact in this prospective revolution, it is interesting to see how Dr. W. Fox advocates and systematizes the use of water—not as water or as one of the *pathies,* but as a carrier of measurable or *dosable* temperature, acting physiologically in virtue of physical laws.

To render general this application of water, Dr. W. Fox insists upon the introduction in the wards of hospitals of movable bath-tubs, in which the patient could go, or be immersed as near as possible from his own bed. This happy suggestion recalls to mind a mode of bathing patients which ought not to have been forgotten.

"*Les bains sans baignoire,*" was the title of a little pamphlet handed to me, in the summer of 1835 or '36, by a gaunt and weatherbeaten Swiss physician during my introductory visit to him in a meagre lodging of the *Quartier Latin.* He was wrapped in one of those broad blue cloaks in which the Old Guard are represented falling at Waterloo. Under this historical garment he was taking his *bains sans baignoire* in a double habit of flannel and water-proof. He never took any other, enjoying them especially when going on horse-back to visit his patients, several miles away ; and the three hundred and odd patients of his hospital used the same bathing apparel for many years, and liked it very much : indeed, there was not a single bath-tub in the hospital of Lauzanne.

For mine host was HE of whom it has been said :—"There are two systems of surgical deligation, the one handed to us under the name of Hippocrates, the other Mayor's." He had come down to Paris to have one of his free fights upon his proposed improvements with the old fogies of the Academy of Medicine, too numerous to mention : This was Mathias Mayor's yearly recreation.

Now it seems to me that this forgotten *bains sans baignoire* would be just the thing which, with slight modifications, would render easy in hospitals, and popular among the middle classes the treatment of hyperpyrexia by *medical temperatures,* not only in public institutions, boarding-schools, naval, military, industrial, and scientific expeditions, &c., but in the homes of the many who have no bathing facilities. The apparel would consist of a light stand, like the foot-step used in a library, upon which could be set a covered reservoir of a few gallons, having inserted in one of its sides a rib of glass, showing the level of the liquid, and an ordinary thermometer to regulate the temperature of the latter. Hence, one pipe or more would let down water into the bathing-dress.

This dress—which entirely enrobes the patient, even if need be his head and some parts of his face—is double, of thick flannel against the skin, and of vulcanized cloth outside. It also opens in the centre, like a pouch, to permit the insertion of the medical thermometer in one of the natural cavities, at various points to admit the water from the reservoir, and at the feet and other declive parts to give issue to the liquid into covered receivers below.

This bathing dress could be made as stout or as light as desirable; it could be so adjusted as to hardly hold two quarts of water, pure or medicated ; mathematically warm or cold as per thermometer ; stagnant around the body or streaming along it. It could be worn for hours, or days, in bed by the paralytic and rheumatic patients, or in the room, even in the open air by those who need at the same time bathing and exercise. There are many other advantages of this bathing-dress too obvious to need mentioning.

Obituary.

DR. THOMAS EDWARD BEATTY, OF DUBLIN.

The Profession in Ireland, notably his fellow practitioners in his own city and those associated with him in practice and social intercourse from day to day, are, as we write, very deeply moved with a sorrowful recollection of the personal qualities and professional attributes of the friend and brother who, since this day week, has passed from amongst them. Seldom, indeed, has any man endeared himself to the friendship of every man who knew him, or commanded the respect of those whose association with him was purely professional, as did Dr. Beatty. Seldom have deep knowledge and great experience been conjoined to geniality and large-heartedness such as he professed, and seldom has there lived among us a man towards whom the scientific thinker, the ardent politician, and the jovial friend, have vied with each other in admiration and affection. Our Profession boasts, we fear, but few who possess as he did the happy quality which enabled him to temper professional and political independence of mind with an irresistible quality of mind. Dr. Beatty entered his profession in the year 1821, and from that day his progress into professional rank and personal regard has been uninterrupted. Having filled the office of master of the South-Eastern Lying-in Hospital, he passed successively to the Professoriates of Medical Jurisprudence and of Midwifery in the Royal College of Surgeons. From the well-merited presidency of that body he stepped with acclamation to the chief seat in the College of Physicians, in the counsels of which corporation he held a trusted part until the day of his death. On last Friday week he was present at a meeting of the Surgical Society of Ireland where he spoke on the subject of cellulitis of the head and neck. On that evening he caught a cold which located itself in the cellular tissues about the jaw, and in connexion with which a tooth was extracted. Unhappily, without result in allaying the inflammation, which rapidly increased, until, on Saturday morning, he breathed his last. The funeral on Tuesday was an imposing and honourable demonstration of the heartfelt sorrow which has fallen not only on the Profession but the public in Ireland—a token of the regret which will long outlive the recollection of the pageant, or of this imperfect tribute to the dead.

FUNERAL OF DR. JAMES HALL PARK, BROUGHTY FERRY.

Last week Dr. Park's remains were interred in the cemetery at Barnhill. The funeral was intended to be quite private, only a few near friends being invited; but in addition to all the doctors in the village and the clergymen of the Free Church, the officers of the 3rd Forfarshire Volunteer Artillery, of which Dr. Park was surgeon, kindly expressed a wish to be present. A detachment of Volunteer Artillery in uniform, along with a few of the Coast Brigade of the Royal Artillery, followed, therefore, immediately after the hearse. We may mention that Dr. Park, after studying at the High School of Edinburgh, entered the University, and passing successfully through all the Medical classes, took his degree of M.D. and L.R.C.S.E. in 1857. In 1855, being in the last year of his Medical studies, in compliance with a request from the Government, backed by the strong recommendation of Dr. Miller, at that time Professor of Surgery, he, along with some other Medical students, volunteered to serve as hospital dressers in the war that was then waged with Russia. Accordingly he joined the fleet that proceeded to the Baltic under the command of Admiral Dundas, and was present in the "Pembroke" hospital ship at most of the naval engagements that season, for which services he obtained a medal. After graduating the following year, he was preparing to enter the navy, for which the Government offered inducements to those youths who had already served their country, when a circumstance occurred which entirely changed his prospects in life. Some severe cases of typhus fever broke out in Broughty Ferry, and the two senior physicians, Drs. Gordon and Henderson, in the exercise of duty, caught the infection. At the request of the late Dr. Langlands, brother-in-law of Dr. Gordon, Dr. Park generously consented to take Dr. Gordon's practice, pending the fever. but both these physicians succumbed to the disease. At the request of many, Dr. Park consented to commence practice in Broughty Ferry, and was soon thereafter appointed physician to the Monifieth Parochial Board and surgeon to the garrison at Broughty Castle. The effects of a severe cold caught nearly seven years ago never left him, and he passed the winter of 1870-1 at Bournemouth. He returned in June last year with little or no abatement of his disease, and in the autumn went out to Calcutta. He returned in the beginning of March much worse, a new form of disease having set in, and exactly seven weeks after he passed away. "During the latter days of his life, though frequently severely tossed with affliction, he retained his intellectual strength, and was able to prescribe for himself to the last. His kind friends, Dr. Begbie, of Edinburgh, and Dr. Nimmo, of Dundee, and his assistant, Mr. G. Stewart, saw his case was hopeless, and he met their decision with the calmest fortitude. He delighted much in Christian conversation with his family and a very few good friends. His faith never faltered; and after a short sleep, out of which he gently wakened, and opened his eyes as if to bid his weeping relations a last adieu, he calmly resigned his soul to the safety of that Saviour whom he dearly loved on earth, and who did not forsake him when passing through the dark valley. He has left a widow and five children."

Medical News.

Royal College of Surgeons of England.—At a meeting of the Court of Examiners on Tuesday the 30th ult., the following gentlemen passed the required examinations for the diploma, and were admitted members of the College—viz., Messrs. Robert Huntriss Hutchings, L.R.C.P. Edinburgh, of Southsea, Hants; Francis James Wright, M.B. and M.C. Aberdeen, of Preston, Lancashire; Charles Wallace Drew, of Exeter; Septimus Jesse Goldsmith, of Brixton, Surrey; William Thomson, M.B. Edinburg, of Charles Street, W.; Alfred Samuel Newman, of Birmingham; Blaise Bernard Floyer, L.S.A., of Floore, Northamptonshire; Philip Addis, of Gloucester Crescent, Regent's Park; Arthur Henry Laver, of Rayleigh, Essex; William Edmund Parkes, L.S.A., of Birmingham; George Cleghorn, of Calcutta; James Ritchie, of Thornhill Cresent, N.W.; Aurelius Victor Maybury, of Frimley, Surrey; Arthur Stopford Underhill, M.B. Dublin, of Tipton, Staffordshire; Alfred Lewis Galabin, of Camberwell Grove, S.E.; Rupert Cecil Chicken, of Nottingham; and John Andrew Bailey, of Bushey, near Watford. Seven other candidates were examined, but were not approved. At a Court, on Wednesday the 1st inst., the following were admitted members of the College—viz., Messrs. Alfred Ernest Cave, L.S.A., of Newport, Isle of Wight; Walter Edward Hacon, of Mare Street, Hackney, E.; Hugh Pugh James Price, L.S.A., of Dowlais, Glamorganshire; Sydney Morris, of Hayes, near Bromley, Kent; Benjamin Harvey Williams, Haverfordwest, Pembrokeshire; Francis Henry Thompson, L.S.A., of Tenbury, Worcestershire; John Francis Dixon, of Bournemouth, Hants; Charles Knot, of Portsmouth; James Chilcot, L.S.A., of Southsea, Hants; Matthias Groves, of Weymouth; Robert Launcelot Sparrow, of Dublin; Robert Zaccheus Pitts, L.S.A., of Hingham, Norfolk; William Thomas Hawthorn, L.S.A., of Uttoxeter, Staffordshire; James Pimlott Oates, L.S.A., of Stourbridge, Worcestershire; Edward Roberson, of Tytherington, Gloucestershire; and

George Anderson Chritchett, of Harley Street, London. Nine other candidates were examined, but were not approved. The following passed on the 2nd inst., viz. :—Messrs. George Albert Dundas, L.R.C.P. Lond., St. George's Road, S.E. ; Joseph Kindon, L.S.A., Croydon ; and James M'Cammon, M.D. Canada, Kingston, Canada—students of Guy's Hospital ; Alfred Baldock, L.S.A., Upper Holloway ; John D. Harris, L.S.A., Exeter ; and Abiathar Wall, L.S.A., Bayswater, of St. Bartholomew's Hospital ; and George Haynes Fosbroke, L.S.A., Bidford, Redditch, of the Westminster Hospital. Of the fifty-eight candidates examined in the three days, eighteen failed to acquit themselves to the satisfaction of the Court of Examiners, and were referred to their hospital studies for six months, and five candidates passed the examinations in surgery, who, when qualified in medicine, will be admitted members of the college.

Kicked to Death in a Lunatic Asylum.—Dr. Hardwicke held an inquiry last week at Colney Hatch into the circumstances attending the death of a lunatic patient named Sarah Monk, aged about eighty years. The evidence of Elizabeth Cook and two other nurses showed that about eight o'clock on Tuesday morning last the deceased, who was in No. 23 Ward, was knocked off a chair and severely kicked by a patient named Bigmore. The deceased was put to bed, and the fact mentioned to Dr. Marshall, at his early visit, about eleven o'clock. Dr. Monks saw her, after which she was removed to the infirmary. A fortnight before this occasion deceased had received a blow. When patients knock one another about, or were refractory, they were placed in separate rooms. There were thirty-eight patients in this ward, with three nurses to look after them. Mr. T. A. Monks, M.R.C.S., assistant Medical officer, said his attention was called to the deceased about 11 a.m. on Tuesday (he was then going his usual rounds) ; she was in bed, and appeared in a low state ; he examined her and found she was considerably bruised, her face and neck were injured and ribs fractured ; he applied the usual bandages, and she was afterwards sent into the infirmary. In reply to coroner and jury, Dr. Marshall said there was not a strait-waistcoat in the asylum. Violent patients were separated, placed in padded rooms or shifted from ward to ward. Orders were given to the nurses not to kneel on violent patients, but to call for assistance and get them into a separate room. Deceased was quite blind and was a violent patient. Jane Bigmore, who inflicted the injuries, had been in the asylum since 1851, and was very violent and sudden in her attacks. The fracture of the ribs was caused by kicks. It was not usual to leave a patient three hours before examination. Cases of bruises were reported every night and severe wounds immediately. The nurses sit in separate parts of the ward. The shoes worn by the woman Bigmore were produced ; they were strong leather shoes with very thick soles. The jury having inspected the ward and arrangements for refractory patients, saw the woman Bigmore, who appeared in a sullen mood, and when questioned by Dr. Marshall did not seem to recollect ill-using the deceased. On returning to the inquest room, and after a long conversation, the following verdict was agreed to :—"That deceased expired from fracture of ribs and shock to the system, accelerated by an effusion of serum into the chest, after kicks and ill-usage from one Jane Bigmore, a lunatic patient."

A Man with a Watch-key in his Lungs.—The Hartford *Times* has the following :—"Mr. Eli Hempsted died a short time since in Newhaven from a most singular cause. Some years ago he was attacked with insanity and was sent to the Insane Retreat in this city. While there he pushed a watch-key up his nose, and, after his recovery, informed his physician what he had done. An effort was made to get it out, without success. He left the Retreat, and nothing further was done to remove the article, though he occasionally spoke of feeling it. In a year or two he was attacked with a sharp pain at the lower part of the right lung. He suffered from it for some time, when it passed away, and for two years he enjoyed good health. A few weeks ago he went to Newhaven with an invoice of produce, and, while engaged in lifting barrels, was again attacked with pain and bleeding from the lungs. He was taken to his father's house, where, in a few days, he died. His case was so singular that the physicians made a *post-mortem* examination, when they found the key embedded in the lower part of the lung and surrounded by a lump in a state of mortification. The key had dropped out of the nose through the windpipe into the lung, and had remained there over four years.

Medical Society of London.—The Annual Oration and *conversazione* in connection with this Society took place on Monday evening in the rooms of the Architectural Society, under the presidency of Mr. Thomas Bryant, F.R.C.S. The oration, the subject of which was "Modern Surgery as a Science and an Art," was delivered by Mr. T. J. Gant, F.R.C.S., and was listened to and appreciated by a large assemblage, at the end of which Mr. Gant received the congratulations of his *confrères*.

◆

NOTICES TO CORRESPONDENTS.

IMPORTANT NOTICE.—"STUDENTS' COLUMN."

In our next number will be commenced a series of articles by W. Handsel Griffiths, Ph.D., L.R.C.P.Ed., &c. This series will commence with a "Synoptical Review of the Officinal Compounds of the British Pharmacopœia." For the future, as often as our space will allow, we shall devote a column to articles chiefly interesting to students, to be called the "Students' Column." To which we invite the contributions of professors, teachers, and others interested in the advancement of students in medicine, surgery, and other allied sciences.

⁂ The first number of the series is in type, and would have appeared in this number, but the author's corrected proof had not arrived at the time of going to press.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials,* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE INTERCHANGE OF IDEAS IN MATTERS MEDICAL.

Albert A. Tindall, Esq.,

Dear Sir,—Many thanks for the copies of your excellent Medical Press and Circular. I cannot but think that a more frequent interchange of ideas evolved in English-speaking observers by examination of health and disease, as modified by local varieties of climate, civilization, and national temperament, must prove advantageous to each party in the intellectual traffic.

Very respectfully
Yours, &c.,
Jos. G. Richardson, M.D.

Philadelphia, April 22nd, 1872.

⁂ We perfectly agree with the remarks of our Correspondent, and shall at all times be glad to hear from him.—Ed.

Physiologist.—Our Food Reports will be continued in our next, if space permits.

Communications, Enclosures, &c., have been received from:—Sir Ranald Martin, London. Dr. Leonard Sedgwick, London. Dr. Damon, Boston. Mr. R. Hanslip Sers, Nottingham. Mr. Byron Booth, Chorley. Dr. J. Murray, London. The Secretary of the Society for Relief of Widows and Orphans of Medical Men. Mr. Gant, London. Dr. Klein, Fulham. Dr. Drysdale, Liverpool. Dr. McGrigor Croft, St. John's Wood. Dr. Handsel Griffiths, Dublin. Surgeon McGann, Mysore, India. Dr. J. G. Richardson, Philadelphia. Dr. Reeve, Toronto. Dr. Aveling, London. Dr. Oldright, Ontario. Mr. T. Parkinson, Burnley. Dr. G. L. Thomson, East Woodhay. Dr. Gay, Buffalo. Dr. Johnson, Bayswater. Dr. Ewing Whittle, Liverpool. Professor Gairdner, Glasgow. Mr. Milton, London. Dr. Maul. Southampton. Dr. Wickham, Tetbury. The Secretary of the Medical Society of London. Dr. Hy. Lonsdale, Carlisle. Mr. Pennefather, London. M. J. Dumaine, Paris. Mr. Tegg, London. Mr. Harben, London. Dr. Handsel Griffiths, Dublin. The Secretary of the Apothecaries' Company. Dr. Stuart, Newcastle. Dr. Whittington, Tuxford. Dr. Drysdale, London. Dr. Fowler, Brighton. Dr. Syson, Salford. Mr. Wotherspoon, Paisley. Mr. Green. Mr. Davenport. Gamma. The Baron Despine, Aix-en-Savoie. Professor Holme Nicholson, Manchester. Dr. Quain, London. Dr. R. Walker, St. Andrew's University. Dr. Grieve, Port Glasgow. Dr. Woodward, Worcester. Dr. Mitchell, Dawlish. Dr. Kelly, Glenties. Dr. Hartland, Villierstown. Dr. McEvoy, Rathcoole. Dr. Halahan, Dublin. Dr. Darcus, Londonderry. Dr. Fry, Boyle. Dr. O'Sullivan, Boherbay. Dr. Woods, Scotstown. Dr. Carre, Letterkenny. Dr. Drysdale, London. Dr. Davison, Dromara. Dr. Green, Kilmacthomas. Dr. Quinan, Dublin, Dr. Blackett, Wangford.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Principal Varieties of Pulmonary Consumption. By R. Douglas Powell, M.D. London: H. K. Lewis.

Lecture Notes for Chemical Students. 2nd Edition. Vol. II. By E. Frankland, F.R.S. London: J. Van Voorst.

Notes on Hospital Administration. By A. C. Pope, M.R.C.S.

The Tendency of Disease to Cause Disease. By W. H. Spencer, M.A., M.B.

Three pamphlets by Dr. J. G. Richardson, of Philadelphia:—

"On Certain Human Parasitic Fungi, and their Relation to Disease."

"A Lecture on Pathological Anatomy."

"Detection of Pulmonary Elastic Tissue in the Sputum of Phthisis."

The Practitioner; Le Lyon Médical; Le Bordeaux Médical; The Western Medical Advance; Monthly Microscopic Journal; Hardwicke's Science Gossip; Allgemeine Wiener Medizinische Zeitung; British Journal of Dental Science; The Pacific Medical Journal.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, May 8.—Epidemiological Society, 8 p.m. "The Influence of Fever in Checking the Advance of Cholera," by Mr. Lawson, President.

Thursday, May 9.—Royal Institution, 3 p.m. Prof. Tyndall, "On Heat and Light."

Friday, May 10.—Clinical Society of London, 8½ p.m. Dr. Burney Yeo, "On a Case of Paralysis of the Senses of Smell and Taste following Concussion of the Brain."—Dr. Greenhow, "On a Case of Progressive Muscular Atrophy."—Dr. Baumler, "On a Case of Enteritis."—Dr. Broadbent: "Left Hemiplegia with Convulsions and Coma."

Royal Institution, 9 p.m. Mr. Nevil Story-Maskelyne, "On Meteoric Stones."

Saturday, May 11.—Royal Institution, 3 p.m. Mr. R. A. Proctor, "On the Star-Depths."

Tuesday, May 14.—Royal Medico-Chirurgical, 8 30 p.m. Ordinary.

Royal Institution, 3 p.m. Mr. Edward B. Tylor, "On the Development of Belief and Custom amongst the Lower Races of Mankind."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, May 8.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, May 9.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, May 10.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, May 11.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, May 13.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's osHpital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, May 14.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Allen, P. J., L.K.Q.C.P.I., Medical Officer for the Johnstown Dispensary District of the Edenderry Union, King's County.

Beddard, J., M.B., F.R.C.S., Surgeon to the Nottingham Infirmary.

Bernard, G., M.D., Assistant to the extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

Birch, R., L.S.A., House-Physician to King's College Hospital.

Burgess, W. F. R., M.B., M.R.C.S.E., Resident Medical Student to the Bethlem Royal Hospital for Lunatics.

Dudley, W. H., M.R.C.S.E., House-Surgeon and Secretary to the Staffordshire General Infirmary, Stafford.

Elliott, Dr. W. H., Medical Officer for the Coolock and Drumcondra Dispensary District of the North Dublin Union.

Giffard, D. W., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

M'Guire, E., B.A., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary at Cong and Cross East.

Oldham, C. J., F.R.C.S.E., an Assistant-Surgeon to the Central London Ophthalmic Hospital.

Rose, W., M.R.C.S.E., House-Surgeon to King's College Hospital.

Scott, J. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Second Division and the Workhouse of the Newent Union.

Smith, W. A., M.R.C.S.E., Hon. Consulting Surgeon to the Bournemouth General Dispensary.

◆

Marriages.

Woodward—Roper.—On the 25th April, at Coolock, Co. Dublin, Walter B. Woodward, L.K.Q.C.P.I., to Charlotte, daughter of the late Charles Roper, Esq.

◆

Deaths.

Brown.—On the 2nd May, at Malvern (run over by a train), James Lundin Brown, M.D., aged 44.

Crouch.—On the 18th April, at Chippenham, Wilts, John Crouch, L.R.C.P.Ed., F.R.C.S., aged 62.

Done.—On the 25th April, J. Done, M.R.C.S.E., of Bradford Street, Manchester, aged 44.

Douglas.—On the 24th April, at Forest Hill, Wm. Douglas, L.F.P. & S. Glas., of Troon, aged 30.

Haldan.—On the 23rd April, J. C. Haldan, F.R.C.S.Ed., of Ayr, aged 63.

Odling.—On the 26th April, at Worthing, G. Odling, M.R.C.S.E., of Sydenham Road, Croydon, aged 77.

Norris.—On the 26th April, at Brierley Hill (of cancer), W. Lascells Norris, M.R.C.S.E., aged 46.

Spencer.—On the 1st May, at his residence, Winckley Square, Preston, Lancashire, Lawrence Catlow Spencer, M.D., J.P., in the 62nd year of his age.

Waddy.—On the 28th April, J. M. Waddy, M.D., of Handsworth, Birmingham, aged 69.

Advertisements.

THE LEDWICH SCHOOL OF MEDICINE,
PETER STREE.

SUMMER SESSION, 1872.

The SUMMER SESSION has commenced in this Institution with the following Courses of LECTURES, delivered daily in the Theatre:—

Chemistry, Practical	Dr. Cameron.
Midwifery Theoretical	Dr. Ringland.
Materia Medica	Dr. McDowell.
Forensic Medicine	Dr. Travers.
Botany	Dr. Maunsell.

Further particulars may be learned from any of the Lecturers, or from the Secretary,

EDWARD LEDWICH.

7 Harcourt Street, Dublin.

CARMICHAEL SCHOOL OF MEDICNE.
NORTH BRUNSWICK STREET.
THE SUMMER SESSION
Will commence on WEDNESDAY, APRIL 29th, 1872

Practical Chemistry—Dr. Campbell—Tuesday, Thursday, and Saturday, Twelve to One o'cloch.

Materia Medica—Dr. Frazer—Monday, Wednesday, and Friday, Twelve to One o'clock.

Medical Jurisprudence—Dr. O'Reilly—Monday, Wednesday, and Friday, One to Two o'clock.

Botany—Dr. Blakeley—Tuesday, Thursday, and Saturday, One to Two o'clock.

Fee for each of the above Courses, £3 3s.

CARMICHEL MEDALS AND PRIZES
Will be awarded in each of the SUMMER CLASSES.

For particulars apply to Dr. Corley, Registrar, 30 Lower Baggot Street, Dublin, or at the School.

For Sale,

A MEDICAL PRACTICE IN SOMERSETSHIRE, producing about £200 per annum, which may be increased. Terms, one year's purchase. For further particulars, address G. A., care of William Ley, Esq., Solicitor, Union Bank Chambers, Carey Street, Lincoln's Inn.

MIDLAND RAILWAY.

TOURIST ARRANGEMENTS, 1872.—Arrangements for the issue of First, Second, and Third Class Tourist Tickets, will be in force from 13th May to 31st October, 1872.

For particulars, see Time Tables and Programmes issued by the Company.

JAMES ALLPORT, General Manager.

Derby, May, 1872.

APOTHECARIES' HALL, BLACKFRIARS.—The next Examination in Arts will be held at the Hall on Friday, and Saturday, SEPTEMBER, 27th and 28th. A Syllabus of the Subjects for Examination may be had on application.

An Examination in Arts will again be held in the month of January, 1873,

R. H. ROBERTSON, Secretary to the Board.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 15, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Lectures on Dermatology. Delivered in the Royal College of Surgeons of England, in February, 1872. By Erasmus Wilson, F.R.S., Professor of Dermatology to the Royal College of Surgeons of England. Lecture VI. 421
Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. VI.—Inflammation of Arteries 425
The Questions at the Lyons Congress. By Charles R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng., Physician to the Metropolitan Free Hospital, London. I. Treatment of Syphilis. II. Causes of Depopulation in France 426
Notes on Phthisis Pulmonalis, &c. By R. Locke Johnson, late Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish Square, W. 427
The French Army Medical Service during War. By Dr. Legouest, Medicin principal, première classe, &c. (Translated, with the Author's approval, for the MEDICAL PRESS AND CIRCULAR) 428

SPECIAL REPORTS ON FOODS, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the MEDICAL PRESS AND CIRCULAR.)—Report on the Farinaceous Foods now being Advertised and largely used for Dietetic Purposes. (*Continued.*)—Densham's Farinaceous Food for Infants and Invalids.—Chapman and Co.'s Prepared Patent Entire Wheat Flour.—Hards' Food 431

HOSPITAL REPORTS.

RICHMOND SURGICAL HOSPITAL—
Cases under the care of Mr. William Stokes. (From Notes taken by Mr. William Ovenden.) — Strangulated Hernia 431

LEADING ARTICLES.

THE ORTHOPÆDIC HOSPITAL 432
WATER SUPPLY 433

NOTES ON CURRENT TOPICS.

Soothing Syrup 434
The Coming Election of Council at the Irish College of Surgeons 434
The Qualification for Surgeoncies of Irish County Infirmaries 434
Health of Dublin 435
Accidental Poisoning 435
Cold Alcoholic Test for Albumen 435
Charity Organisation Reporter 435
Value of Taraxacum 435
Castor Oil 435
The London and Dover Convalescent Home, Dover 436
The Sham Diploma Swindle 436
Precautions against Accidental Poisoning in Her Majesty's Navy 437
Naval Courts-Martial 437
Examination of Assistant-Surgeons for the Rank of Surgeon 437
Army Promotion 438
Pyæmia 438
The Late Mr. Weedon Cooke 438
Test for Arsenic in Sulphuric Acid 438
American Diplomas 438
The First Medical Journal 438
Doctors' Coachmen 438

CORRESPONDENCE.

An Old Practitioner on Laryngotomy and Tracheotomy 439
Alex. Lane, M.D., R.N., Does Disease Attack the Solids or the Fluids? 439

STUDENTS' COLUMN.

Synoptical Review of the Officinal Preparations of the British Pharmacopœia. By Handsel Griffiths, Ph.D., L.R.C.P. L.R.C.S. Edin.—1. The Dilute Acids 440

Medical News 441
Notices to Correspondents 442
Appointments 442
Marriages 443
Deaths 443

Original Communications.

LECTURES ON DERMATOLOGY.

Delivered in the Royal College of Surgeons of England, in February, 1872, by

ERASMUS WILSON, F.R.S.,

Professor of Dermatology to the Royal College of Surgeons of England.

LECTURE VI.

MR. PRESIDENT AND GENTLEMEN,—Chronic syphilis often presents itself with indications of considerable obscurity. Let me instance a typical case of common occurrence, wherein the eruption manifests the papular or tubercular form, but is even more isolated and local than the preceding. The plaster cast, No. 188, represents the lower part of the face of a hospital nurse. The whole of her visible syphilitic disease is comprehended in the small tubercular blotch situated on the chin, and two small papular tubercles on the edge of the lower lip. To the syphilologist there is a specific character in the appearance of these tubercles. The dermatologist rejects them by elimination from every other group of cutaneous disease. They had been in existence for many months; but a short course of iodide of potassium dissolved them like magic, and the skin returned to its normal state.

No. 186 is a water-colour drawing of papules of an equally prolonged period. In No. 187 the papules bear a similar character, in duration they extended to seven years; while in the wax and plaster casts, Nos. 189 and 190, the papulæ and nodulation of the thickened skin are of a chronic nature, and along the border of the ala of the nose there is evidence of ulceration.

But, at this point, in the domain of chronic syphilis, a new observation is forced upon our attention. These large papulæ sometimes heal of themselves, or more correctly, some subside and disappear, while others are in course of development and maturation. But the peculiarity of their mode of healing is, that although there has never been any breach of their surface, they leave behind them a permanent cicatrix, and sometimes a deep indentation or pitted hollow in the skin. A good illustration of this peculiar phenomenon is seen in the wax and plaster casts, Nos. 191 and 192; and in the water-colour drawing No. 193. In case 191 the eruption had been slowly travelling across the face for years, from the cheek in front of the ear to the nose, and finished by enveloping the nose. Whereas, at no time did there exist more than half a dozen tubercles at the same moment in the state of maturity. The case, No. 193, presents evidence of a somewhat similar character, for although the entire face is deformed with pits, there are only a few of the papules in the active state.

Again, transferring our investigation from the papular period as represented by the drawing No. 194, to the ulcerative period, we find in the drawings Nos. 246 and 247, a state of disease which is little more than an advanced stage of the papulous affection; there is the same circinate figure, the same serpiginous centrifugal growth, but the limb of the circle and the individual tubercles included within it are coated over, not merely by a product of abnormal nutrition, a scale of epidermis, but by a crust composed of dried secretion exuded by an ulcerated surface. The patient was a healthy-looking man, aged 42 years; for twenty years of his life he had been suffering under venereal disease, and during the latter sixteen years from constitutional syphilis. For the first eight years of the constitutional affection the eruption was non-elevated; during the next six years it was elevated and squamous; and for the last two years, serpiginous and ulcerous.

The ulceration in the preceding case was of the superficial kind; but occasionally we meet with examples in which it is deep, and sometimes of a phagedænic character. An instance of deep serpiginous ulceration partly covered by a thick brown crust and partly denuded is seen in drawings Nos. 248 and 249. Near the upper part of the cheek is a pustule indicating the formation of a new ulcer, and on the rest of the lip and on the nose a deeply pitted cicatrix marking the foregone progress of the disease. The cicatrix is most striking on the right side of the nose and adjoining part of the face, as shown in Nos. 250 and 251. The patient was twenty-five years of age; and all this mischief had occurred within two years; the ulceration on the right cheek having existed for six months.

Somewhat similar in its character to the preceding, but less actively ulcerating, of longer duration, and occurring in an older person, namely, of fifty-two years of age, is the form of disease illustrated by the model No. 252. In this model we find on the right cheek a papule similar to that with which the disease commenced; there are crusts on the ala nasi, deep cicatricial pits on various parts of the face, and a general hypertrophic swelling of the upper lip.

Another case of a similar character is represented by the drawings Nos. 253 and 254. The latter of the two drawings exhibits the great improvement which had taken place in the disease after a treatment of nineteen days, by a modification of the Zittmann cure. In the first drawing there is much inflammation, swelling, and the evidence of ulceration; while in the latter the greater part of these symptoms have disappeared.

The drawing No. 255 illustrates the serious damage capable of being effected by syphilis. The patient was a lady thirty-five years of age, and married fourteen years. Three years after marriage she became the victim of syphilis; and three years back the syphilis assumed the form of abscess and ulceration. Unlike the examples of centrifugal serpiginous growth, which heretofore we have had the opportunity of investigating, the ulceration in the present instance is unilateral, spreading by a crescentic curve on one side and healing on the other, so as to give rise to a form of sore which is denominated "horse-shoe ulcer," and which is very characteristic of constitutional syphilis. The distortion of the hand and fingers in this case from contraction of tendons and atrophy, is very remarkable.

More than a century and a-half ago, namely, in the winter of 1709 and early part of the year 1710, there occurred at Stavanger and Egersund, on the coast of Norway, a violent outbreak of a disease, so repulsive in its nature and terrible in its results that it received from the people the name of radesyge, or bad disorder. This disease was confounded with another disease common to that country, namely, elephantiasis, and although the weight of evidence was in favour of regarding it as a manifestation of syphilis, yet the two diseases have remained more or less confused ever since.

Now, it so happens that about twenty years ago, I had the pleasure of demonstrating to my friend and distinguished colleague, Dr. Boeck, of Christiania, the typical forms of the cutaneous diseases of this country; and amongst others of the casts which I submitted to his inspection was the plaster cast No. 196, to which he immediately applied the term radesyge. He moreover promised me that, on his return to Christiania, he would put in practice my method of making casts in plaster of rare forms of cutaneous disease, and would send me a specimen of his work.

Not very long after this interview, I was gratified by receiving from him the plaster cast No. 256, as an example of the radesyge of Norway; and an inspection of this cast tells a simple and indisputable tale of chronic syphilis. The seat of the disease is the back of the thigh; the surface is pitted and uneven from the ravages of ulceration; here and there are deep circular ulcers with thick vertical edges, and interspersed among the rest the somewhat remarkable and pathognomonic horse-shoe ulcers. No one familiar with the action of syphilis on the skin can hesitate for a moment in recognising this well-authenticated instance of radesyge as a chronic ulcerative syphilis; as an example, in fact, of that advanced period of syphilis which is commonly denominated "tertiary syphilis."

It would be interesting to pursue the investigation of syphilis into other organs and tissues besides the skin, but the limits of my subject prevent me from entering upon them. I am, however, unwilling to pass over without some observations, the very interesting series of models representing syphilis of the tongue, ranging from No. 257 to 261; not merely on account of their own intrinsic beauty, which is great, but also on account of the illustration which they afford of the affection of a tissue directly allied with the skin, namely, the mucous membrane.

The model No. 257 exhibits evidence of cutaneous syphilis by the erythematous spots dispersed on the cheeks as well as by the papulæ apparent at the commissures of the mouth. The surface of the tongue towards its tip presents the appearance of tubercular thickening; while one of the tubercular prominences has undergone ulceration at the summit and the ulcer, of circular figure, is surrounded by a thickened border.

The next model, No. 258, represents the progress of an ulceration which has lasted between three and four years. The disease began as a papule, which soon became ulcerated, while at present the tongue is swollen, nodulated, indented along the edges by the teeth, and over the anterior half of its length, spotted with superficial ulcers, red in the centre, and of a greenish-yellow tint towards their margin; the ulcers communicate with each other here and there, and so constitute a kind of network, the meshes of the network being represented either by sound mucous membrane, or by a reddened surface and superficial abrasion.

I have more than once had occasion to refer to a remarkable change which takes place in the pathological nature of syphilis in a very advanced stage of its existence, commencing at what is termed the tertiary period, and thence extending to its latest term of duration. This change consists in an alteration and degeneration of the structures which it affects, and results in the conversion of the normal tissues into a substance *sui generis* of inferior organisation and feeble vitality; a substance in which the normal constituents of the part are altogether lost, which undergoes spontaneous softening, and is susceptible of being removed by solution and internal absorption, leaving a hollow space where it had previously existed. I might illustrate this change by reference to the phenomena of ulceration in which the affected tissues are dissolved and removed, and the operation is perceived on the surface in the form of a sore. In the degenerated structure which I am now endeavouring to describe a similar, probably an identical change takes place, which is visible to the eye only by its results. The cutaneous tubercles of tertiary syphilis often disappear, but they inevitably leave behind them a permanent cicatrix; and yet there has been no lesion of the immediate surface, no solution of its continuity. The tissues composing the tubercle have gradually softened, and are then removed by absorption from within.

Now, in very advanced periods of syphilis, this degenerative change is the one usually followed by the disease; portions of natural structure become the seat of the morbid change; the affected part is swollen and constitutes a tumour of greater or lesser dimensions, and such a tumour may be termed a syphiloma. This kind of tumour is also known by other names, such as *gummatum*, or gummated tumour. The gummated condition generally precedes ulceration in tertiary syphilis, and syphilitic thickenings and induration at advanced periods of the disease, are generally due to a similar change.

The model No. 259 presents us with an example of syphilitic tumour, or syphiloma of the tongue, and on the most prominent part of the swelling there is seen a syphilitic ulceration; another superficial ulceration appearing at the edge of the organ.

In No. 260 a gummated tumour or syphiloma has taken possession of one lobe of the tongue, the affected lobe being increased in bulk, both in length and thickness. The tongue is red, its surface altered in appearance and superficially ulcerated at the posterior part. Other evidence of syphilis is observable in the papular eruption scattered over the face. When these syphilomata become absorbed, they leave behind them hollows on the surface of the organ in which they were situated, and the parts affected have the appearance of being in a state of atrophy. Or, such an appearance may be produced as is shown in No. 261, wherein the surface is broken up into deep grooves, the borders of the grooves being tumid and prominent, but the mucous membrane unbroken.

Other forms or types of syphilis of the tongue are seen in the drawings Nos. 263 and 264. In the former of these the character of the lesion is an oblong or polygonal patch of a deeply red colour, and denuded of epithelium. Several such patches are seen on the surface of the organ; they are smooth in appearance, slightly prominent, and hard to the touch from infiltration of their tissue. The drawing No. 264 illustrates a more chronic period of the disease in which the surface is glazed, denuded of papillæ and seamed with deep grooves, the borders of the tongue being nodulated and uneven.

It may be admitted as a generally recognised truism that no tissue and no organ of the body is safe from the invasion of syphilis; but this aphorism strikes us with additional force when we are led to discover syphiloma, even in the substance of the hair. The drawing No. 266 represents a state of tricho-syphilis, or syphiloma of the hair, which formed the subject of a paper presented by me to the Medico-Chirurgical Society in the year 1867. The hairs normally of a red colour, were swollen from point to point, causing a varicose appearance, the varicose portions being black in colour and brittle, sometimes breaking through in the course of combing, and sometimes splitting longitudinately. Under the microscope the hair was found to consist of medulla and cuticle, the fibrous layer being absent, or so far attenuated as to be scarcely appreciable. The actual pathological state of the diseased portions of the hair was an arrest of development at the cell-stage, an accumulation of pigment, and probably a hyperplasia of the cell-structure. The patient, aged twenty-six, lost his hair after syphilis, and when reproduced the hair of the beard exhibited the characters already described.

In making a general survey of syphilis in reference to the manifestation of its operations in the cutaneous tissues, we perceive that the pathological processes involved in these operations are of the simplest kind, and are governed and controlled by the structure and organisation of the skin itself. Thus, in the *first* place, there is hyperæmia alone; *secondly*, there is hyperæmia with hypertrophy, constituting the papular form of manifestation of the disease; *thirdly*, there is hyperæmia with hypertrophy and ulceration; and *fourthly*, there is hyperæmia with hypertrophy and degeneration of substance.

Moreover, as the "fons et origo" of these successive phenomena, we recognise a specific poison which is present in the blood, which, by a process of zymosis, accumulates in the blood, and which, by its peculiar action on the tissues, occasions the development of constitutional syphilis and gives rise to those pathological processes in the skin which we have just been considering.

It follows, therefore, as a consequence of the adoption of these premises that in a therapeutic point of view our treatment must be directed to the elimination of the specific poison from the blood and the restoration of the tissues to their normal and healthful condition. It may be stated as a general axiom that all eliminating means are useful in syphilis; and that the use of eliminants should be furthered by all our resources for the restoration and renovation of the tissues and for the support of tissues injured and enfeebled by the operations of a debilitating cause.

Consequently, if elimination and restoration be our sole aim,—the great principle to be kept in view—it follows that the expedients to that end, namely, our pharmaceutical and therapeutical means must be very numerous, and an explanation is thereby afforded of the abundant variety of methods of treatment, which from time to time have been proposed and warmly advocated by their supporters for the treatment of syphilis. Nevertheles, if we were to analyse these various methods in detail we should discover that the principle is the same in all, and that each and every successful treatment may be resolved into the two processes represented by the words, *elimination and restoration.*

A famous method of treatment, once in great favour, consisted of Epsom salts, milk diet, and clinical decubitus. Another method of treatment, still in vogue in Germany and sometimes applied very successfully in our own country, is the "Zittmann cure," a combination of sweating, purging, and starving, also supplemented by clinical decubitus. One of the most successful cures that ever came under my notice, the case represented in drawings Nos. 253-254, was effected in the course of a few weeks, principally by infusion of elder flowers and jalap, with low diet.

It is satisfactory to know that the methods of treatment of syphilis are various and numerous, as their abundance increases our resources, and enables us to modify our plan to suit the particular circumstances of the case. We are by no means warranted in concluding that one method of treatment is wrong and another is right, or that the plan which we ourselves adopt is necessarily the best. No doubt that plan is above all others the best which conforms most completely to the medical axiom, "tuto, cito, et jucunde."

Amongst our remedies for the treatment of syphilis there are *two* which have stood the test of time, and that still more formidable test, use and abuse, and which, nevertheless, still continue to occupy a first place in general estimation. I need hardly say that the remedies to which I allude are mercury and iodine, the latter in the form of iodide of potassium. Mercury does us good service and is our best friend in the beginning and towards the end of syphilis; while in the intermediate period, that of the so-called secondary syphilis, iodide of potassium takes the prominent place, and mercury falls into the second rank.

Except in the case of the hydrargyrophobiac, usage has determined that we should administer blue pill in primary syphilis, and the iodide of potassium at every period of secondary syphilis; while for the tertiary or chronic period we must have recourse to the perchloride of mercury or perchance to one of the iodides of mercury.

When science placed these grand remedies in the hands of the surgeon as the cure, the undoubted and complete cure of syphilis, the gift was associated with the precept that they should be used with judgment and discretion, in a word, they should be used properly. Scarcely a remedy which we possess has been more abused in its administration than mercury; and yet, when cautiously employed, mercury is as safe and as gentle a spirit, as certain and swift a messenger, as its god-reputed namesake, and not less perfect in its peculiar uses is iodide of potassium, although equally demanding judgment and discrimination.

An enumeration of the most reliable of the forms of mercury at present in use for the treatment of syphilis will suggest their respective qualifications; they are, blue pill, the iodide, the subchloride, the perchloride, mercurial vapour, mercurial ointment, and mercurial liniment. The forms of administration of iodine are less numerous, being almost limited to the iodide of potassium, and iodide of iron.

Now, from the numerous examples of syphilis which we have had before us as the groundwork of our present enquiry, I will select a few cases for the purpose of illustrating the method of treatment which I should myself adopt in the treatment of this disease, without presuming to say more than that it is the method which I prefer, and have found in practice generally successful.

Thus, if I take the case of infantile syphilis represented by drawings 146 and 147, it may be premised that infants at the breast are capable of being reached by mercury and iodide of potassium administered to the mother. But if the mother evince no symptoms of syphilis it may be worthy of question whether we should have recourse to remedies which might possibly disturb the normal secretion of milk. In the latter case, and especially in the instance of an infant nearly twelve months old we may unhesitatingly have recourse to the perchloride of mercury in doses of a thirtieth of a grain twice in the day, and with the certainty of a beneficial result.

In all the eruptions of a recent period, the so-called secondary syphilis, and also in the ulcerative forms, we shall find our best ally in the iodide of potassium supplemented by a mild mercurial. Thus, in the numerous cases which we have just been examining, with very few exceptions, I should prescribe five grains of the iodide of potassium, twice in the day, and either a Plummer's pill or a pill containing one grain of the protoioduret of mercury at bedtime, with a firm conviction that I was doing my very best in the interests of my patient.

In selecting a vehicle for the administration of the iodide of potassium, it is necessary to bear in mind that it always acts best when largely diluted, hence our dose of five grains of that salt should be dissolved in at least half a pint of a bland fluid acceptable to the stomach, such as the compound decoction of sarsaparilla, or the equally diluted compound fluid extract, or if convenient and practicable, in a pint of the diluting medium. Where sarsaparilla may be found too costly, other decoctions may be substituted, such as that of saponaria, and very possibly the same end might be attained by simple water.

Now, it is a well-known fact that the iodide of potassium loses its curative power after a certain period of time, and the period at which this failure of power occurs, has seemed to me to be about ten days. Hence, at the end of every ten days I arrange that my patient shall increase his dose in the ratio of half the original dose. Thus, from the first to the tenth day he will take five grains twice in the twenty-four hours, or ten grains daily; from the eleventh to the twentieth day he will take seven grains and a half twice in the day, or fifteen grains daily; and from the twenty-first to the thirtieth day he will take take ten grains twice in the day, or twenty grains daily.

In many cases such a course of the iodide of potassium as I am now describing, assisted by the one mild mercurial pill at bed-time will be sufficient to complete the cure. But where the cure is not accomplished in the space of thirty days, the remedy may be continued, but always in augmenting doses, the periods of augmentation being always the allotted ten days, until the cure is considered perfect, or until symptoms arise which, for the moment, may prohibit its further use. When the dose has reached thirty grains in the day it might be desirable to administer it in doses of ten grains three times a day, and so on for doses above that quantity.

In my own practice I very rarely find it necessary to proceed with this treatment beyond thirty or forty days, and this I consider to be *a course* of the iodide of potassium. But I hold it to be an important element of success that there should be no breach in the course, no interval of omission, and that the patient should evince as much truth to himself as he expects from the hands of his doctor. When the required course is accomplished the remedy should cease; and if at any later time it were called for, it should be pursued in an exactly similar manner.

I not unfrequently meet with patients who have been dallying with the iodide of potassium for some considerable time, who have been taking it irregularly and intermittingly, of course without the slightest advantage to themselves and to the great perplexity of the prescriber. In all these cases I endeavour to secure a "fallow," a respite from the remedy, of not less than three weeks; and then I begin and pursue the course in the manner already described.

It occasionally happens that our patient is so thoroughly saturated with the iodide of potassium that moderate doses produce no impression on his system; he is callous even to large doses, and it is only under the influence of enormous and therefore injurious doses that any result can be obtained. It is thus that we sometimes hear of surprising cures effected by large and damaging doses, whereas were the patient brought into a normal state before the treatment by abstinence from the remedy, the smaller doses would prove equally efficacious.

Later on, in the most chronic period of the disease, and in those obscure cases of which so many occur to us in practice, the tonic preparation of mercury, the perchloride, comes in again for its share of use. An old-fashioned remedy, called Lignum's drops, has long been in favour with the public for the cure of cutaneous eruptions, and its efficacy would appear to consist in the fact of its being a solution of the perchloride of mercury, so that when it meets with eruptions which are syphilitic it is capable of bringing about some remarkable cures.

Diet must be considered as a part of the constitutional treatment of syphilis, and with reference to diet those principles which are at present in vogue in the treatment of fevers and their consequences depending on a specific poison, would seem to be equally applicable in the instance of syphilis. The purgative treatment, with milk diet, and the Zittmann treatment are alone rendered supportable by clinical decubitus which protects the patient from the exhaustion of muscular exercise. But in the instance of the iodide of potassium and alterative mercurial treatment, where ordinary exercise is permitted and the pursuit of the ordinary avocations of life, the diet should conform with the necessities of the latter condition, and be generous rather than the reverse.

The local treatment of syphilis differs from that of other affections of the skin chiefly in the more frequent recourse to mercurial remedies; and the appeal to these remedies for the exercise of their specific properties. The erythemata and papulæ, both small and large, require no external treatment; they yield as satisfactorily to the constitutional remedies, without other means, as with their united aid. In the ulcerous forms the black wash and yellow wash are both valuable appliances; while in chronic states of the disease and especially when the affection has reached the degenerative period, inunction with the several ointments of mercury leads to the most successful results.

Mr. President and Gentlemen,—I have now completed my present course of lectures, and I beg of you to accept my sincere thanks for the great attention which you have given to my remarks. You will have perceived that it is my design to furnish a complete description of the objects contained in the dermatological collection of the College Museum, and if I shall be honoured by election to this chair for the ensuing year I shall proceed in my undertaking.

I cannot, however, take my leave without being reminded that this is the anniversary of our great and distinguished master, *John Hunter*, a man to whose comprehensive mind every work of the Creator was interesting and important, in whose sight nothing was too small for observation, and nothing created in vain, whether the humblest plant or animal or the highest example of organisation. In the field of pathology in all its departments his zeal and faith were equally energetic and pure; whether he were investigating what may be termed the physiology of pathology, as in his grand labours on the blood, on inflammation, on syphilis, or whether he were illustrating morbid changes in the integument. He has left behind him in the splendid museum which will for ever be a chaplet to his name, many valuable specimens of dermatological interest; and if his spirit be with us and round about us this day, as I doubt not it is, I am fain to hope that he will not look disapprovingly on our present occupation. I believe it to be impossible that he could do so. No whole would seem perfect to him without the perfection of its parts, for the soul of *Hunter* was essentially comprehensive and universal.

◆

Mr. Erichsen has been nominated Vice-President of the Royal Institution for the ensuing year.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,
Surgeon to St. George's Hospital.

No. VI.—Inflammation of Arteries.

Several cases have been given in previous communications in which the lining membrane of arteries was supposed to have been inflamed, and in some of these, even the capillary vessels were thought to have been seen upon that lining membrane. In comparing these cases with others, and especially with similar conditions as they present themselves in the veins, it is more than probable that these cases were instances in which the lining membrane had been stained by the coagulated blood which had remained in contact with it, or by the imbibition of the colouring matter of the blood after death. In fact, the lining membrane of arteries is a non-vascular structure, and like the articular cartilages, does not present the ordinary signs of inflammation, and like them, presents no capillary vessels, unless it has previously undergone essential morbid changes. Nevertheless, the lining membrane of the arteries, like the articular cartilages, is liable to increased action, and to very serious morbid alterations. The term arteritis has been applied to some of the most common of these, and with the above explanation, there is, perhaps, no great objection to the term.

Under the term arteritis, M. Lancereaux has given an interesting account of the following morbid changes :—

1.—*Adhesive Periarteritis.*—This is limited in general to a small number of vessels, and often attacks only one; and when one vessel only is affected, it is so sometimes to a very limited extent.

The outer coat of the artery becomes first affected, and more vascular than natural. The natural injection of the vessels may extend to the external layers of the middle coat. The injected part becomes thickened. The calibre of the artery may be diminished or increased, as it is encroached upon by the thickened walls, or as it loses its elasticity and contractility.

The most frequent causes of adhesive periarteritis are supposed to be abuse of spirituous liquors and syphilis.

2. *Notted Periarteritis.*—This is comparatively a rare affection. The outer coat of the artery becomes thickened in small circumscribed patches, so as to present small round yellowish tumours of the size of a big pea. The calibre of the vessel corresponding with the enlargements, is unobstructed, although it may sometimes be diminished and sometimes increased.

3. *Suppurative Periarteritis.*—This is also a rare affection. The fluid, which results from the inflammation, is confined in the first place to the outer coat of the vessel; but it may perforate the inner coat, so as to be poured into the current of the circulation.

4. *Endarteritis.*—Whenever a clot remains in contact with the lining membrane of an artery, a number of cells of connective tissue form. By this progressive development a membrane is formed, which entirely covers the clot. The same may be observed in serous membranes, and in both cases vessels may ultimately be traced in the newly formed membranes.

5. *Hypertrophy of the Lining Membrane of Arteries.*—Endarthritis generally extends over a considerable surface. One of the first changes observed is thickening of the ining membrane, in which small gelatinous or semi-cartiaginous spots appear. These give a characteristic, rough, nequal appearance to the lining membrane.

These spots are at first smooth, and become subsequently more rough and more distinctly elevated. They consist riginally of a homogeneous transparent substance, albumious in appearance, of the consistence of rather firm jelly. This substance becomes of a milky whiteness, or a yelowish hue, and of the consistence of white of egg. Such re the first steps towards the atheromatous disease of he lining membrane.

Fatty degeneration and calcareous deposits often accompany this process; the action is confined originally to the lining membrane. The epithelial covering of this, either by use or by secondary transformations, gives way and leaves ulcerations of greater or less extent. The *débris* and some portions of the newly-formed surface are, from time to time, carried in the course of the circulation. Sometimes the lining membrane, instead of giving way piecemeal, resists; the softened atheromatous matter then causes the soft membrane to project into the cavity of the vessel. In form this resembles an abscess, and, like an abscess, it may break suddenly and pour its contents into the current of the circulation.

Calcareous deposits may co-exist with fatty degeneration. The molecules of chalk are deposited in the intercellular substance. This change appears to begin between the middle and the inner coat, and to extend to the internal surface of the vessel; the middle and external coats of the artery become changed at the same time. The middle coat becomes thickened, of a deep yellow, friable, and easily separated; gradually it becomes softened and partakes of the atheromatous change. The muscular fibres become atrophied and disappear with or without previous fatty degeneration; all the layers affected may become atrophied and disappear so as to cause the middle coat to be partially or entirely wanting.

During this time the external coat is injected. This injection extends to the middle coat, but stops at the internal coat. The external coat is often thickened by a fresh development of fibrous tissue.

The physiological consequences of the different changes described vary considerably. At first the calibre of the affected vessel is simply diminished by the coagulations of its internal surface. Subsequently, when changes in the lining membrane take place, another order of symptoms supervenes. With such changes the elasticity and contractility of the vessel are influenced. Its force of resistance is less, and it may become dilated to twice its natural dimensions. This occurs generally in vessels of the largest size. In smaller vessels the alterations are generally accompanied by a permanent contraction. The tibial and cerebral arteries are, perhaps, the most often affected, and when such contractions take place a clot of blood carried in the course of the circulation may complete the obliteration.

Atheromatous or calcareous particles in connection with, or separate from, fibrinous coagula often contribute to produce this obstruction. The changes observed in the distal course of the circulation when an artery is contracted but not obliterated are generally a granular alteration of the elementary constituents and atrophy of the organ. The spleen, the kidneys, the brain, and the heart itself undergo in a more or less marked degree this kind of granular degeneration. Softening of the brain in consequence of embolism, and gangrene of the limbs are thus shown to be often dependent upon the same original cause.

In some cases the original disease may have its seat principally in the coats of the arteries; in others in the blood itself.

The following cases in illustration are quoted—the first from Professor Hermann, the second from Sir J. Simpson:

"A day labourer, 56 years of age, the father of six children, had enjoyed good health until two years; without any known cause a swelling then arose upon the right side of the chest, which suppurated and left a sinus discharging a small quantity of purulent matter.

In March, 1840, he was all at once attacked with pain in the left arm, this was at first trifling, but, progressing, became more violent. Some time after, the index finger of the left hand became black, and, speedily after, the other fingers; swelling attacked the hand and extended to the forearm. On the 23rd of June the left hand was greatly swelled, the swelling was soft, the skin cold and insensible, and on the posterior surface were black spots and vesications, the livid marbled appearance extended nearly to the elbow. No symptoms of inflammatory reaction were observed. Though the shoulder was not swelled nor the skin livid, yet no pulsation could be felt in the humeral or in the axillary artery, and in their course was felt only a hard chord; amputation of the arm was now performed. Though pain was felt, no bleeding occurred; the humeral artery was completely closed by a solid fibrinous clot; all its branches were obliterated and gave no blood, and no pulsating motion was observed in them.

"On the 5th June the wound was gangrenous; and the patient died on the 9th.

"On dissection the subclavian and axillary arteries with all their branches and twigs were found completely closed by solid fibrinous coagula, which adhered closely to the inner coats of the arteries; the plug of fibrinous coagulum extended into the left subclavian artery to about one inch from its origin from the aorta; here it terminated somewhat abruptly, yet loose patches like shreds of coagulable lymph were attached to the inner coat of the vessel as far as the aorta. The aorta presented many hard cartilaginous spots containing plates of bone partly denuded of the inner serous membrane, which felt rough."

"A patient was delivered of her first child after a protracted labour; two weeks afterwards she was attacked with acute gangrene of both the lower extremities, this extended before death as far as the thighs. The patient sunk in three or four days after the commencement of the attack. No disease was found on examination in the heart, its walls, valves, or cavities; but, beginning about an inch and a half above the bifurcation of the aorta, was found a fibrinous plug, which completely occluded the artery, and extended along the common iliacs, and as far as one or two inches down the external iliac arteries on each side. A prolongation of the plug shut up also the canal of the internal iliac artery on the left side; while on the right side, the opening of the internal iliac was occluded by the obstructing mass occupying the common iliac artery. In the aorta the mass was firmly adherent to the coats of the vessel, which coats were thickened; and apparently at the most inflamed point, the calibre of the tube was contracted. The adhesion of the obstructing concretion to the inner coat was less along the left iliac artery; the plug in the right iliac artery was not at all adherent to the coats, but presented a loose cast of the arterial canal. The inferior extremities of the plugs, in each external iliac artery, did not terminate abruptly, but were continued as a lymphy layer, like a false membrane over the inner arterial coat, on the right side for an inch downward, and on the left for an inch and a half. The femoral and other arteries below were quite healthy, and the veins of the limbs presented no special morbid appearances."

◆

THE QUESTIONS AT THE LYONS CONGRESS.

By Charles R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.

Physician to the Metropolitan Free Hospital, London.

I. Treatment of Syphilis.

The point to be discussed at the September Congress at Lyons, as to whether mercury is useful in syphilis, is thus put by the Secretary:—

"The power of mercury against syphilis is incontestable. But persons have said that it is not suitable to give it without distinction to all persons with syphilis, or at all periods of the disease. Do there really exist cases of syphilis where, not only we may obtain a cure without mercury, but even where it may be preferable to abstain from its use? On the other hand, ought mercury to be administered from the commencement of the primary accident? or, on the contrary, do we do better not to commence its employment until the general accidents of syphilis appear?

"May we hope for a radical cure from one mercurial course, and should we commence one in this view? or ought we only to seek from mercury the disappearance of each successive outbreak of symptoms, of which the total evolution of the disease is composed? In the first case, what ought to be the duration of a treatment supposed to be curative? In the second, do all accidents whatever, whether appearing solitary or conjoined, necessarily indicate, as soon as they appear, a recommencement of mercurial treatment?

"What part should local agents play in treating of certain forms of relapses? Ought the treatment by cutaneous absorption, or by subcutaneous absorption (method of Leurin), either generally or in special cases, to be preferred to the usual treatment by absorption at the surface of the digestive organs? What is the value, and what the comparative indications for mercurial and iodine preparations? Show by precise facts what kind of aid the physicians may expect from the employment of mineral waters, and especially sulphureous waters, in the treatment of such or such forms of syphilis?"

Certainly, M. Diday, the President of the future Congress at Lyons, is anxious to set out with something quite well ascertained, when he speaks of no one contesting the power of mercury over syphilis. But when Professor Bœck and the Christiania school consider mercury as a "devilish remedy" in syphilis, and when many Parisian Medical men dislike it even as much (Perrin, Depres, and Dolbean), it does seem hard that details must be gone into before the preliminaries are discussed. Every person who has treated syphilis without mercury and solely by the aid of iodine, and especially iodide of potassium, knows well that generally speaking the disease is a very mild one, but rarely causing iritis, tertiary ulceration, or severe forms of the malady. As to whether mercury is an antidote or not, when used after the directions of MM. Diday and Fournier, I cannot say, but in London the mercurial treatment of the disease is far indeed from proving effectual. The severest and most deplorable cases of syphilis I ever see are those where mercury has been used in large quantities. Sometimes, indeed, such cases are almost unamenable even to the wonderful effects of iodide of potassium. With regard to infantile syphilis, I have not much to say in favour of any treatment, in this form of the disease. All treatments but too frequently end in death; but I have seen the mercurial band often unsuccessful, and the use of mercurials internally often pernicious, so that I confine myself now to grain doses of iodide of potassium in this form of syphilis. I beg to state my most earnest conviction, that the evils of mercury in syphilis far outweigh its occasional advantages; and that, above all, the French school of M. Ricord, seem to me to be far too confident in their assertions of its value, without affording any clinical statistics like that given by Bœck ("Récherches sur la syphilis"), Baerensprung (hereditary syphilis), or Fricke, of Hamburg.

II. Causes of Depopulation in France.

At the Medical Congress to be held at Lyons in September, 1872, there is to be discussed *inter alia* the above question. In the words of the programme, "The Committee, in adopting this question, is not unaware that the falling off of population in France is not absolute. Her population increases, it is true, but increases less and less, and much more slowly than that of the other nations of Europe and America. It results from this, that our relative power diminishes daily. The causes of this diminution, too numerous to be detailed here, are of two kinds: on the one hand, there is a gradual diminution of the number of births; on the other hand, an enormous mortality of young infants—a double aspect of the question which requires to be considered.

"1. The diminution of the births arises from numerous conditions which the authors will have to seek out, conditions which place an obstacle to marriages, or render them less prolific, such as great permanent armies, exaggeration of luxury, debauchery, alcoholism, &c.

"2. In examining the causes of the mortality of young children, authors will have to determine the influences of maternal suckling, or mercenary suckling, bringing up by hand, of the trade of nurses, of the offices for putting out infants to nurse, the crèches, vaccination, houses, &c.; and to compare under this head the results of the customs or systems adopted in different countries.

"3. The Committee desires that authors, after having studied the causes of depopulation in France, should formulate in as precise and clear a manner as possible, the means of increasing the number of births, and of diminishing the mortality of these young children."

There can be no doubt that this is just the very most important of all questions, both for France and for every civilised nation in the world to discuss. In the first place it is an accepted fact, which is shown from recent censuses, that the population of France has almost ceased to increase, whilst that of England, Germany, and Russia is continually augmenting. And M. Maurice Block, a great French statistician, whilst lamenting this fact, points out the true and main reason, namely, that it is a voluntary act on the part of the inhabitants of France. Speaking of the French peasantry, he mentions that in some parts of France, they "habitually limit their families to two children;" and of the town artisan, he mentions that the same tale may be told. Every person conversant with Parisian life knows that large families are most uncommon among any of the classes which pretend to enlightenment, or wish to attain comfort and a decent existence. All economists of note of late years, have given unqualified praise to this prudent conduct of the French nation. Thus Joseph Garnier has written a most interesting work ("Sur la Population"), in which the advantage of small families is made evident to all persons but those with the most inveterate prejudices. Mr. Mill, the foremost writer in this language on society and on wealth, has well summed up the question by declaring that "little advance can be expected in *morality*, until the production of a large family (in Europe) is looked upon in the same light as drunkenness."

Hence, it is evident that France must be considered, in the point of view of economists and moralists, as the wisest country in Europe. It is to be remarked, too, that with the exception of Paris, where nursing-out children is carried out to a most absurd extent (*vide* Lefort's essay in the *Revue des Deux Mondes*, 1870), the infantile mortality of France in general is not greater than that of other countries. Of course, all persons acquainted with Medical practice in England must deem the Parisian practice of mothers sending away their children to be nursed in the country as absurd, unnatural, and prejudicial; but this is a point which is comparatively easily understood and altered. French and English, and especially German Medical men, are, unfortunately, rarely well read in subjects extra-professional. The wide field of their own important and engrossing pursuit gives but little time for excursions into the flowery paths of general science or literature; otherwise the works of Malthus, Garnier, the two Mills, Ricardo, Darwin, and others would long ago have explained clearly how that the first point in the art of hygiene is the question of proportioning numbers to food and other requisites of life. Our European countries are all over stocked with human beings in proportion to the amount of cattle and corn we can raise. Hence France is, of all countries, the wisest, the most moral, and the most scientific, in voluntarily restraining its increase.

◆

NOTES ON PHTHISIS PULMONALIS, &c.

By R. Locke Johnson,

Late Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, Cavendish square, W.

A. G. R., æt. 30, a married man with one child, admitted with an urgent feeling of weakness, cough, and distressing dyspnœa, night sweats, &c. Never had hæmoptysis; no previous disease; no hereditary predisposition to be traced. Says he was taken with bronchitis fourteen weeks ago; was treated by a Medical man, but the cough never left him. He is very hoarse; complains of tickling in the throat, and a necessity of talking.

May 25.—On laryngoscopy the under surface of the epiglottis and the lining of the larynx, is seen to be very red and tumefied; the vocal cords are swollen and rough; percussion; right apex dull; left normal; right base rather duller than left.

Auscultation.—Left front amphoric, breathing and pectoriloquy; back feeble; harsh breathing, almost tubercular, and increase of voice sound; right front, loud blowing respiration, and pectoriloquy over upper third, below there is in addition, large moist crackling. This too may be heard at close of each inspiration over a distinct part of upper third, when pectoriloquy is most intense, and when there is a clearer percussion note for about two inches; the blowing is not so loud, nor the increase of voice sound so distinct, but the moist crackling is universal and much smaller.

℞ Ol. morr., ℥ss. *bis die.*;
Tr. camph. co., ♏xx.;
Sp. ether nit., ♏x.;
Aq. camph., ℥j. *ter die.*

Garg. al.

Complains of much cough and great thirst, with a little sore throat.

June 12.—Has gained strength, and he thinks also some flesh; throat remains same; cough looser; spits more; no heat of skin or thirst now.

℞ Pil. Dov., gr. 1 o. n.;
Mist. quinæ., ℥i. (gr. 1) o. n.
Inhalations of iodine.

He very rapidly improved, and left in two months by his own wish, feeling so much himself, that he desired to return to his home and do a little work.

G. H., admitted 6th February. Twelve months ago cough came on, and has got worse ever since, except a short time in Oxford Infirmary, under Dr. Acland, when he took cod-liver oil. On leaving there he went to work again, but soon felt too weak to continue, and his cough returned. Cough is now very troublesome, especially at night. Expectorates a good deal of white phlegm, and last night for the first time a little blood. The infraclavicular regions are sunken, the left most; pectoriloquy is here distinct; heart sounds propagated all over very loudly; bronchial breathing.

February 9.—Continued same up to last night, when he had an attack of hæmoptysis (about 2 oz.) at the end of a fit of coughing; pulse small, 80, intermittent; skin cool; slept pretty well; coughs much; complains of pain down the left arm (outer side) from the shoulder to the little finger; above and little to right of nipple heart's first sound lost in a murmur, heard all along the base; at apex first sound seems almost absent; the beat is intermittent with irregularity. While auscultating, he felt what he calls a strange bubbling over heart, which has often been there before.

℞ Tr. camph. co. ♏xx.;
Tr. digitalis, ♏v.;
Ac. S. dil., ♏xv.;
Inf. casca. r., ℥j. 4 *tertiis horis.*

Beef-tea, arrowroot, port wine, ice, &c.

February 10.—A little better, got up a little while to day.

February 13.—Remains feverish; took solid food yesterday; pulse 100, standing; slept badly last night, and cough is troublesome. Under rest in bed and careful nursing, with such treatment as seemed indicated from time to time, this patient rapidly improved. He got up again, and in six weeks was able to take walks out of doors every day. When he left a fortnight later, the necessity of avoiding sudden exertion and excitement was fully explained to him, and he went out in a state of comparative comfort.

H. L., admitted February 9, has been ill between two and three years. Went to Ventnor, staid five months (November to March, 1869-70). August, 1870, went to Bournemouth, and staid till January. Since his return to London, his cough has again become troublesome, appetite failed, and lost five pounds in weight. Father died of phthisis; has spit blood two or three times, last, six months ago; feels faint and weak; cough most in morning, with wheezing and expectoration (frothy). At both apices there is tubular breathing, most marked on left side, which also seems duller on percussion; impaired mobility and flattening; pulse 94; aspect good.

℞ Tr. camph. co. ℈j.;
Mist. quinæ, ℥ i.

Has taken much cod liver oil.

February 18.—He is feverish. Saline mixture.

February 20.—An eruption broke out yesterday, which is modified variola. He was removed to the Small-pox Hospital.

Mary G., æt. 23, single, was admitted here in October, 1869, and went out in December, discharged by the physician under whose care she then was as "arrested phthisis." Admitted upon January 27th, 1871, with bad cough and expectoration; wasting; loss of appetite, and general weakness. There were loud large gurglings at left apex, and moist *râles*, not very loud at night.

February 1.—Continues same, but there is a good deal of wheezing constantly; at a consultation it was agreed that there must be a large cavity. She sleeps very bad; has heavy night sweats; hot skin; thirst; pulse 120; twenty grains of chloral hydrate at bed time.

Mist. salinæ ā paregoric.

The fever abated in a few days, the cough diminished in about a fortnight, and her appetite having improved, she took cod liver oil, and at the end of three months, went out again in a condition of so much comfort, that she declared her disease had "stopped again," expectoration had almost ceased, and with it the loud gurglings. The cavity appeared nearly dry.

John Charles J., æt. 21. At twenty-seven had gastric fever. One year ago caught cold; never got over it; cough; expectoration green and whiter by turns, and loses flesh. Admitted 13th March, complains of cough and dyspnœa; most at night and morning; no perspirations; has had hæmoptysis one month ago. There is a cavity at the left apex.

March 30.—He sits over the fire in a state of languor and low spirits; evidently loses strength, but thinks he has gained strength; he has had a little diarrhœa; throat very sore, and much hoarseness. Dr. Prosser James examined him with the laryngoscope, and found all the signs of incipient disease of the larynx. He remained six weeks in the hospital and benefited by the rest, good food, and fresh air. When he left, was taking cod liver oil, and was in good spirits about himself. Like many others who go out improved, he will no doubt relapse when he is more exposed, and cannot obtain the nutriment and the comfort he had in the hospital.

◆

THE FRENCH ARMY MEDICAL SERVICE DURING WAR.

By Dr. Legouest,

Medicin principal, première classe, &c.

(Translated, with the Author's approval, for the Medical Press and Circular.)

The *Service de Santé* is a complicated service, especially during a campaign; it therefore should be considered from the three-fold point of view of its *personnel*, its *matériel*, and its duties.

Personnel.—The Medical officers constitute more especially the *personnel* of the "*Service de Santé*" in a campaign; next to them may be grouped the officers of administration, the military *infirmiers*, and lastly the train of equipages employed in the transport of sick and wounded and of *matériel*. The common action of these different elements is placed under the direction and responsibility of the military *Intendance*. In effect, the warrant dated 3rd May, 1832, chap xiii., sec. 136, lays it down that the military intendants and sous-intendants are responsible for the Medical service; that they are charged with both the professional attendance on, and the means of transport for, the wounded. Before, as well as during an action they are enjoined to occupy themselves with these important duties. The generals and chiefs of the staff are to mention in their despatches the names of members of the Intendance, and of Medical officers who shall have distinguished themselves by their activity and zeal. And this article is the only one in which any mention is made of Medical officers as a separate body.

In time of war, as well as during peace, Medical officers borrow their appliances from the functionaries of the Intendance, but under existing regulations have neither responsibility nor even the power of taking the initiative, even in professional matters. The Medical officers and intendants know this. They know, besides, that they will fail in their true mission if they adhere to the strict interpretation of their regulations—the one in declining all responsibility and initiative, the other in pretending to retain one routine of direction under circumstances which cannot from day to day be anticipated. This is true, and has occurred in grave conditions, namely, during the war in the East. There the superior administration transferred in part its many responsibilities to the Medical inspector, who was invested with the title and functions of *director of the Service de Santé*.

In regiments the *Service de Santé* is assured by the Medical officers of the corps, to the number of three for regiments of infantry, and two for battalions of chasseurs-à-pied and regiments of cavalry. They perform their duties under the orders of the commanding officers, without the intervention of the Intendance. In the ambulances of head-quarters, of divisions, &c., the *personnel* is under the *Administration*. Its composition has been determined by the regulation of 1st April, 1831, on the service of military hospitals, but is modified according to requirements by ministerial decision or by the intendant-in-chief of the army. In the campaign of Italy, 1859, the *personnel* of the ambulances was regulated as follows:—

Designation of *Personnel*.	Ambulances.			
	With Army Head-quarters.	Of one Division of Infantry.	Of one Division of Cavalry.	With Reserve Park of Artillery.
Principal Medical Officer	1	—	—	—
Surgeons-Major	2	1	1	1
Assistant-Surgeons	4	3	3	2
Apothecary-Major	1	—	—	—
Assistant Apothecaries	2	1	1	1
Officiers d'Administration comptables	1	1	1	1
Adjutants of Administration	4	3	2	1
Infirmiers de visite	5	3	2	2
Infirmiers (soldiers)	20	17	8	6

The reduction of Medical *personnel* has here been pushed to its extreme limit, and reached the number of surgeons strictly indispensable for the performance of an amputation. The number is insufficient in the ambulances of the reserve park of artillery. It is still more so at the head-quarters, where one principal Medical officer and one apothecary-in-chief directs, under the orders of the intendants of the army.

It is laid down by the regulation of the 1st April, 1831, that the functions of Medical officers of the army are purely consultative. Thus the Medical officers, under the immediate authority of the intendant, form with him and the general-in-chief, on active service, a council of health analogous to that which exists in Paris with the Minister of War. They are only consulted in reference to the value of men and the appliances of their art, but it is desirable that they should be able to dispose of the Medical establishment of regiments, as well as those of ambulances and temporary hospitals, distributing them according to their qualifications and necessities for them. It would be well that they should furnish to general officers direct such reports as may be received of them, as these are held to be *involuntarily* altered in regard to their value when sent through intermediate agents; lastly, that in the list of the staff their names should appear beside those of the intendant-in-chief. Certain of our military surgeons enjoy, in effect, a scientific reputation, which would be for the soldier, for the officer, and above all for their families an element of security, in the same manner that the military reputation of a general officer consolidates the courage and confidence of troops and constitutes a token of their success.

Medical officers of the ambulances ought for the most part to be selected from the young and the more robust; their qualifications ought to be chiefly surgical, because immediate and quick surgery is that for which the active ambulances are principally maintained. The stationary hospitals, the temporary hospitals of the first, second, and third lines should be conducted by older and less active men, the Medical officers being selected according to their capabilities of dealing with less difficult cases. In opposition to the opinions of some of our masters, who, agreeing with the regulations, consider that the establishment of the ambulance at head-quarters should be double or treble that of the divisions, the requirements of which it is in the first place charged to supply,—M. Legouest thinks that it is of the greatest importance in the first place to constitute strongly the divisional ambulances, and to give them a considerable *personnel*, be it even to the detriment of the ambulances at head-quarters. These are really the ambulances of reserve, and of which the employment is only casual; those of divisions are, on the contrary, always active whenever the army is in motion. They proceed with their divisions, marching with them, camping near them; in a word, they do not quit them.

The use of apothecaries with *ambulances de tranchée*, of the advanced guard of the division on the march, is far from demonstrated. This is readily explained by the simplicity of treatment received in a campaign, all diseases being of an acute nature, and where, moreover, the greater number of medicines are prepared beforehand. The proper place for apothecaries is in stationary and temporary hospitals, where alone they can be usefully employed.

The Administrative *personnel* is responsible for the *matériel* of the ambulance. It is charged with the disposal and supply of nourishment to the wounded, with the duty of verifying their admission, their discharge, or death; in one word, it is charged with the management of the ambulances—a management analogous to that of the hospitals.

The *infirmiers soldats* are placed directly under the orders of the officers of Administration; the *infirmiers de visite*, or those for dressing the sick, being under the orders of the Medical officers whom they assist. The *infirmiers*, who, as well as the conductors of the *train des equipages*, are not always soldiers, are generally too few in the ambulances to perform the numerous duties required of them. Thus, how can 20, 17, or 8 men, after a day's march or a battle, be able to go for water or wood, distribute the food, &c.; and how can they, without speaking of the carriage of the wounded, be able to prepare shelter and food for the sick whom they will afterwards have to nurse? Sometimes we find that a few men will of their own accord give their assistance, and sometimes additional men are taken for the purpose from the regiments.

Matériel.—The material resources necessary for the service of the sick and wounded are, on the one part, the medicines, the appliances for dressing, the surgical instruments, the utensils and furniture, and, on the other, the means of transport. All these are collected in one establishment, the recent formation of which is due to M. l'Intendant-Général Guillot at the *docks d'Administration*, near the Hotel des Invalides. The principles according to which these docks have been established has been to collect and exhibit in perfectly distinct groups the whole of the *matériel* of each of the administrative services. Not only will you see there all that is needed to meet the numerous requirements of an army on service, but, still more, you will be able to judge of the use and dimensions of each object and group of objects exposed and arranged, and labelled according to their several categories.

There you can examine the size and weight of a portable oven, the arrangements for the construction of a bakery for the preparation of biscuit; of a collection of objects of what may be called an entire equipment for a division on the march or in a station, the tents for camping and *distribution*, the loading of the waggons or canteens, of an ambulance, of a moveable temporary hospital, &c. These are very important objects of information, for all the matériél can at any moment be issued, or dispatched, and it is indispensable to know before hand the number of carriages and waggons on a railway that are required for the purpose.

* * * * * * *

It is permissible to ask ourselves however if the concentration of all this matériél does not present some inconveniences; if when it becomes necessary to send it to the frontier, its dispatch occurring with that of the troops, of horses, artillery, and munitions of war, it does not encumber the only railways leading to the point of the expedition, or even encumber the ordinary roads—and if it would not be convenient to distribute it over several points determined by the facilities and means of communication. This subject deserves consideration, and perhaps indeed has already been studied.

In regiments the surgical resources are composed of the *sacs* and saddle bags, or *saccoches* d'ambulance, and the canteens of the regimental infirmaries. Each body of troops is furnished with an ambulance *sac* per battalion. The complete *sac*, or knapsack, is issued from the central magazine of the hospital, its price being charged to the general funds of supply. It contains some medicines of primary necessity, lint, and various materials sufficient for twenty-five slight dressings, a few splints that can be used for the temporary support of fractured limbs, and lastly, a case of surgical instruments. In its outer appearance and dimensions it is like the knapsack of the infantry. It is carried in the same way, and weighs k. 9, g. 500 (19 lb.) It holds a middle place as regards weight between all the specimens of knapsacks sent by the different Powers to the Paris Exhibition of 1867. It is needless to insist upon its undoubted utility, intended as it is to ensure the first help to the wounded on the march, during manœuvres, or on the field of battle. The presence in the *sac d'ambulance* of an amputation case, which certainly renders it heavy, has given rise to some remarks more or less well founded. It is said with good reason that the wounded, whose state requires the performance of a serious operation, the surgeon being without assistance or under the fire of the enemy, he could not undertake its performance without insurmountable obstacles, and that therefore they should be sent to the ambulance or the hospital. Besides, the cantines of the regimental infirmerie, in the proportion of one pair per battalion, contain each an amputation case, so that each battalion is provided with two amputation cases, and a regiment of three battalions with six amputation cases, for a strength of about 3,000 men. * * *

Nevertheless, if we consider that the weight and the price of the surgical case are equally trifling, and that a case containing these instruments does not form a part of the field equipment of a regimental Medical officer, that if circumstances demand their use it would be regrettable were a surgeon powerless from want of them; lastly, that the confidence of the soldier is assured by the certainty that near him are all the means of help of which he may stand in need, we arrive at the conclusion that there are more advantages than inconveniences in having an amputating case in the *sac d'ambulance.*

In the Crimea the Russians carried in their knapsacks two bands and a compress, intended for a first dressing, to be applied by their own hands. Some persons think that it would be useful to provide the French soldiers with similar resources, but for those who know the improvidence of the soldier it is to be feared that the bandages would be used for some other purpose, and the compresses put to any other use than that for which they are intended, and that the expense of linen, which would be considerable, would be a complete loss. The *saccoches* (saddle bags) of the ambulance supply in the cavalry the same purpose that the knapsack (*sac d'ambulance*) do in the infantry. They contain in readiness some of the same articles which are distributed in each, so as to give the same weight to the one as to the other. They are suspended from the back part of the saddle. Their weight is 7 kilogrammes. The corps of cavalry should be provided with *saccoches* d'ambulance in the proportion of one pair to every two squadrons.

The horseman carrying the *saccoches* and the soldier with the *sac d'ambulance,* should not quit the Medical officer, so that he may have always at hand the articles he requires. The *sac d'ambulance* takes the place of the knapsack on the back of the soldier, and requires no further remark, but the *saccoches* super added to the weight of the load of the trooper, encumbers himself, fatigues his horse, and is likely to injure and embarrass the animal, notwithstanding what has been said to the contrary. In the course of a long march they sometimes change every day the man and horse that carry the saddle bags. One colonel would not on any account allow them to be carried by the same horse; and, finally, as the law of the strongest is always the best they were put into the conveyance of the cantineers who followed the squadrons. On the march this mode of transport of the saddle bags is without inconvenience; before the enemy it would be quite inadmissable. It would appear that the best model for saddle bags themselves has yet to be found.

Bodies of troops are at all times provided with *sacs* and *saccoches d'ambulance.* When proceeding on a campaign they receive the cantines of regimental hospitals in the proportion of one pair per battalion of infantry and two squadrons of cavalry.

The cantines of the regimental infirmaries contain an amputation case, the objects of linen necessary for 200 dressings; in addition to them there are the resources of the *sac d'ambulance,* one battalion being provided with 225 dressings of all kinds, and a regiment of three battalions with 695, or in other words, a number of dressings equal to one-fourth of the effective strength.

According to the desire of the regimental Medical officer the cantines are transported on the backs of mules or on carriages. According as to whether the transport is directed to be on the backs of mules or on carriages, the corps receives either a first sum of 130 francs for the purchase of the pack saddles and cantines agreeably to a Ministerial decree of 23rd March, 1858, or the conveyance and cantines without an allowance in money in accordance with an Imperial decree of 21st January, 1860. In the first case the pack saddles and cantines are returned to the Administration of the State at the end of the campaign; in the second, the conveyances and cantines are returned to the establishments of the military administration.

The medicines and different objects belonging to establishment of cantines are delivered to the corps on condition of being paid for from the general funds of maintainance, except the case of surgical instruments, which, given as a loan by the hospital service, has to be returned to it at the end of the campaign.

(*To be continued.*)

◆

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

(*Continued.*)

The three important points to consider in connection with the history of farinaceous foods are the starch, gluten, and the other nitrogenous substances, and, lastly, the mechanical preparation of the seeds. We now continue our chemical analyses.

DENSHAM'S FARINACEOUS FOOD FOR INFANTS AND INVALIDS.

"This food is strongly recommended by several members of the Faculty to mothers and nurses as an aliment for children, and as a highly nutritious article of diet, to be used in families generally. For feeding a dry-nursed child, or as an auxiliary, it is acknowledged to be the most nutritious and thriving diet that can possibly be recommended.

"One of the first chemists of the age states—

"Densham's Farinaceous Food possesses the same analogous nutriment as animal food, and is, of all farinaceous food, the most easy of digestion."

To which may be added the testimony of the late eminent Dr. Pereira, who says—

"Densham's Farinaceous Food, the composition of which has been communicated to me by Mr. Hooper, its preparer, is a nutritious, easily digestible, article of food, well calculated for children and invalids."

"JON. PEREIRA, M.D."

"Sole Manufacturer, William Hooper, Operative Chemist, 7 Pall Mall East, 55 Grosvenor Street, London."

Sold in packets containing half a pound, and retailed at One Shilling.

This preparation calls for no particular comment. It consisted of about 69 per cent. of starch, and was rather rich in gluten. The moisture in the food was 11·5 per cent.

The ash contained a considerable quantity of phosphates, and amounted to ·97 per cent.

Its microscopic examination proved it to be a wheat preparation; but as some of the granules were broken, it had probably been submitted to the action of heat.

CHAPMAN & CO.'S PREPARED PATENT ENTIRE WHEAT FLOUR.

By Royal Letters Patent.

Specially Prepared for Nursery and General Table use by the Sole Proprietors, Orlando Jones & Co., London.

"This flour, prepared at the suggestion of an eminent physician, as a food for infants and children, contains all the constituents of the grain in perfect purity, free from any chemical mixture. It contains not only the starch, but also the flesh forming principles of the wheat, as well as the earthy phosphates for the formation of the bones and the teeth, and will be found far more nutritious than any form of food hitherto introduced, and is well adapted not only for infants, but also for making puddings, custards, &c., &c., and for general use in the nursery."

Abstract of a chemical report from Dr. Attfield, F.C.S., Professor of Practical Chemistry for the Pharmaceutical Society of Great Britain, General, Medical, and Pharmaceutical Chemist, &c., &c.—

(For full analysis see circular).

"Having analysed samples of Chapman and Co.'s patent prepared entire wheat flour, I find that its composition closely agrees with that of the finest whole wheat. Its richness in gluten or flesh forming material and phosphates or bone and teeth forming substance, shows it to be a most valuable and nutritious food, especially for children. It is incomparably superior to arrow-root, corn flour, and other forms of starch, which contribute but little to the growth, or renewal of bone or muscle."

(Signed) JOHN ATTFIELD.

Chapman's Entire Wheat Flour is sold in twelve ounce packets, which are retailed at sixpence.

The composition is—

Starch, dextrine, &c.	56
Gluten	11·9
Extractives, cellulose, &c.	22·05
Moisture	10·05
	100·00

It gave on ignition 1·4 per cent. of ash, which almost entirely consisted of phosphates. The microscopic analysis pointed to nothing but the finest wheat as the origin of this food. It contained a small portion of ground husk or bran. This food to some extent may be viewed as representing the familiar "brown bread," in a condensed form, but without partaking of some of the objectional points appertaining to that food, due to the presence of hard husks in the form of bran. It seems to be most carefully prepared.

HARDS' FOOD.

Farinaceous Food for Infants and Persons with Impaired Digestion.

Manufactured by James Hards, Dartford.

"Highly approved and recommended by the Faculty.

"That only is genuine which bears the Royal Arms by authority, and is signed Jas. Hards."

"I have carefully examined and repeatedly prescribed 'Hards' Farinaceous Food,' (see Pereira's 'Treatise on Food and Diet,' pages 309 and 473, &c.), which is prepared from the most nutritious of the cereal grains. It combines both nitrogenised and non-nitrogenised alimentary principles, and forms a very valuable food for children and invalids.

"JOHNN. PEREIRA, M.D., F.R.S.,
"*Physician to the London Hospital.*

"47 Finsbury Square, July 1, 1843."

Here follows the familiar testimonial, signed "Arthur Hill Hassell, M.D."

"Mix a tablespoonful of the powder with a small quantity of cold water, add half a pint of boiling water, constantly stirring, then boil it about eight minutes, add milk and sugar to make it agreeable. For grown persons, equal parts of milk and water may be substituted for water."

This is sold in tins containing half a pound, and retailed at one shilling.

Its ash amounted to ·7 of a per cent., and gave the reaction of the phosphates.

It contained 70 per cent of starch, but, although so rich in amylaceous matter, it was also particularly rich in gluten. It appears to be a preparation of wheat, as evinced by its microscopic analysis a little malt had probably been used in the preparation of this food because when it was submitted to a temperature of 79° C. for some time in conjunction with water, the latter, when filtered, rapidly reduced the potassio-cupric tartrate, showing that the starch had been partially converted into glucose.

(*To be continued.*)

Hospital Reports.

RICHMOND SURGICAL HOSPITAL.

Cases under the Care of Mr. WILLIAM STOKES.

(From notes taken by Mr. William Ovenden.)

STRANGULATED HERNIA.

Rare Form of Strangulated Femoral Hernia, the Intestine being Strangulated within a Sac formed by Omentum.—Duration of Symptoms of Strangulation, twelve Days.—Operation.—Double Stricture.—Death from Exhaustion six Weeks after the Operation.

JANE BROGAN, æt. 70, was admitted into the Richmond Hospital on Feb. 11th, 1871, suffering from obstinate constipation, vomiting, and great abdominal pain, which symptoms lasted for twelve days. On examination a small hard and somewhat globular tumour was found occupying the situation of the left femoral ring. The tumour was not painful to the touch. The patient stated that about ten years previous to her admission, while walking along the street, she was knocked down by a boy, and that immediately after this she observed the tumour. It did not then give her any annoyance, nor did it from that time to date of her admission into hospital. On examining the tumour it was not found to be painful, but the situation when she chiefly complained of pain was in the immediate vicinity of the umbilicus. She suffered also from great thirst and headache, and vomited at intervals of about twenty minutes a greenish yellow matter which had some of the characters of the so-called stercoraceous vomiting. The abdomen was hard swollen and tympanitic. The taxis having failed, a consultation was held, and it was determined to perform the operation for strangulated hernia. Mr. Stokes made the usual incisions, and came down on what appeared to be an omental tumour, and passed his finger round the upper portion of the tumour to feel for the constriction. He felt it, and then divided the constriction external to the omentum so freely as to enable him to pass his finger into the abdomen. Still, he could not succeed in reducing the hernia. He then made a division of the omentum, and found that there was a second constriction between the intestine and the omentum. This he divided, and then succeeded in reducing the hernia. He had thus a double constriction to deal with, one occurring external to the omentum by adhesions to the parietes of the abdomen, and the other between the intestine and the omentum. The edges of the wound were brought together with wire sutures, and dressed with water dressings. The patient then got a full opiate. The vomiting ceased, and there was an immediate cessation of the abdominal pain. The pulse came down from 112 to 104, and was much fuller and stronger.

Feb. 15.—Her bowels were not moved since the operation. An enema was then administered, after which she had two ample motions. From this time the case went on very well. Nothing untoward occurred, with the exception of the formation of a small fæcal fistula. This never completely closed. For several weeks the patient went on very well. Her bowels were regular, she took her food with relish, and was quite free from all pain. She then, however, began to show signs of great debility and exhaustion, which was not to be wondered at, considering her age and delicate physique ; and then these symptoms of exhaustion increasing, she gradually sank, and died six weeks after the operation was performed.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

⁎ Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS ; Baltimore, by Messrs. KELLY and PIET ; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR BUTLER, post free in advance, £1 6s., about six and a-half dollars ; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 15, 1872.

THE ORTHOPÆDIC HOSPITAL.

ALTHOUGH the recent events at the Orthopædic Hospital have excited considerable interest both in the public mind and amongst numerous members of the Profession, we have hesitated in giving public expression to any opinion we may have formed on the subject, so long as any further action on the part of those more immediately concerned in these transactions might be anticipated. Now that the last moves seem to have been made, that the discreditable game is well nigh, if not quite, played out, and a sort of stale mate, in which all parties seem more or less losers and defeated, seems inevitable, it may be both interesting and edifying to give a short sketch of this recent drama, and of the part played by the chief actors concerned. There has probably been an immense amount of bye-play going on behind the scenes for a long time before the public performances began, but the curtain rises at a situation somewhat as follows :—We have two surgeons to the institution, and one assistant-surgeon. The former have been there for many years, and feel themselves strongly established in their seats, the latter has also filled the post of assistant under somewhat trying circumstances, and is desirous of promotion, a step to which the two seniors are opposed. The committee are evidently divided in their opinions, some taking part with Messrs. Tamplin and Adams, and others with Mr. Brodhurst. The situation so far, it must be admitted is a not uncommon one, it has occurred more or less, at most hospitals, and usually finds a sort of natural solution by a system of retirement of the seniors, and consequent promotion of the juniors. The peculiarity in the present case consists in the method adapted by the assistant-surgeon and his friends to procure promotion, and to leap at one bound from the bottom to the very top of the tree. It is probable that this extreme measure was not at first contemplated, but that finding there was sufficient reserve force for the purpose, Mr. Brodhurst decided to become not only surgeon, but *senior* surgeon of the hospital. The tactics that were pursued consisted in mustering as many friends at the general meeting as could be got together, and then adding to their number to the required extent by paying down a sufficient sum of money to create governors *pro tem.*, who should vote and carry whatever measures would serve Mr. Brodhurst's purpose best ; and so unblushingly and openly was this done, that Mr. Brodhurst himself paid a sum of money by cheque for the creation of governors. Having thus become masters of the situation, Mr. Brodhurst and his friends proceeded at once to action of a very radical and sweeping character. They might perhaps, if they had had some feeling for the interests of the hospital, have been satisfied to promote Mr. Brodhurst to the post of surgeon, and thus retain the services of the old and experienced surgeons of the institution, but no, the hour of their triumph had arrived, and they would use it unmercifully. They therefore, upon a flimsy and baseless pretext, passed a vote of censure upon Messrs. Tamplin and Adams, and thus compelled them to resign. The result was that Mr. Brodhurst became at once senior and sole surgeon of the Orthopædic Hospital. Thus by the power and leverage of money alone was this gentleman and his friends able to lift his colleagues out of their office, and to seat himself in their place.

Surely in the annals of hospital administration there has been nothing done so subversive of law and justice If it be possible by the mere payment of gold to lift juniors into the place of seniors, Who is safe ? the fruits of the labour of years may be destroyed at one fell swoop, and the utterly unscrupulous who look only to the

attainments of the end without any regard to the means employed, may ride rough shod over every claim, however strong, and justify their acts upon the plea of success, no matter what gross outrage may be perpetrated upon individuals or what irreparable injury may be inflicted on the institution. So much is this the case in the present instance that Mr. Brodhurst, calmly surveying the overthrow of his colleagues, expresses a hope in a letter that now he is the sole representative of the staff all will go on quietly and prosperously. We have drawn the attention of our readers to these startling facts, because under such a *régime*, and with such possibilities hanging over the heads of the different hospitals and their staffs, no one would be safe; a jealous, ambitious, and unscrupulous junior could at any time supplant his seniors, and chaos, confusion, and decay would supersede the present well ordered arrangement and subordination of our hospitals. It behoves all those hospitals whose rules permit of such a sudden manufacture of governors to revise their laws, and it behoves the public, the Profession, and the press to raise their voice against such an unjustifiable proceeding. It will be interesting to see what steps the Orthopædic Hospital has taken to rectify the injustice that has been done, and to inquire why matters are still permitted to remain in such an unsatisfactory state, and this will form the subject of an article in our next.

◆

WATER SUPPLY.

A LITTLE while ago we directed attention to the statements of Dr. Whitmore and Dr. A. S. Taylor, as to the condition of the Metropolitan water. We have now to add that their views are endorsed by Dr. Letheby in his official report to the City authorities, as Medical Officer of Health. The following Table shows the result of Dr. Letheby's numerous analyses for the year, and we also quote his remarks on the subject.

Average Chemical Composition of the Metropolitan Waters for the Year 1870.

NAMES OF WATER COMPANIES, &C.	Total Solid Matter per Gallon.	Common Salt.	Oxygen* required by Organic Matter, &c.	Nitrogen.		Hardness.	
				As Nitrates, &c.	As Ammonia.	Before Boiling.	After Boiling.
	Grains.	Grains.	Grains.	Grains.	Grains.	Degrees.	Degrees.
THAMES WATER COMPANIES.							
Grand Junction . .	19·56	1·88	0·102	0·128	0·003	14·8	3·8
West Middlesex . .	18·71	1·83	0·040	0·124	0·001	14·4	3·3
Southwark & Vauxhall	19·44	1·91	0·089	0·125	0·003	14·8	3·8
Chelsea	19·48	1·87	0·093	0·136	0·003	14·9	3·8
Lambeth	19·79	1·79	0·082	0·123	0·003	15·0	3·8
OTHER COMPANIES.							
KENT	27·69	2·56	0·010	0·215	0·000	20·7	5·7
New River	19·19	1·68	0·032	0·132	0·001	14·8	3·5
East London. . . .	20·39	2·10	0·060	0·143	0·001	15·0	4·0

The quantity of solid or rather saline matter dissolved in water supplied to London during the year has ranged, in the case of the Thames supply, from 18·71 grains per gallon (West Middlesex Company) to 19·79 grains (Lambeth Company); in the New River Water, which is that chiefly supplied to the City, it has averaged 19·19 grains per gallon; in the River Lea water of the East London Company, 20·39 grains; and in the water from the deep chalk wells of the Kent Company, it has amounted to 27·69 grains per gallon. The fluctuations of these proportions have not been considerable during the year, although in all cases the water has contained more saline matter in winter during wet weather than in summer—the maximum being in January and February, and the minimum in September. The hardness of the general supply has ranged, in the case of the river water, from 14·8 to 15 degrees of Clark's scale, and this has been reduced to about 4 degrees by boiling for a quarter of an hour. In the case of the chalk-well water, the hardness has been 20·7 degrees, and after boiling it has fallen to 5·7 degrees. The proportion of organic matter in the water has been very small, for the quantity of oxygen required to act on every description of oxydizable matter has ranged from only 0·01 of a grain per gallon in the chalk water of the Kent Company, to 0·102 of a grain in the Thames water supplied by the Grand Junction Company; and the amounts of ammonia and of organic nitrogen, as determined by Wanklyn's process, have not exceeded the 100th part of a grain per gallon of water.

As regards turbidity, the water supplied to the City by the New River and the East London Companies has been invariably bright and nearly colourless, and so also has been that of the Kent and the West Middlesex Companies, but that of the Southwark and Vauxhall Company has been turbid on one occasion, that of the Lambeth Company on five occasions, and that of the Chelsea and of the Grand Junction Companies on eight occasions respectively. The turbidity has been at all times due to the presence of a very small quantity of finely divided clay, in which there was occasionally a trace of vegetable tissue; and no doubt it had been caused by the heavy floods of the river. Although perfectly harmless, a slight turbidity of the water is sure to command attention, and may easily be made the subject of popular clamour. On several occasions it has been described by the Registrar-General, on the authority of Dr. Frankland, in very alarming language, as that the water was turbid, very muddy, contained living organisms, was polluted with organic impurity, and was entirely unfit for domestic use. It is fortunate for both the water companies and the public that the Board of Trade has power, under the 35th and 36th section of the Metropolis Water Act, 1871, to institute enquiries into the truthfulness of such statements; and accordingly, at the instance of the vestry of St. Mary, Newington, who were terrified beyond measure at the accounts given by Dr. Frankland of the condition of the water supplied to the parish, the Board of Trade appointed their officer, Major Bolton, who is the water examiner, to investigate the facts of the case.

It is not necessary for us to follow Dr. Letheby in his remarks on Major Bolton's report, nor on those of Drs. Whitmore and Taylor, inasmuch as we have already acquainted our readers with their conclusions. We may remark, however, that he animadverts strongly on the sensational language used by Dr. Frankland, and on the absurdity of giving the results in tons. We certainly think that a gallon is easily understood, and would suffice for scientific purposes. As to "previous sewage contamination," Dr. Letheby pertinently asks, "who cares for this, when the meaning of the phrase is clearly understood?" We re-echo the question, and heartily join in the protest against such expressions.

But besides the authorities cited in this and preceding

articles, we may observe that the Royal Commission on Water have expressed themselves to the same effect, for at page 93 of their report, after condemning the term "impurities" as used by Dr. Frankland, they say, "And further, we cannot but consider it unphilosophical when, in addition to treating as 'impurities' substances perfectly harmless even in much larger quantities, the minute quantities present in a gallon, or any other small measure of water, are multiplied by taking masses of water, such as the individual never has to deal with, and given to the public in figures so large as to tend to cause misconception, and perhaps unnecessary alarm in the minds of those not conversant with all the conditions of the case."

In conclusion, we may add the following from Dr. Letheby's report :—"I have been tempted to discuss this matter somewhat fully by the desire to allay any feeling of apprehension in the public mind as to the wholesome quality of the water supplied to this Metropolis, and I have endeavoured to show that although the phrases made use of by the Registrar-General on the authority of Dr. Frankland are at first sight undoubtedly alarming, yet when closely examined are found to be but mere figures of speech with perhaps a rather bold touch of exaggeration. It is, however, satisfactory to know that this kind of phraseology is quite exceptional, and is not used or even accepted, so far as I am aware, by any practical sanitary authority."

Notes on Current Topics.

Soothing Syrup.

It would appear that the time has come when it is absolutely necessary that the Legislature should interfere; just as it interferes for the suppression of abortion, for the prevention of the abominable abuse of narcotics by lazy and inhuman mothers with their infants. Baby farming by professed traders in that line has been dealt with under the authority of the State, and it is a natural sequence that baby farming at home shall be more closely investigated than it is at present. In the *Pacific Medical Journal* Dr. McNutt has recently exposed the system in San Francisco, and if we are to believe the records which from week to week appear in the daily papers, "our withers are" not "unwrung." His attention was first called to the baneful effects and the enormous consumption of Mrs. Winslow's soothing syrup by an article in the *California Medical Gazette.* The author had been called to see a child aged six months, apparently in a dying condition from the effects of some narcotic poison. He found that this soothing syrup was the only medicine which had been administered, and of it the child had taken two teaspoonfuls within ten hours. There was remaining in the vial from which the two teaspoonfuls had been taken, ten drachms, which yielded, on analysis by a skilful chemist, nearly one grain of morphia and other opium alkaloids to the ounce of syrup. Dr. Murray, in the article already referred to, says: "I have ascertained that there are about one hundred thousand two-ounce bottles of it sold annually in this city, containing about one hundred and eighty thousand grains of morphia, which are given annually to the babies of this State." If the babies of California consume two hundred thousand ounces of soothing syrup, it is but fair to assume that there is seventy-five times that amount used in the whole United States, which would make 15,000,000 ounces of syrup, or about 14,000,000 grains of morphia. Setting aside the direct cost of this nostrum, it would be scarcely possible to estimate the damages which the people of the United States sustain indirectly from its use.

The Coming Election of Council at the Irish College of Surgeons.

As the term of office of the Council of the Royal College of Surgeons in Ireland approaches expiration, interest revives in the probabilities of a coming contest for a seat on the Council, or for the vice-chair of the College. It had been expected that either Dr. Tabuteau, of Portarlington, or Dr. Martin, of Portland, would have offered themselves for the Vice-Presidency, as representatives of the provincial Fellows; but neither of those gentlemen have as yet declared their candidature, and we believe we may state that they will not compete for that office this year. Dr. Denham, of Dublin, ex-Master of the Rotundo Lying-in Hospital, who was elected to the Council last year, has, however, intimated that he will seek that honour, and we do not anticipate that he will meet with any important competitor for it. As for the Council, it is probable that several candidates will offer themselves in addition to the outgoing Councillors who will seek re-election, but the only Fellows whose candidature may as yet be taken *au serieux* are Dr. Kidd, examiner in midwifery in the College, and obstetric surgeon to the Coombe Lying-in Hospital, and Mr. John Hamilton. The annual report of the Council will be presented to the College on the last Monday in May, and the election meeting will take place on the first Monday in June.

The Qualification for Surgeoncies of Irish County Infirmaries.

We report elsewhere the legal proceedings in reference to the succession to Dr. Crumpe in the Tralee Infirmary. Our readers will bear in remembrance that on the resignation of Dr. Crumpe the office of surgeon was contested by Drs. Alton and Lalor. Dr. Alton is a member of the London College of Surgeons, and was co-opted a Fellow of the College of Surgeons of Ireland during the year of grace which followed the grant of the Supplemental Charter of the College—1844. Dr. Lalor was a Licentiate by examination and apprenticeship. Dr. Alton was elected in succession to Dr. Crumpe by a nominal majority of one, and Dr. Lalor challenged the validity of his election on the ground, amongst others, that the Acts of Parliament required that the chosen surgeon should possess "Letters Testimonial" of the Irish College. Dr. Alton, on the other hand, pleaded that though he never had these "Letters Testimonial," he held the Fellowship diploma, which, as the higher degree, included all the privileges of the lower. The Charter of the College throws some light on the question, for in it a special clause is enacted giving to Fellows by examination all the privileges of Licentiates, but this clause is omitted from the paragraph which provides for the co-option of Members of other colleges as Fellows. Dr. Lalor brought the matter before the Queen's Bench, and has obtained a clear declaration that the possession of "Letters Testimonial" was not implied in the Fellowship by co-option. We believe that the eliciting of this judgment has involved Dr. Lalor in heavy expenses, and he has certainly evoked a decision for which the Licentiates of the College owe him thanks.

Health of Dublin.

In the Dublin district the births during the week amounted to 187. The average number was 166. The deaths during the week were 220. The average number of eight years was 136. Fifty-seven deaths from small-pox were registered during the week; of these 14 actually occurred during the week, and 28 during the previous week. Of the 57 deaths registered, 18 were of children under 5 years of age, 10 were of persons 5 and under 15, 10 between 15 and 20, 15 between 20 and 40, and 4 between 40 and 60. Twenty-seven deaths from small-pox were registered in Cork, 4 in Belfast, and 1 in Waterford. Seven deaths resulted from fever, viz.—3 from typhus, 2 from typhoid, and 2 from simple continued fever. Five deaths were caused by measles, 4 by scarlatina, 1 by diphtheria, and 1 by whooping-cough. Phthisis was the cause of 14 deaths, tabes mesenterica of 4, and hydrocephalus of 1. Twenty-six deaths were ascribed to bronchitis, 3 to pneumonia, and 2 to lung diseases unspecified. Convulsions proved fatal to 13 children; 9 deaths were attributed to paralysis, 2 to cephalitis, 1 each to apoplexy and epilepsy, and 7 to brain disease unspecified. Seven persons died from heart disease, and 1 from aneurism. Two deaths were ascribed to jaundice, 2 to liver disease, and 1 to fistula. There was one death from kidney disease.

Accidental Poisoning.

The *Pharmaceutical Journal* has undertaken the task of collating cases of accidental poisoning, and has in its last issue produced the result in tabular form. The cases extend over a period of about three years and a-half, and number altogether 48. Of this number more than one-half, or 24, occurred in the use of domestic nostrums or household chemicals, such as Godfrey's cordial, vermin-killer, soothing cordial, laudanum, and "Mrs. Winslow." Only three out of the 48 cases are reported from Ireland, and two from Scotland, the remaining 43 being English.

Cold Alcoholic Test for Albumen.

Dr. C. R. Drysdale reports from the Metropolitan Free Hospital, that he has tried the cold alcohol test for albumen, recommended by Dr. Betz (*Memorabilien*, 1872) and that it has proved trustworthy in the cases tried by him. Dr. Betz remarks that boiling the urine is not always a sufficient plan when examinations are made in private practice, because albumen is not always thrown down by boiling. Also nitric acid is not certain in all cases. He mentions that a trustworthy and very easily obtained reagent, is ordinary spirit as bought in shops. A portion of the urine is poured into a glass, and over it about an equal quantity of spirit, without allowing the two liquids to mingle. When albumen is present the alcohol has a milky haze at the junction, and occasionally there are small nipples of albumen seen in the alcohol when the urine is very full of it. This process is so simple that it can always be made use of. According to Dr. Betz, this test will frequently show albumen when we are not inclined to think it exists on account of the absence of œdema, heaviness of the body (which is seen in children), foaming of the urine on micturition, scarlatina or pneumonia. Dr. Drysdale has found the reaction in four cases of chronic albuminuria now under his care at the Hospital.

Charity Organisation Reporter.

In a journal with the above name, published weekly, we find among other excellent hints from Sir C. Trevelyan, Mr. A. Hill, Mr. Holland, a lecture of Dr. Roberts, from which we extract a passage which will please *some* of the readers of the Medical Press and Circular. It is from the *Leamington and Warwickshire Chronicle*, of the 13th April. Dr. Roberts says :—

"There is one more subject, and one which I do not like to meddle with, but it is a matter of such vast importance that I cannot altogether pass it over. So important is it that, indeed, the most perfect form of Government it is possible to conceive, and the wisest and best administered laws would be of no avail if this is ignored. I allude to improvident marriages, and bringing recklessly into the world a number of children, whom the parents cannot possibly feed, clothe, or educate. For the best devised scheme for ameliorating the condition of the people must be utterly baffled, swamped, and rendered inoperative by overwhelming numbers. There is no possible remedy for the evil if the people themselves are not more prudent in this respect. My belief is, if the people are not more prudent in this matter, they will, at no distant day, be in a state of chronic starvation, for we are adding to our numbers 200,000 mouths every year, which is the population of a large country. In consequence of this progressive increase, more than half the corn consumed in England is already obliged to be bought in foreign countries, and the result is, that all articles of consumption which have any nourishment in them, as well as bread, are steadily increasing in price and must continue to increase with the increase of population."

Value of Taraxacum.

Taraxacum in India is regarded as of great value. A writer, quoted by the *American Journal of Pharmacy* for Feb., 1872, says :—

"Medical men admit the value of this preparation, and I know several gentlemen in India who are, by their own admission, kept alive by the daily use of *Taraxacum* coffee. It is fairly entitled to be called a specific for the cure of torpid liver, a complaint from which the majority of Europeans suffer; the fact being made known when they proceed to a cool or hill climate and shiver and shake with cold while the thermometer is at 60° F. only. The sallow complexion of such men, women, and children, their languid movements and their enjoyment of heat, all alike proclaim that they are suffering from sluggish action of the liver. The conserve of *Taraxacum* may be made into syrup for use. Horses and valuable dogs, sheep and poultry, all suffer from disease of the liver. A bolus of *Taraxacum* conserve to a horse, and a pill thereof to a fowl, would be most beneficial and act as a curative agent. Rabbits also suffer greatly from liver disease, but if they were supplied with a few (two or four) green *Taraxacum* leaves twice or thrice a week, the mortality of this (hitherto) incurable disease would disappear, and rabbits could then be extensively raised for the market."

In commenting on this the *Pacific Medical* says :—

"To make dandelion coffee the roots are dried, chopped up, and roasted and ground like common coffee. One part of this is mixed with nine parts of true coffee, for table use. The admixture can scarcely be detected by the taste. We may add that the extract of taraxacum may be mixed with coffee in the same way, with good effect. It is admirably suited to certain cases of dyspepsia with torpid liver."

Castor Oil.

It is not everyone who can take this drug, although, none, perhaps, is so generally resorted to as an aperient in pregnancy and in child-bed. There are many who object to it, and it seems to the *Pacific Medical Journal* that it is one of the most unfit agents that can be selected. Repeatedly (says the editor) have we known labour prematurely induced by a dose of "oil." We are inclined to think that it would have this effect in a majority of cases if exhibited within a month of full term; or at least that it would bring on pains similar to those of labour, and liable to be mistaken for labour; in fact, the ordinary griping of a dose of oil comes nearer to the pains of labour than the action of most other purgatives. After delivery it is habitually employed to restore the arrested peristaltic action. Here also the result is the restoration of after-pains. So deeply has our experience impressed us with this fact that we never prescribe it in child-bed unless where the patient prefers it to anything else. Nurses are entirely too officious in administering cathartics a day or two after confinement. They do this very generally without the counsel or knowledge of the accoucheur. There is no need of so much haste. An enema may answer the purpose, or laxative food; and where they fail, a small dose of citrate of magnesia, or confection of senna, or anything that will barely establish the normal movement.

Another charge against castor oil is that it irritates the rectum and tends to produce hæmorrhoids. Its irritating action on the mucous surface of the lower intestines is acknowledged by authors. This is the probable cause of its tendency to excite uterine pains. And this is the reason also why its operation is followed by constipation which, by the way, constitutes another formidable objection to its use in the puerperal state.

The London and Dover Convalescent Home, Dover.

It may not be generally known to the readers of the Medical Press and Circular that a convalescent home for sick and needy governesses, shop women, needle women, teachers, &c., was about two years ago established in Dover by Mrs. Marshman, that already it has been the means of affording its benefits to more than 700 individuals of those classes, and that it is now in a position to extend its advantages still farther.

Having had an opportunity very recently of visiting the Home in question we are able to vouch for the cleanliness and order which pervade the establishment. The position is such that the inmates obtain from the front windows an excellent view of the harbour and channel, the rooms are shady and well ventilated, the beds and bedding pictures of cleanliness, and a general aspect of cheerfulness pervades the entire establishment. The latest published report of the Home contains the statistics of 630 cases as having been admitted during the first twenty months that the home was open. The patients comprised 37 gentlewomen in reduced circumstances, 54 governesses, 29 matrons, 168 needlewomen, 66 shopwomen, 84 children, 71 servants, 56 widows and mothers of families, and 65 women of other classes, the whole number, with very few exceptions, belonging to London, and nearly all so much restored in health by their residence at Dover as to have returned to their avocations. Mrs. Marshman was loud in her acknowledgments of services and favours bestowed by residents of Dover to her patients. Thus, one of the resident Medical men gave gratuitous professional assistance, a druggist supplied medicines at cost price, a livery stable-keeper sends a carriage and horses daily in good weather to give the [illegible]alescents an airing, charging it at a very reduced rate for so doing, and the keeper of the salt-water-baths is greatly accommodating. The Home seems to be appreciated as it deserves to be.

The Sham Diploma Swindle.

Justice, leaden-footed as she is, has at last overtaken the traders in diplomas. On the 21st of March, in the Pennsylvania Legislature, the Hon. Mr. Randall made the following report from the committee to investigate the fraudulent issue of Medical diplomas:—

"The institutions in regard to which inquiry has been made are the University of Pennsylvania, the Jefferson Medical College, the Philadelphia University of Medicine and Surgery, and the Eclectic College of Medicine, all of which are located in the city of Philadelphia.

"In regard to the two first named institutions, the University of Pennsylvania and the Jefferson Medical College, your committee feel bound to report that a full and careful inquiry has developed no cause for suspicion that either the trustees or faculty, or any member thereof, have in any way been concerned in the unlawful issue of Medical diplomas, or the improper issue of what are termed 'Honorary Degrees.'

"The other institutions which at present are known by the names of the Eclectic Medical College and the Philadelphia University of Medicine and Surgery, seem to owe their corporate existence to some very complicated and mysterious legislation.

"An examination of nine witnesses has convinced your committee that the Philadelphia University of Medicine and Surgery, under the management of Dr. William Payne and the Eclectic Medical College, under the management of Dr. John Buchanan, have for a long time openly engaged in the sale of diplomas to persons who had not attended even a practical collegiate course, and who, in many instances, were without any Medical or scientific attainments whatever.

"It is in evidence that Dr. Payne made an agreement for the sale of diplomas for the consideration of $200, conferring the degrees of M.D. and LL.D. to a person of whom he knew nothing, except the name, and that in pursuance of this arrangement said diplomas were regularly made out and signed. The person named in this instance is stated to have been an infant but two years old. It was also proved that Dr. Payne entered into an agreement with other parties to furnish diplomas for sale. In many instances there was positive proof that he had issued the diplomas of the Philadelphia University of Medicine and Surgery for a consideration to persons who had never attended any course of instruction, and to others who had only attended a few lectures in the course, and almost invariably without requiring an examination of the persons so graduated, or the writing of a thesis.

"In a number of cases witnesses testify to having received meritorious degrees in medicine, without study, examination, or even payment. An examination of the books of the Philadelphia University of Medicine and Surgery discloses the fact that many *honorary degrees* from that institution were disposed of for money, the entries stating specifically the amounts paid for such degrees, and the names of the persons to whom they were sold.

"The testimony concerning the illicit traffic in diplomas by the Eclectic College of Medicine, under the management of Dr. John Buchanan, developed some most astounding facts connected with the management of this institution. It appears to be notorious that the sale of degrees by this College was carried on openly and systematically. Diplomas from this College, in regular form, and signed by the faculty, have been granted to women who could not even tell the location of the College; and there is abundant testimony of the sale of degrees to persons who never attended any of the course or received any medical instruction whatever.

"Your committee feel bound to report that this illicit and disgraceful traffic in diplomas by the two Colleges above named has brought the Medical Profession of the State into disrepute, and has done great injury to the character and standing of the University of Pennsylvania and the Jefferson Medical College.

"It seems to have been the design of those engaged in the nefarious business to create the impression that they really represented the University of Pennsylvania at Philadelphia, and hence their endeavours by frequent legislation to obtain such names as would be likely to be mistaken for it."

The Report concludes by an earnest recommendation that the charters of these Colleges should be repealed, which was accordingly done without one dissentient voice.

It is due to our contemporary, the *Philadelphia Medical Reporter*, to say that it is mainly to the persevering exertions of its editor that the system of swindling by sale of their diplomas was forced upon the notice of the local legislature.

Precautions against Accidental Poisoning in Her Majesty's Navy.

THE following circular has been issued by the Admiralty :—

All medicines or medicinal compounds of a poisonous nature kept in medicine chests or dispensaries are to be put up in bottles or jars of a dark-blue colour only, and to bear labels of a yellow colour, having the word "Poison" printed in bold letters over the name of the medicine.

All medicines or medicinal compounds of a harmless nature kept in the chests or in dispensaries are to be put up in bottles of white or pale green glass, or in jars of white ware, and to be distinguished by labels of a green colour.

All medicines labelled "Poison" are to be kept under lock and key, and apart from the others, in the dispensaries ashore and afloat and in the medical stores of hospitals and depôts.

All medicines of a poisonous nature, whether for internal or external use, supplied to patients in the wards of hospitals or sick berths of ships are to be labelled with the yellow "Poison" labels, and put into ribbed or fluted bottles of a dark-blue colour only.

Medicines of a harmless character supplied to patients in hospitals or sick berths are to be labelled with green labels and dispensed in bottles of pale green or white glass only.

To gun-boats and coast-guard cruizers on the special scale, twenty-four green blank labels are henceforth to be supplied with the medicine chests; but the number of white or pale green 6-oz. E bottles is to be reduced from six to four.

No white labels, or labels of any other colours than yellow or green, as specified above, are to be used for medicine bottles or for dispensing; and no other kinds or colours of bottles and jars than those herein named are, under any circumstances, to be used for the purposes specified.

Naval Courts-Martial.

A COURT-MARTIAL assembled last week in Portsmouth harbour, for the trial of Mr. Robert Gilmore M'Calman, M.B., assistant-surgeon, borne as supernumerary on the books of the *Duk o Wellington*, on a charge "that he, the said Robe G. M'Calman, on April 20, 1872, wilfully disobeyed the lawful command of Capt. the Hon. H. C. Glyn, of the *Duke of Wellington*, in that, when ordered by Capt. Glyn to join Her Majesty's ship *Tamar*, for passage to Her Majesty's gun-vessel *Swallow*, he replied, 'I would rather return to my former position of arrest than rejoin the *Swallow*.'" The prisoner pleaded guilty to the charge. Mr. Ford, his legal friend, read a brief statement in extenuation of the charge, to the effect that the prisoner suffered from constant sea-sickness when at sea, as also that he had tendered his resignation to the Admiralty. In conclusion, the prisoner expressed contrition, and threw himself on the mercy of the Court. Certificates of character in the *Royal Oak* and *Pembroke* were read, and showed that the prisoner had paid great attention to his duties, and given great satisfaction, and promised to be a good Medical officer. Mr. William Hoggan, staff-surgeon, was called, and stated that he had known the prisoner since Jan. 18, 1871 (the date of his taking charge of the *Royal Oak*), and he had found him to be correct in his deportment, strictly sober, and unassuming and gentlemanly in the extreme, having considerable professional ability. The Court was then cleared, and on the re-opening the Judge-Advocate read the finding, which was to the effect that the prisoner having voluntarily pleaded guilty, and having heard what the prisoner had offered in extenuation of the offence, the Court adjudged him to be dismissed from Her Majesty's service.

Examination of Assistant-Surgeons for the Rank of Surgeon.

THE following Circular has been issued by the Admiralty :—

"1. My Lords Commissioners of the Admiralty are pleased to direct that the Examination of Assistant-Surgeons for the rank of Surgeon in the Royal Navy, by a Naval Medical Board at Somerset House, shall be discontinued after Tuesday, May 7th.

"2. In future a number of written questions, framed by the Professors of the Medical School at Netley, and approved by the Director-General of the Medical Department, will be forwarded, sealed, twice a year, in January and July, to Haslar and Plymouth Hospitals, and to each of the Foreign Hospitals.

"3. The principal Medical Officers of these establishments will communicate with the Commander-in-Chief or senior officer on the station, with a view to fixing a day and making the necessary arrangements for the examination, and giving due notice to such assistant-surgeons as are eligible and who may be disposed to avail themselves of it, provided the convenience of the service will admit of their attending.

"4. On the day of examination the candidates will assemble under the superintendence of the principal Medical officer of the hospital, who will open the sealed packets in their presence and distribute the questions, and who will see that they are answered without the assistance of books, notes, or communication with any other person. Care will also be taken that there is no communication between the assistant-surgeons while under examination. The staff-surgeon of the flag-ship, or senior Medical officer of the ships present, will assist the senior Medical officer of the hospital during the examination.

"5. The answers, in writing, are to be signed and delivered, sealed, to t principal Medical officer present, who is to send them, unopened, to the Director-General of the Medical Department, by whom the necessary steps will be taken for ascertaining the fitness or otherwise of the assistant-surgeons for promotion.

"These regulations will come into force in July, 1872. —By command of their Lordships, VERNON LUSHINGTON."

Army Promotion.

WE have so often referred to this subject and quoted instances of unrequited service, that we cannot pass by without remark the following passage from the *Army and Navy Gazette* :—

> "Inspectors-General of Hospitals R. Lawson, J. Paynter, C.B., and R. Dane, are, we understand, likely shortly to accept half-pay. Two of the steps will go to the senior Deputy-Inspectors—Drs. Fraser and J. H. Innes, but we cannot learn that the third vacancy has been filled. If the promotion is made according to seniority, it will fall to Dr. Longmore, but should selection be made, Dr. C. A. Gordon may stand the best chance of being the favoured one. Dr. Gordon, whose services during the Franco-Prussian War have never yet been recognised at home, won his C.B. for meritorious conduct during the campaign of 1857-58 in India, when he was twice mentioned in despatches, and Dr. Longmore won his spurs by hard work in Crimean hospitals and on the field of battle."

Now, it is quite clear that if two steps out of three are to go by seniority alone the third must not, unless it be quite determined to abandon the plan of promotion by selection, as laid down in the warrant on the subject.

We observe further that Drs. Fraser and Innes have both had less service than Dr. Gordon, being both of them promotions for the Crimea when Dr. Alexander was Director-General.

Dr. Innes was the Deputy-Inspector sent to the Prussians in the last war, and his service there must have been a pleasant one; whilst Dr. Gordon was sent to the French, and, as we have before mentioned, had to endure the horrors of the siege of Paris. His services on that occasion, as the *Army and Navy Gazette* observes, have never yet been recognised, and we should therefore imagine that it is impossible to pass him by.

Pyæmia.

THE discussion at the Pathological Society opened by Dr. Sanderson was a great success. We congratulate the society on the first of these discussions, and shall next week give a report.

The Late Mr. Weedon Cooke.

AT the age of 57 after a short illness, this gentleman has been called away from a sphere of activity and usefulness in which he had long held the esteem of a large circle of professional friends. He died on the 7th inst. He was Surgeon to the Royal Free and Cancer Hospitals.

Test for Arsenic in Sulphuric Acid.

THE presence of arsenic in concentrated sulphuric acid may be detected by cautiously adding drop by drop from 2 to 3 c.c. to a solution of a little stannous chloride in from 4 to 6 c.c. of hydrochloric acid of sp. gr. 1·12, the liquid being gently agitated after each addition. If arsenic be present a yellow colouration changing to brown is produced; if not, the solution remains clear. This test is said to answer if the 500,000th part of arsenious acid be present.—*Dingl. Polyt. Journ.*

American Diplomas.

ON Tuesday, May 7th, an appeal was argued in the Court of Exchequer on behalf of Thomas Andrews, of Shrewsbury against a conviction by the magistrates of that town for improperly using the letters M.D. after his name in accounts rendered. The appellant produced a diploma of the University of Philadelphia, United States, of the year 1870, but did not appear even to have visited the place or been examined before a qualified tribunal.

Their Lordships were all of opinion that the conviction should be affirmed, and dismissed the appeal with costs.

Baron Martin expressed his satisfaction that measures were being taken by the Legislature in America to suppress this issue of spurious degrees by the University of Philadelphia.

The First Medical Journal.

THE first Medical journal ever published was the *Zodiacus Medico-Gallicus*, a French monthly periodical, edited by Dr. Nicholas de Blegny. It appeared in 1680, and its editor subsequently became physician to King Louis XIV. Its success was somewhat ephemeral, owing, it is believed, to the independent pungency of the critical notices which it contained of the cotemporary Medical literature. It survived four years, but lived long enough to become the patriarchal prototype of an innumerable line of Medical periodical literature. The credit of this research for the protoplasm of Medical journalism belongs to the *New York Medical and Surgical Reporter*.

Doctors' Coachmen.

THE prevailing mania for strikes is likely to affect even the professional duties of Medical men. At a recent meeting held in Edinburgh, the following resolution was unanimously adopted :—

> "The doctors' coachmen, having met and taken into consideration the length of time they are daily on duty, and the additional Sabbath labour they have to do, resolve to bring the matter under the notice of their employers, with a view to some arrangement being come to which shall free them from Sabbath duty; and that a committee be appointed with power, by conference or otherwise, to lay the matter fully before their employers, and to report to a subsequent meeting."

It was decided to conduct their negotiations with their masters in a "conciliatory and respectful spirit." Very kind of them !

A CHEMIST, named Stirling, carrying on business in the Edgeware Road, London, was last week committed for trial for using certain instruments for the purpose of producing abortion.

THE Royal College of Surgeons in Ireland met last Tuesday for the purpose of electing Examiners. In addition to the outgoing members of the Surgical, Midwifery, and Arts Courts of Examiners, all of whom offered themselves for re-election, there were only three candidates—Dr. Gogarty for the Surgical, Dr. Telford for the Midwifery, and Dr. Henry Tweedy for the Arts Board. The outgoing members were re-elected.

We can contradict the rumour that Inspector-General Mouat, V.C., C.B., is to succeed Sir Galbraith Logan in the charge of his department. The Director-General has no intention of relinquishing active employment.

The lectures at the Royal College of Surgeons of England will be resumed on Monday, 3rd of June next, by Professor Timothy Holmes, F.R.C.S., who will deliver on that day, and the succeeding Wednesdays, Fridays, and Monday, six lectures on "The Surgical Treatment of Aneurism in its Various Forms." Dr. G. M. Humphry, F.R.S., Professor of Anatomy in the University of Cambridge, will also deliver on Monday, Wednesday, and Friday, 17th, 19th, and 21st of June next, three lectures on "Human Myology."

How to illuminate opaque objects when viewed by a high power under the microscope is a subject which has long engaged the attention of microscopists. A new method of illuminating such objects is proposed by Dr. H. A. Johnson. It consists in sending a beam of light down the oblique body of the binocular upon the prism by means of a plane mirror or rectangular prism. By this arrangement objectives as high as the twenty-fifth, by an inch in focus have been used successfully by both daylight and lamplight.

◆

SCOTLAND.

In the action raised by the female students against the Senatus Academicus of the University of Edinburgh, answers to the condescendence have been lodged, together with a statement of facts on behalf of the Senatus. The defenders, generally, admit the truth of the statements made in the condescendence, but deny the correctness of the deductions drawn from them. The statement of facts contains a full exposition of the powers possessed by the Senatus.

◆

Correspondence.

LARYNGOTOMY AND TRACHEOTOMY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with the deepest interest the important communications in your last number by Drs. Hughes and McDowell, but I confess there are one or two points on which I should be glad of further enlightenment.

I confess that I quite understand the feeling of the writer condemned by Dr. Hughes, who admitted that a surgeon when present in the emergency named might not be prepared to operate.

It would be difficult to say how far a wasp might descend in the air tube, and after many years' practice without ever having seen the operation performed it would require much courage to plunge a pocket-knife into a patient's air-tube. Anatomy grows rusty in less than forty years, and even the hand may tremble when the life of a fellow-creature is at stake.

That which is easy to such skilful surgeons as Drs. Hughes or McDowell seems formidable to thousands of men who, like me, are out of practice, and I have always felt a lingering fear of the possibility of a mistake.

Professor Hughes says œdema never descends below the vocal chords, and he quotes my great master, Porter, I believe, correctly. On the other hand, Professor McDowell (p. 406) says that in one case "the submucous effusion or œdema was both supra and infra-glottic in its position. The supra-glottic œdema was amply demonstrated by the laryngoscope on the evening preceding the operation, when the epiglottis was erect, swollen, and red, and there was considerable effusion at the base of the arytenoid cartilages and in the neighbourhood of the superior chords; but when the operation was undertaken, the entire cavity of the larynx and down to the second ring of the trachea was found to be completely occluded. The supra-glottic œdema, therefore, so far, at least, as we are taught by that case, is no proof that infra-glottic œdema may not co-exist, as some modern writers on this subject inculcate. But so far as it goes, we are also taught the important practical fact that infra-glottic œdema may exist and extend to the second ring of the trachea." These statements seem to me contradictory, and the last, I think, justifies the doubt or the fear I have ventured to express. Especially would such doubt seem natural in a case arising from injury such as the sting of a wasp.

I have only one other point to mention. At the discussion by the Surgical Society reported in your last number Mr. Croly expressed a great dread of the inhalation of steam as likely to increase œdema. I should like to hear how this could be, as warm vapour is so constantly used to soothe. Hoping these gentlemen will give me further instruction,

Yours, &c.,
An Old Practitioner.

Enniskillen.

DOES DISEASE ATTACK THE SOLIDS OR THE FLUIDS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It has been a matter of consideration with me for some considerable time past, under various aspects, whether disease attacks the solids or the fluids; and so long have I inclined to the latter that I now believe it to be the fact. What are the solids, say the soft solids?—Arteries, nerves, veins, and lymphatics, and what will remain? nothing, except some sanguineous fluid. As all diseases are "Ab externo," that is the cause, or causes, how then can disease reach the vessels, unless through the blood, and if so, in what manner? When the blood is poisoned, as in "ague," by miasms, when the paroxysm is over what becomes of the poison? Is it in the vessels, or in the blood? It is in the system, no doubt; can it be in an artery or a vein, or nerve? When it has exhausted its virulence it remains in the system until it has re-excited itself, or does it simply lie dormant for a given time, and if so, where and why? The where, I should think in the blood, as I cannot fancy it in an artery, or nerve. The why, I cannot tell; but, when a poison continues in constant activity, keeps up the excitement, and keeps the pulse at 130, what is doing the harm? the blood, or the vessels, the soft solids? Now can these latter do harm? They merely pour out and take up the fluid, the poisoned fluid, which in time disintegrates the parts, causes separations, abrasions, and finally death. An ulcer commences from a small point, from foreign matter deposited at that point. Is the disease in the vessels, or in the blood? Clean the surface and look at the termini of the vessels. These have taken a new action upon themselves, they secrete pus, but it is from the blood. What is diseased, the blood or the vessels? What a quantity of thick white matter is secreted—and from the blood—certainly the vessels are merely secreting, hence I should say the blood was diseased, because the vessels themselves could not produce it. Tubercle of the lung is a deposition of earthy matter from the blood, whether hereditary or not, when ulceration takes place, the blood provides the matter secreted. When an ulcer is enlarging what is the fact? Are not the healthy parts absorbed? If the blood did not contain this pus, it would not be secreted, thus unhealthy blood. Take the liver, kidney, or any of the glands, when they are diseased, is it in the blood, or the vessels? The principle is the same, at least it appears to be so. How does disease attack a nerve, an artery, or a vein? And these are all microscopic, and make a distinction between a disease and what is called a malady, such as mania, idiotcy, &c., &c. I think this subject worthy of consideration, and remain for the present,

Your obedient servant,
Alex. Lane, M.D., R.N.

The View, Ludlow, Salop,
May 9th, 1872.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P. L.R.C.S. Edin.,

I propose in the following pages so to contrast, classify, and comment upon, the Pharmacopœial Preparation, as to facilitate the acquisition of such a knowledge of them as may be necessary for Medical and Pharmaceutical Students.

1. THE DILUTE ACIDS.

These are:—

1. **Acidum Aceticum Dilutum.**
2. **Acidum Hydrochloricum Dilutum.**
3. **Acidum Nitricum Dilutum.**
4. **Acidum Nitro-hydrochloricum Dilutum.**
5. **Acidum Sulphuricum Dilutum.**
6. **Acidum Sulphuricum Aromaticum.**
7. **ACIDUM PHOSPHORICUM DILUTUM.**
8. **ACIDUM HYDROCYANICUM DILUTUM.**

All these preparations, with the exception of the two latter, may be conveniently grouped together as *Dilute Acids, whose neutralizing power is measured by the amount of Volumetric Solution of Soda, which they are capable of saturating.* (*a.*)

I have thought it desirable to contrast the members of this group in a tabular form as follows:—

ACID.	PREPARATION.	NEUTRALIZATION.	PER CENTAGE STRENGTH.	SP. GR.
Acidum Aceticum Dilutum.	Dilute 1 part of Acetic Acid with 7 parts of distilled water.	One fluid ounce requires 313 grain-measures of the Volumetric Solution of Soda, and therefore corresponds to 16 grains of anhydrous acid.	3·63 per cent. of anhydrous acid.	1·006
Acidum Hydrochloricum Dilutum.	Dilute 8 parts of Hydrochloric Acid with distilled water until the mixture measures 26½ parts at 60° F.	Six fluid drachms require 1,000 grain-measures of the Volumetric Solution of Soda, and therefore correspond to 36½ grains (or one equivalent) of Hydrochloric Acid.	10·58 per cent. of real acid.	1·052
Acidum Nitricum Dilutum.	Dilute 6 parts of Nitric Acid with distilled water until the mixture measures 31 parts at 60° F.	Six fluid drachms require 1,000 grain-measures of the Volumetric Solution of Soda, and therefore correspond to 54 grains (or half an equivalent) of anhydrous acid (N_2O_5).	14·95 per cent. of anhydrous acid.	1·101
Acidum Nitro-Hydrochloricum Dilutum.	Mix 3 parts of Nitric Acid with 4 of Hydrochloric Acid, and 24 hours afterwards add 25 parts of distilled water in successive portions.	Six fluid drachms require 920 grain-measures of the Volumetric Solution of Soda.		1·074
Acidum Sulphuricum Dilutum.	Dilute 7 parts of Sulphuric Acid gradually with distilled water until the mixture measures 83½ parts at 60° F.	Six fluid drachms require 1,000 grain-measures of the Volumetric Solution of Soda, and therefore correspond to 40 grains (or half an equivalent) of anhydrous acid (SO_3).	10·14 per cent. of anhydrous acid.	1·094
Acidum Sulphuricum Aromaticum.	Mix 3 ounces of Sulphuric Acid gradually with 2 pints of rectified spirit, and macerate in this mixture for 7 days, 2 ounces of powdered cinnamon and 1¼ ounce of powdered ginger.	Six fluid drachms require 830 grain-measures of the Volumetric Solution of Soda, and therefore correspond to 33·2 grains of anhydrous acid.	10·91 per cent. of anhydrous acid.	0·927

Aromatic Sulphuric Acid is in reality a Dilute Acid and as such I have included it in the above Table.
The very important Acids, Dilute Phosphoric and Dilute Hydrocyanic, yet remain to be considered.

ACIDUM PHOSPHORICUM DILUTUM.

PREPARATION.	QUANTITATIVE TEST.	PER CENTAGE STRENGTH.	SP. GR.
By the action, aided by heat, of diluted Nitric Acid (Nitric Acid 6 ounces, with distilled water 8 ounces) on Phosphorus (413 grains). Phosphor*ous* Acid is produced ($P + HNO_3 + H_2O = H_3PO_3 + NO$) as well as Phosphor*ic* Acid ($3P + 5HNO_3 + 2H_2O = 3H_3PO_4 + 5NO$), and Nitric Oxide is evolved. After evaporation (to complete the oxidation to Phosphor*ic* Acid, and to expel Nitric Oxide gas) distilled water is directed to be added to the remaining liquid until, when cold, it measures one pint.	Six fluid drachms (355 grains by weight), evaporated to dryness with 180 grains of powdered Oxide of Lead, and heated to dull redness leaves a residue (Phosphate of Lead chiefly) which weighs 215·5 grains. Six fluid drachms, therefore, correspond to 35·5 (or quarter of an equivalent) of anhydrous acid (P_2O_5).	10 per cent. by weight of anhydrous acid.	1·080

(*a*). 1,000 grain-measures of the Volumetric Solution of Soda contain one equivalent in grains (40) o NaHO, and will herefore neutralize an equivalent quantity of any acid.

ACIDUM HYDROCYANICUM DILUTUM.

PREPARATION.	QUANTITATIVE TEST.	PER CENTAGE STRENGTH.	SP. GR.
Distil from a flask, connected with a receiver containing 8 ounces of distilled water, a mixture of solution of Ferrocyanide of Potassium (Ferrocyanide of Potassium 2½ ounces, in distilled water 10 ounces) with diluted Sulphuric Acid (Sulphuric Acid 1 ounce, distilled water 4 ounces). $2 K_4 FeCy_6 + 6 H_2SO_4 = \underbrace{FeK_2 FeCy_6}_{\text{Everitt's Salt.}} + 6 KHSO_4 + 6 HCy$ The distillate is directed to be diluted with distilled water until 100 grains of it, precipitated with solution of Nitrate of Silver, yield 10 grains of Cyanide of Silver. $\underset{27}{H Cy} + Ag NO_3 = \underset{134}{Ag Cy} + H NO_3$ As 27 grains of H Cy thus yield 134 of Ag Cy, 2 grains of H Cy (contained in 100 grains of distillate) yield 10 grains of Ag Cy (*a*).	270 grains, rendered alkaline by solution of Soda, require the addition of 1,000 grain measures of the volumetric solution of Nitrate of Silver before a permanent precipitate begins to be formed. The addition of $Ag NO_3$ to $H Cy$ with excess of Soda causes the formation of a soluble double Cyanide of Silver and Sodium, until all the H Cy is exhausted, $Ag NO_3 + 2 Na Cy + Na NO_3 + Na Ag Cy^2$. The further addition of $Ag NO_3$ then causes the precipitation of insoluble Oxide of Silver. Hence, if we know the amount of $Ag NO_3$ required to produce a permanent precipitate we can calculate the amount of H Cy present.	2 per cent. by weight.	0·997

(*a*) The characters and tests, &c., of the Acids will hereafter be fully considered in a course of lessons on the Materia Medica of the Pharmacopœia.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners on the 7th inst., and when eligible will be admitted to the pass examination: Messrs. A. S. L. Newington, Edwin H. Lendon, Arthur C. Haden, George H. Ross, and Robert J. Price, students of the University College; John Clare, T. Cattell Jones, Richard J. Morton, and Howell M. Powell, of Guy's Hospital; Frederick W. Darker, Henry Parson, and Clement E. Priestley, of St. Thomas's Hospital; Edwin Lee, and Alfred T. Bacon, of the Leeds School; Charles H. Taplin, of St. George's Hospital; Peter French, of the Dublin School; Walter M. Worthington, of the Birmingham School; Alfred L. Heale, of the Westminster Hospital; Jeremiah Scott, of the London Hospital; William Smith, of the Sheffield and Glasgow Schools; P. Walter Hughes, of the Liverpool and Edinburgh Schools; and William Smith, of the Manchester School. Fourteen candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

Apothecaries' Hall of England.—At a Court of Examiners held on the 9th instant, the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Richard Aubrey, of Weston-super-Mare; Frederick William Lewis, of Llandovery; Robert Clement Pritchard, of Puckeridge; David Protheroe Sacr, of Pembroke Dock; and William Newman Walker, of Tollington Park. Messrs. Willcocks, of Guy's Hospital, and Young, of the London Hospital, passed the primary professional examination.

Arresting the Pulse.—*Apropos* of the Egyptian Hall, we may mention that Prof. Hermann, the prestidigitateur, has the faculty of stopping his pulse at will. He is about to leave the small theatre and join the larger one, in which Prof. Pepper and Mr. Tobin will continue their entertainment, and some members of the Profession will probably seek to verify our statement.

The eighty-third anniversary of the Royal Literary Fund was celebrated by a public banquet in St. James's Hall last week, the King of the Belgians presiding.

Cases of cholera have appeared among the troops at Mhow.

Dr. William Farr, F.R.S., has been elected a foreign corresponding member of the Institute of France, in the place of the late Mr. Charles Babbage, F.R.S.

Inspector-General Mouat, V.C., C.B., of the British Medical Service, is on his way to this country from Bombay, in consequence of having passed a Medical board. Deputy Inspector-General O'Flaherty, C.B., performs the duties of principal Medical officer during Mr. Mouat's absence.

Three Fatal Cases of small-pox amongst the "Peculiar People" at Plumstead were registered last week; inquests were held in two of the cases, and verdicts of manslaughter were returned.

The Royal Medical Benevolent College of England.—The biennial festival on behalf of the funds of this institution was held on Friday evening at Willis's Rooms, under the presidency of Lord Middleton, who was supported by Dr. Burrows, President of the College of Physicians and chairman of the Society; Sir H. Ferguson; Professor Erasmus Wilson; Dr. Quain; Mr. H. Hancock, Vice-President of Royal College of Surgeons; Mr. J. J. Turnbull, F.R.C.S., Sir Charles Locock, Dr. Brady, M.P., Mr. Prescott Hewett, Dr. Carpenter, University of London; Henry Sterry, Esq., J.P., treasurer; General Sir G. Lawrence, C.B., Major Macleay, and Major Harding. At the conclusion of dinner the customary loyal and patriotic toasts were duly honoured. The noble chairman, in proposing the toast of the evening, viz., "Success to the Royal Medical Benevolent College," adverted to the necessity for its existence and the economical way in which it was administered. His lordship paid a high tribute to the Medical man, who, he remarked, despite his high professional attainments, often obtained but very little return for his self-denying labours. In no other profession was there so much gratuitous assistance afforded as in the Medical profession. Alluding to the advantages of the institution and the benefits conferred thereby, he made an eloquent appeal on behalf of the funds of the charity. Professor Erasmus Wilson, whose name is so familiar to us, not only for his scientific writings, but also on account of his munificent gifts to various Medical institutions, has recently authorised the committee to build an additional block of buildings at his own expense. The objects of this college are so manifestly good that it appears to us almost marvellous that it is so badly supported by the bulk of the Profession. We hope the noble chairman's appeal will meet with a fitting response, and that the funds of the charity will be in every respect commensurate with the needs of the poor and unprovided portion of our Profession.

The distribution of prizes of the Faculty of Medicine, University College, will take place on Thursday, May 16th; Sir William Jenner, Bart., M.D., K.C.B., in the chair.

The Anniversary Dinner of the University College Hospital was held on Thursday last at Willis's Rooms, under the presidency of H.R.H. Prince Arthur, K.G., when there was a large attendance of the supporters of the charity.

The remains of a mastodon are said to have been recently discovered in a swamp near Otisville, Orange County, New York. The skeleton measures 25 feet long and 16 feet high.

Army Medical Department.—The *Lancet* alludes to a rumoured retirement of some of the seniors in the Army Medical Department, which we have noticed elsewhere; but we fancy our sharp contemporary's ears have been deceived by an echo of the growlings of the juniors, who emulate Vesuvius in their throes and tumults. Does any one suppose the seniors, who are at the top of the tree, will retire themselves? If they do it will be to better themselves, and that, as at present advised, we do not see any way to their doing. We have read a very strong remonstrance, if it may be so termed, against the promotion of Staff-Surgeon Fitzgerald, apparently because he has been nineteen years on full pay, and has had such an "enormous run" of home service; but Mr. Fitzgerald served in the campaign of 1854, and he was also sent to France to assist Inspector-General Innes in his duties during the war, and we presume he is so useful at Whitehall Yard that the authorities cannot bear to part with him.—*Army and Navy Gazette.*

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Dr. Madden.—We have taken the opinion of the best private teachers in Dublin who unanimously recommend the last edition of Watson's practice as the best reference work for the young practitioner.

Dr. Stevens.—We notice in one of the literary journals that a work on the subject will shortly appear from the pen of a well-known authority. No publisher's name, nor the price of book is given.

J. C. C.—1. Consult the "Medical Register." 2. He died about six weeks since in London. You will find the fact announced in our obituary of April 3.

Surgeon Fisher, H.M.S. "Liberty."—Certainly.

Dr. H. O.—The work to which you refer is thoroughly reliable; is, in fact, the best and most exhaustive treatise on the subject we have seen.

M. J. H.—The Post Office is alone responsible for the irregularity in the delivery of your journal. We have protested at the chief office until we are tired. It would appear that the staff is not nearly large enough when any extra pressure is thrown upon it.

VACANCIES.

Central London Sick Asylum District, Highgate Asylum. Assistant Medical Officer. Salary £100, with board and residence.

Kidderminster Infirmary. House-Surgeon. Salary £120 per annum.

Bradford Infirmary. Senior House-Surgeon. Salary £150, with board.

Hamadryad Hospital Ship, Cardiff. Resident Assistant Surgeon.

Sheffield Infirmary. Assistant House-Surgeon. Salary £65, with board.

North Riding Infirmary, Middlesborough. House-Surgeon.

MEETINGS OF THE LONDON SOCIETIES.

Thursday, May 16.—Harveian Society, 8 p.m. Clinical Meeting. Presentation of a testimonial to Mr. J. Bredon Curgenven, Hon. Sec.

Royal Institution, 3 p.m. Prof. Tyndall, "On Light and Heat."

Friday, May 17.—Royal Institution, 9 p.m. Prof. Abel, "On the more Important Substitutes for Gunpowder."

Saturday, May 18.—Royal Institution, 3 p.m. Prof. Roscoe, "On the Chemical Action of Light."

Association of Medical Officers of Health. Monthly Meeting, 7½ p.m.

Tuesday. May 21st.—Royal Institution, 3 p.m. Mr. Edward B. Tylor, "On the Development of Belief and Custom amongst the Lower Races of Mankind."

Wednesday. May 22.—8 p.m. Conversazione of the Pharmaceutical Society at the Kensington Museum.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday May 15.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, May 16.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, May 17.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, May 18

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, May 20.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, May 21.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

APPOINTMENTS.

Chambers, E., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

Dalgliesh, J., M.R.C.S., Medical Officer for District No. 6 of the Newcastle-on-Tyne Union.

Gribbin, H., Medical Officer, &c., for the Achill Dispensary District of the Newport Union, Co. Mayo.

Johnston, Dr. A. C., R.N., Medical Attendant to the Constabulary in the Knocktopher Dispensary District, Co. Kilkenny.

Kempster, W. H., L.R.C.P.Ed., Medical Officer for the Eastern District of the Parish of Battersea, Wandsworth, and Clapham Union.

Lewis, T., M.D., M.R.C.P.L. (Consulting Physician to the Carmarthen Infirmary), Medical Officer to the Cross Hands Colliery, Llanelly.

Long, M., M.D., L.R.C.S.I., Medical Officer for District No. 7 of the Hackney Union.

Lycett, J. A., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Polesworth District of the Atherstone Union, Warwickshire.

Macrae, G., M.B., Parochial Medical Officer for Ardnamurchan, Argyle.

Moir, Mr. F. F. M., Resident Assistant to the Surgeons, Royal Infirmary, Aberdeen.

Nieden, Dr. F. A. (of Bonn), Resident Medical Officer at the German Hospital, Dalston.

Pitts, Mr. R. Z., Junior House-Surgeon to the Middlesex Hospital.

Ruckley, Henry R., L.R.C.S.I., L.R.C.P.Edin., Physician to the Suffolk Convalescent Home.

Scale, Mr. G. J., Senior House-Surgeon to the Middlesex Hospital.

Schliep, Dr. P. F. (of Stettin) Resident Medical Officer at the German Hospital, Dalston.

Sinclair, W. J., Resident Assistant to the Physicians, Royal Infirmary, Aberdeen.

Smith, A. W., M.B., M.R.C.S., Assistant Medical Officer to the Metropolitan Asylum District Fever Asylum, Homerton.

Thom, G. S., M.R.C.S., Resident Medical Officer to the Royal Albert Hospital, Devonport.

Walker, G. C., M.D., Physician to the Bootle Borough Hospital.

White, F., L.R.C.P.Ed., M.R.C.S., Surgeon to the Liverpool Eye and Ear Infirmary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 22, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital No. VII.—Separation and Deposit of Fibrine and Albumen from the other Elements of the Blood in Living Vessels as a Cause of Mortification ... 443
The French Army Medical Service during War. By Dr. Legouest, Medicin principal, première classe, &c. (Translated, with the Author's approval, for the MEDICAL PRESS AND CIRCULAR) (*continued*) ... 445
Dr. Jacobi, of New York, on the Raising and Education of Abandoned Children in Europe. Notes by Dr. C. Drysdale.. 446
Additions to the Dermatological Museum of the Royal College of Surgeons of England ... 447

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL—
Epilepsy—Death in a Fit. (Under the care of Dr. C. Drysdale ... 449

TRANSACTIONS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY OF LONDON—
The Influence of Epidemics of Fever in checking the advance of Cholera.. ... 449

PAGE

PATHOLOGICAL SOCIETY OF LONDON—
Results of Experiments on Pyæmia ... 450

LEADING ARTICLES.

SURGERY OF THE FRANCO-GERMAN WAR 452
WATER SUPPLY ... 454

NOTES ON CURRENT TOPICS.

The Orthopædic Hospital ... 454
Public Mortuary for the City of London 454
Inspection of the Thames ... 455
A Dinner for a Halfpenny ... 455
The Use of Tepid Baths in the Treatment of Febrile Diseases... 455
Where was Lempriere? ... 456
Dr. Verneuil on Tracheotomy by Galvano-Cautery ... 456
Antidotes to Carbolic Acid... 457
Clinical Thermometers... 457
Chloral in the Cure of Venereal Ulcers .. 457
A Granular Preparation of Tar... 457
Iodoform ... 457
The Lyons Congress... 458
Sick in the Workhouse... 458
The Vital Statistics of Ireland for the last Quarter of 1871 ... 458
The Sanitary State of Hastings... 459
Australian Meat... 459
Army Medical Service ... 459

SCOTLAND.

Lecture on the Physiology of the Circulation in Plants, in the Lower Animals, and in Man. By Dr. Bell Pettigrew, F.R.S. ... 460

STUDENTS' COLUMN.

Synoptical Review of the Officinal Preparations of the British Pharmacopœia. By Handsel Griffiths, Ph.D., L.R.C.P. L.R.C.S. Edin. — Aceta (Vinegars) Aquæ (Waters) ... 460

LITERATURE.

Hand Book of Law and Lunacy; or the Medical Practitioners' complete Guide in all matters relating to Lunacy Practice. By James T. Sabben, M.D., and J. H. Balfour Browne, Esq., of the Middle Temple ... 461
The Census and its Results. By Ewin Whittle, M.D. ... 462

The Election of Council for the Royal College of Surgeons of Ireland ... 462

LEGAL INTELLIGENCE.

The Attack on Bank Clerks at Nenagh—Action for Libel... 462

Gleanings ... 463
Medical News ... 464
Notices to Correspondents ... 465
Appointments ... 465
Marriages ... 465
Deaths ... 465

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By HENRY LEE,
Surgeon to St. George's Hospital.

No. VII.—SEPARATION AND DEPOSIT OF FIBRINE AND ALBUMEN FROM THE OTHER ELEMENTS OF THE BLOOD IN LIVING VESSELS AS A CAUSE OF MORTIFICATION.

THERE is scarcely any artery in the human body that has not been found narrowed, closed, and impervious to blood (*a*). Professor Tiedemann, in his work on the closure of arteries in disease, has collected together a great number of instances, and these he refers to four heads, namely—(1) to inflammation of the inner smooth coat of arteries; (2) to growths and morbid excrescences of the inner coat; (3) to deposits of solid or earthy concretions, or purulent matter between the coats; and (4) to clots of blood which, like plugs, close the inches of arteries.

The first and second of these divisions I believe to be referrible to deposits from the blood. The lining membrane of an artery being a non-vascular structure cannot be said to inflame, according to the usual acceptation of the word, and the observations already cited show that so long as it maintains its integrity lymph cannot be effused upon its surface. That which has been supposed, therefore, to be lymph effused as a result of inflammation must in reality be fibrine deposited from the blood. The results of Professor Tiedemann's third divisionwe have, therefore, now to consider.

Upon a microscopic examination of the white fibrous plugs found in arteries, they may be found to consist of a delicately fibrillated material resembling that which constitutes ordinary fibrinous coagula, and in the meshes of these may be seen an abundance of roundish corpuscles unacted upon by acetic acid in the same manner as pus, but not unlike pus globules in general appearance. These fibrinous concretions also contain ordinarily numerous refractive globules, which, from their solubility in ether, are evidently fatty in their nature. These concretions may be very lightly, or not at all adherent to the vessels in which they are found, or they may adhere with more or less firmness to the sides of vessels in which they are contained, and sometimes they may become so intimately connected with the artery as to be with difficulty distinguished from it. In such instances they may resemble an excrescence from its lining membrane. A thin smooth polished membrane often forms on the surface of these fibrinous plugs, which is continuous with the lining membrane of the vessel, and gives the appearance of the lining membrane being continued over them. These white fibrinous deposits may extend to any distance along the arterial canals. When they lodge in one of the larger arteries they commonly adhere to one side of the vessel, but they are often carried along with the current of the circulation and lodge in the substance of the organs which the vessels, in which they originate, supply. In some rare instances the fibrinous deposit may be traced continuously from the artery to its remotest ramifications. Thus, in one case in which I performed the *post-mortem* examination, "on opening the right ventricle a firm white roundish mass of fibrin was found intimately connected with its internal surface. This round cord extended up through the semilunar valves into the pulmonary artery, and, dividing at its bifurcation, was continued along its sub-divisions into the lungs. At the point at which this prolongation o fibrin passed the semi-lunar valves it had received and even now retains an accurate mould of them."

In a case mentioned by Sir B. Brodie "there was mortification of the right foot; the muscular structure of th heart was soft, thin, flaccid, and easily torn; one coronary artery was impervious; and the right iliac artery, for the extent of three inches, was impervious also, in consequence of its being completely filled by a mass of firmly coagulated blood. In another case, in which there had been mortification of the right foot, the muscular structure o the heart was pale and flaccid; one coronary artery was contracted and impervious; the cavities were dilated; a

---

(*a*) See *Edinburgh Medical and Surgical Journal*, vol. 65.

mass of dense coagulum, resembling that found in the sac of an aneurism, occupied the appendix of the left auricle, and there was a similar coagulum obstructing the popliteal artery and vein of the right side, and extending some way down the branches of those vessels in the leg."

These concretions are usually found in cases where the product of fatty degeneration has become mixed with the blood, or where portions of liquefied fibrin have been poured into the circulation.

The following cases further illustrate this subject. The first is recorded by Dr. Theophilus Bompson; the second is from Dr. J. Simpson's obstetrical works:—

J. B., admitted into the Brompton Hospital in 1850. On the 15th of December, about a month before her death, she complained of numbness followed by pain of the left hand, fingers, and arm; and these parts on the 17th were observed to be slightly livid. This lividity extended to within an inch of the wrist in front, and an inch and a half on the dorsal surface of the hand. The cuticle was raised into a vesicle on the dorsal surface of the first phalanx of the index finger; no sensation evinced when tried with a pin within an inch above the wrist; temperature of the left dorsum 76°, of the right 93½°; temperature of fore-arm also diminished, and superficial veins distended; no pulsation to be felt in the radial artery; pulse 118; bowels confined. She was directed to have a drachm of castor oil immediately, and repeated when necessary; a grain of watery extract of opium at night, and every four hours an ounce of the following mixture:—half a drachm of sesquicarbonate of ammonia, three fluid drachms of spirit of sulphuric ether, five drachms of syrup, five ounces of decoction of Peruvian bark, hand and forearm to be enveloped in cotton wool.

On the 21st, the lividity was in part replaced by redness, and sensibility had extended a little below the wrist, the pulse which, on the 18th had been 180, was reduced to 104; the watery extract of opium had been given for three days, every six hours, to have six grains of chlorate of potash with an ounce of decoction of bark, and a drachm of syrup every four hours, and to continue the opium every four hours.

22nd.—Passed a restless night, dozing from time to time for ten minutes; pulse 94; temperature of left dorsum 72½°.

23rd.—Pulse 92; temperature of left dorsum 66°; of right 81°; of inside of mouth 94°; bowels confined; no pulsation below the sub-clavian artery; morphia in quarter grain doses substituted for the watery extract of opium and castor oil repeated; at night a turpentine enema was administered with good effect.

24th.—Pulse 98; tongue dry; lividity partly superseded by redness; hand and arm very painful, especially when the cotton wool is temporarily removed; an additional allowance of brandy, wine, and eggs, a grain of opium at bed-time.

25th.—Pulse 104; commencing discolouration of forearm; appetite improved; two grains of opium at bedtime.

26th.—Passed a better night, but lividity extending on the dorsum; no sensibility short of an inch and a half above the wrist, on the anterior surface, and three inches on the posterior surface of the forearm.

28th.—Pulse 98; arm more painful; ten drops of sedative solution of opium every third hour, and half a drachm at bedtime gave considerable relief, but she continued gradually losing strength, notwithstanding the free use of stimulants. On the 8th of January, the temperature of the left dorsum was 70°, and vesication had taken place on the anterior surface; forearm semi-flexed; hand fixed in a position midway between pronation and supination; discolouration half way up the arm in front; three inches and a half behind; pulse 116; expectoration very difficult; the quantity of chlorate of potash was increased, and the opiates and stimulants continued; on the 10th diarrhœa; a rapid weak pulse; legs and feet increasingly œdematous; died on the 11th, at half-past 2 a.m.

It was pretty evident that some cause had interfered with the circulation in the left sub-clavian artery, the *post-mortem* examination disclosed the nature of the obstruction, the arch of the aorta and the arterial branches as far as the palmar arch, were removed by Mr. Hunt for examination, a coagulum extended for about three inches along the sub-clavian artery, occupying nearly the whole calibre of the vessel. It adhered strongly to the aorta, near the opening of the vertebral artery, which in this subject arose from the arch between the left carotid and the sub-clavian. But this coagulum could easily be separated from the sub-clavian, and was pointed at the distal extremity, the left vertebral artery was narrow at its commencement, and was closely filled with dark coloured coagulum. Coagula also occupied at this commencement, the circumflex ulnar, radial, and inter-osseous arteries, beginning an inch or two above their origin. Leaving free those parts of the vessels which were most distant from any important branch, the coats of the aorta for a space of about an inch in diameter at its four part, were thickened from atheromatous degeneration, which, under the microscope, exhibited *fatty deposit* in the circular fibres. In the centre of the diseased patch was a softened portion half the size of a pea, consisting as reported by Dr. Quain, on a microscopical examination, of aggregated granule cells, *fatty particles*, and cholesterine, and surrounded by calcareous deposit to the extent of two or three lines, and to a part of the altered structure. The coagulum was so strongly adhered, that when violently pulled at a scientific society, a portion was left attached to the vessel, the heart was somewhat hypertrophied, but in other respects perfectly healthy.

A patient was prematurely delivered of her first child, and continued to recover favourably for three weeks when remittent feverish symptoms and diarrhœa supervened. Pains like those of neuralgia were soon afterwards experienced in the right leg, and then in the left; they remained fixed and were occasionally very violent. Seven weeks after delivery, sudden pain and tenderness came on in the left groin; at this time a loud systolic bruit was heard in listening to the heart. Some days subsequently, the pulse in the right arm became arrested suddenly; the next day no pulsation could be detected in the left femoral artery or its branches, the pulse in the right femoral or iliac arteries was very weak, and in a day or two entirely disappeared, so that now the arterial pulsations in the larger vessels of all the extremities had ceased, with the exception of the left arm; it returned slightly, a few days before death, in the right wrist.

At last, in the left lower extremity, where there had latterly always been excessive pain, gangrene of the great and two next toes began. Ten weeks after delivery, the mortification did not extend beyond these toes, and the patient gradually sunk in a few days.

On examination, the aortic aperture of the heart was blocked up by a mass of valvular excrescence, the whole excrescence seemed of comparatively recent formation, friable and granular; the aorta at the fourth lumbar vertebra, and iliac vessels were firmly bound by *exudation* to the *surrounding* parts. The aorta was occluded at its lower extremity by a large, irregular mass composed of small portions, similar in consistence and general appearance to the vegetations formed on the aortic valves. The mass thus situated in the aorta extended more than two inches above its bifurcation, and was somewhat conical in form, the apex pointing upward, while prolongations were sent from its base along the common iliac arteries on each side. This coagulum was loose, unattached to the walls of the vessels, and covered with a coating of dark-coloured blood, through which, at scattered points, portions of the granular structure were seen projecting, not coloured like the rest, but having to the naked eye a marked resemblance to the valvular excrescences in the heart. In the right common iliac artery some of the detached concretions were found, not covered with blood, but lying loose in the canal of the vessel; they were of a grayish colour, and granular appearance. The external iliac arteries were occupied by sanguineo-purulent matter, and here and there mixed with this purulent matter were small granular concretions. The whole obstructed vessels were thickened, and their lining membrane, where in contact with the obstructing masses, was of a deep, scarlet colour.

When a portion of the mass from the aorta valves was placed under the microscope, it was seen to be composed of separate *fat granules* with blood corpuscles interspersed, and a few compound granular cells. At the bifurcation of the radial and ulnar branches a pulpy mass was seen adherent to the lining membrane of the vessel, and seemed like a small granular portion of the valvular excrescence, broken down and mixed with pus, which occupied the vessels at this situation.

◆

THE FRENCH ARMY MEDICAL SERVICE DURING WAR.

By Dr. Legouest,

Medicin principal, première classe, &c.

(Translated, with the Author's approval, for the Medical Press and Circular.)

(*Continued from page* 430).

Conveyances.—The stipulation of 1st April, 1831, on the service of the hospitals, assigns to the ambulances of each division of infantry for the transport of its material three kinds of waggons, differing among themselves in dimensions, internal arrangements, and the composition of their contents. *One light waggon*, intended more particularly to carry the means of succour to the field of battle, and forming, with a part of the personnel of the ambulance, that fraction of the service which Percy and Larrey had instituted—the first under the name of the *Chirurgie de bataille*, the second under that which has remained, *Ambulance volante*. *One caisson ordinaire*, appropriated to the service of the principal part of the ambulance, and known under the name of *depôt*, and to which are directed or transported the wounded to be attended; lastly, one *caisson-magasin*, intended with the preceding to remain at the *depôt d'ambulance*, and containing a complement of resources and a reserve of dressings and furniture.

A Ministerial decision of 21st April, 1845, substituted for the three kinds of waggons carrying three kinds of contents, one waggon only, and one kind of *chargement*. The model of the waggon adopted has been specially established for the service of the ambulance.

A new decision of 21st April, 1854, laying down in principle the advantages for administration of conveyances, all constructed on the same plan, has introduced the pattern entered under the name of the *caisson unique*, for the service of the ambulances, and has modified the *chargement* of the waggon resolved on in 1845, so as to bring it in accord with the modified shape of the waggon itself. Perhaps it is not sufficiently known that a *caisson unique* could receive indiscriminately a supply of victuals, forage, or medical resources, being exactly well suited for the transport of all these different articles. The *caisson unique* is a very heavy conveyance, weighing when empty, 1,000 kilos, and when laden 1,800 kilos at least; the management of packing its load in its interior is difficult; its working is no less so, in consequence of the great elevation of the waggon from the ground. It is drawn by four mounted horses, and is furnished with a drag. However, although it is but imperfectly suited to the conditions of service, as clearly proved in our late campaign, the Ministerial decision of 20th August, 1854, is still in operation, and the *caisson unique* charged with the material of the ambulance, takes the name of the *caisson d'ambulance*.

Everything that should be put into the waggons is packed in the panniers, and cases numbered from 1 to 21, of which the whole take the name of the *chargement de caisson*, and may be transported either on carts or railway conveyances, to be finally placed in the *caisson unique*.

The contents of the waggons complete and packed up, are drawn from the magazines of the administration. Each *chargement* includes surgical instruments, linen for 2,000 dressings, medicines, articles of equipments, as blankets, pots for drinking, cooking utensils, &c., and three brancards—these weigh in the gross 800 kilos.

The number of complete waggons assigned to the general head-quarters and to the divisions is fixed by ministerial decrees. In the army of the East it allowed five complete waggons of the ambulance, with their full *chargements*, to each division of infantry, and three to each division of cavalry. In the army of Italy the number of waggons was reduced to four per division of infantry, and two for those of cavalry, the waggon suppressed in each division being replaced by a section of the light ambulance. Here is from a Ministerial despatch of 25th April, 1860, the designation of the means of transpôrt, and of material of the ambulances in the army of Italy during the campaign of 1859. It is in effect desirable to have in one ambulance of the head-quarters a kind of reserve of material, from which the divisional ambulances, which ought to be lightened as much as possible, could draw and complete themselves faster, and to the extent of their wants:—

Means of Transport and Material.	Ambulances.			
	At General Head quarters.	For a Division of Infantry.	For a Division of Cavalry.	For a Park of Artillery.
Waggons with complete equipment	5	4	2	2
Waggons transferable	1	1	1	1
Mules for litiers	15	10	5	2
Mules for cacolets	30	20	10	5
Brancards	50	40	20	6
Small casks of 50 litres	8	6	4	4
Blankets	25	20	10	10
Cotton sheets	16	10	6	6
Palliasses	8	5	3	3
Bed sacks	8	5	3	3
Cotton shirts	30	20	10	5

Cantines d'Ambulance.—The *chargement* of the ambulance being only transportable on carriages have been divided and arranged in such a manner that they can be placed in the cantines carried on the backs of mules in order to be disposable for troops acting in a country where transport by wheeled conveyance are impossible. It was in wars of the French in Algeria that this manner of transporting the material of the ambulance was first introduced, and when the changes were first made in its arrangement, was to bring it in accordance with the operations in that country. In Europe the ambulance provides little more than the first help; in Africa it more often becomes a moveable hospital, especially during protracted expeditions at a great distance from the centres of supply or depots for the sick.

Experience has led to the determination of the strength and of the material which, by a special commission in Algeria in 1851, have been sanctioned by the Governor General. The determining of the material and of its transport is evidently necessary in all the military expeditions that require great mobility of relief.

The cantines d'ambulance are called, according to the nature of their contents, *cantines de chirurgie; de pharmacie; d'administration.* Both the *personnel* and the means of transport vary much according to the strength of the expeditionary columns of which they constitute the ambulance under the name of *ambulance légère.*

A complete *light ambulance* for a division of 10,000 men does not reckon less than 364 mules; a section of an ambulance for 8,000 or 9,000 men, 297 mules; for 6,000 or 7,000, 235 mules; for 4,000 or 5,000 men, 198 mules; for 2,000 or 3,000, 131 mules; for 1,500 to 1,800 men, 81 mules; lastly, 1,000 men, 49 mules; and besides that, it gives to the convoy an extent at all times considerable. M. Legouest desires to rectify an error that he had sometimes heard expressed—namely, that the sections of the *light ambulance* are particularly suited for cavalry. It is not true, he says, and men of experience know, that the rapid movements of cavalry are much better followed by the ambulance conveyances, especially when the ground permits, than by mules, which loaded at the least with 125 kilogrammes (250 lbs.), are not able to keep up a rapid pace, and could only do so to the detriment of the objects which they transport.

Means of transport for the Wounded.—The removal of the wounded from the field of battle, and their transport to the ambulance and to the temporary hospitals, are so important a part of the *Service de Santé* in a campaign, that the author considers it his duty to insist upon the means employed for that purpose.

Ordinary Brancards (Stretchers.)—The brancards belong essentially to the ambulance, and should never be taken away to be given to corps of troops, unless under very exceptional circumstances. This is a fundamental point of the Medical service in a campaign. The brancards are particularly intended to remove the wounded at the very time of the battle. They ought to be sufficiently solid, light and simple; they should admit of being folded up and ultimately placed in large numbers upon the waggons carrying the *matériel.* It is indispensable that all the pieces that compose them should correspond with each other in a fixed manner, so that none should be lost. Nearly all of them have feet, the use of which is doubtful; the feet can raise the bottom of a brancard from the surface of even ground; but they only serve the purpose very imperfectly when the surface is uneven. They are, moreover, easily broken, and one of them being damaged destroys the stability of the whole. The brancard of the French ambulances does not combine all the required conditions of a good brancard for the field of battle. The transport of the wounded by brancard is excellent, so far as it goes. Unfortunately, it can only be employed under very restricted limits, on account of the number of bearers required by it.

(*To be continued.*)

◆

DR. JACOBI, OF NEW YORK, ON THE RAISING AND EDUCATION OF ABANDONED CHILDREN IN EUROPE.

Notes by Dr. C. Drysdale.

The recent debates on prostitution and other social topics have contributed to make all Medical men interested in such questions. Dr. Jacobi, of New York, has recently collected a set of statistics on the above question, from which we find that in France the care of abandoned children is regulated by a decree of Napoleon, of January 19, 1811, which prescribes that foundlings, deserted children and orphans, are to be cared for by the State. Each arondissement must have at least one institution for such. New-born foundlings are given immediately to a country wet nurse. They receive the necessary clothing, and remain with the nurse till of six years' old. After six years of age, they are given to peasants or artificers to be taught, with a small sum yearly up to the age of twelve, when they are then at the call of the marine of France. Four millions of francs are annually expended for this, and the foundlings are inspected twice a year by a Medical inspector. These State-foundlings are at the disposition of the State. When, after the age of twelve, the State does not require them, they are put to some trade, the boys are labourers or tradesmen, the girls are sewers in shops and factories. The teacher has a claim on the service of the apprentice up till his twenty-fifth year, for instruction, food, clothes, and lodging. Weakly children remain in the hospital. The children can only be returned to parents on repayment by them of all the cost of their maintenance. Unmarried mothers, who suckle their own infants, have a claim for public support. Wet nurses are obliged to suckle the child until the inspector-physician has prescribed weaning, they must have it vaccinated. After the child is six years' old, it must be sent to a public school and to church. The children must be treated kindly, and never given to the care of others without permission. Their clothes and washing things are exclusively destined to their own use. They are liable to be inspected at any hour, and their death must be announced within twenty-four hours after its occurrence. The nurses and masters have claim to regular payment of the agreed price and their outlay, with delivery of the clothing agreed on, and free Medical advice for the child, physic, school, and book money. The children wear a peculiar collar round the neck up to the age of six, which cannot be laid aside without permission. After six years of age their personal appearance suffices. Such children are rarely sought again by parents. In all France once only in 100 cases. Often with such reclaimed children but one is legitimate. In 1853, the number of reclaimed children was 4,390.

In Italy, there is in Naples a Foundling Hospital, "Deitrovatelliati Annunciata" which was founded in the 13th Century. There are each year about 1,300 infants taken in at the turning-window, who are made recognisable by broken coins, proverbs, &c., and each is furnished with a collar with a number attached to it. In Rome, each child is stamped on the leg with the sign of the cross, and baptized within twenty-four hours. Every two received one wet nurse. When eighteen months old, they are given to the nuns of the institution to be cared for, and when seven, they go to the orphanage. The boys learn a handy-craft, the girls have the right to live always there, but can give up that claim and leave the institution. Only a few of them get married. In Florence, all healthy foundlings are sent to the country for 10 francs a month. The girls receive for marriage portions 225 francs. The mortality was from 1855-1865, 31 per cent. in the first year; 17 per cent. in the second year; and only 1 per cent. in the third year. In all Italy there are 83 Foundling Hospitals. Number of foundlings from 1863-66, was 33,222, or 3·85 per cent. of the births.

In Russia, the Foundling Hospital of St. Petersburg, consisting of four town houses and a country establishment, is open for the reception of infants, day and night.

The children can be reclaimed within six weeks, after this they belong to the institution. In 1864, 6,181 were received, of whom 1,329, *i.e.*, 21 per cent. died. In the Moscow Foundling Hospital there were, from 1862-64, received 35,387, of whom, on an average, 28·28 per cent. die yearly; whilst the establishment has only place for 650, the lowest number then at once in these three years, was 768, and the highest 1,386.

In Austria, the aim of the Vienna Foundling Hospital is maternal care for illegitimate children. Those children, however, alone are received without payment, which are born in the clinical maternity hospital. The children are reared either within or outside of the institution. They are reared in the house by nurses. Externally, they remain if possible with their mother or with a person chosen by her, at a yearly cost of 54 florins. Of 8,843 received in the year 1860, there died 6,278, *i.e.*, 71 per cent. before the completion of their tenth year, and the lists up to 1868 showed the same result.

The number of deaths in the first year of life, was some 45 per cent. The cause of this great mortality is ascribed by the author to the circumstance, that the children sent to the country only exceptionally get the breast. By the care of the Society of Physicians, this mistake has been remedied of late years. The majority of the foundlings in Prague, are born in the maternity hospital. Reception takes place nine days after birth, and then they are sent to the country. In the sixth year they are sent to school, and in the tenth year they become chargeable to their mother's commune.

In Germany, all natural children in Munich, if they do not remain with their mothers or relations, are under police care, and this regulates the circumstance and rules under which the mixture of children by private persons is to be followed out. Each child is first of all inspected by a Medical man. From official lists, it appears that the mortality of natural children under the mother's care, or that of the relations, is thrice as great as that of those under State care. In Hamburg, the education of foundlings and natural children, is given to the workhouses without making any separate building for this purpose.

Of 213 children received in 1867, there were 90 under the age of half a year, and the mortality of this was 27 per cent. In Hanover, and in North Germany, the father or mother, or their parish, looks after the nurture of the child. Sucklings which fall to the care of the State are given to be cared for in the country, and are generally as well treated as the legitimate children of the parents, whilst the mortality of those remaining under the care of their mother is very great. In Berlin, the number of abandoned new-born children is very small, seldom more than ten a year. In consequence of the law which compels the father, mother, or parish of the child, to take care of natural children, but few come to public care. The mortality of those children which remain under the care of their mothers is frightful. The fate of those cared for by the State is better. The sucklings are given out in town or in the country, and later received into the Rummelsburg Orphanage.

A peculiarity of the care of little children in Berlin is the combination of public and private supervisions. A certain number of persons of higher rank combine into societies for watching the public nursery of these foundlings. The city is divided into a number of orphan-districts, and each of these persons undertakes the supervision of three Foundlings.

In England reception of children in the London Foundling Hospital only takes place after previous notice being given by the mother during the first year of the infant's life. The committee assembles twice weekly to listen to the applications, from which it must appear, that the mother has hitherto been well-famed and is at present in want, that the father has abandoned the mother and child, and that the reception of the child is only asked for to allow the mother to return to her business. Children of married women and widows are not admissible. Some days after admission the children are sent to the country, and if in good health in a year, the nurses receive a present. The average mortality in the first year is 20 per cent. When five years old, the children return to Guildford Street, to receive schooling. The girls are hired out at the age of fifteen as housemaids, &c., and supplied with clothes of the value of £5, but they are under the care of their employers. These must be Protestants, householders, and have another servant besides the foundling, and have good recommendations. At the end of her time of service, the girl has claim to a new suit of clothes of like value as the first. The boys are apprenticed out from fourteen to twenty-one, with a premium of £10 and with £5 of clothes. At the end of the apprenticeship the mission of the institution ceases, and the foundlings are let free with a present and £5 in money. They are seldom reclaimed. On admission they are baptized and receive another name, than the one they entered under. The mothers may enquire about their children on Mondays, but only know their number, not their name. These laws of the Guildford Street Hospital rather tend to keep out, than to admit children. Since, in consequence of the Act of Parliament of 1754, which provided the hospital with £10,000 a year and admitted all children without exception, when in four years, 15,000 were admitted and 10.000 died, the British Conscience prefers that they should die quietly out of sight, quite content (says the author) when the Sunday's service is crowded by a number of well dressed ladies and gentlemen, who congratulate themselves on the charitable way in which the few that are received are treated. The horrible nature of the English law, says Dr. Jacobi, is shown by the fact,' that mothers who abandon their children are severely punished. Hence, abandonment is very rare in London, 20 to 30 on an average are yearly abandoned and found alive. On the other hand, in 1864, there were found in the streets of our police district 225 murdered children, and in 1866, 237 ; in 1869, 26 in January and February.

These statistics of Dr. Jacobi are full of interest and show, after all, that the foundling hospital system is by no means a good one, since the mortality in Austria is so high and even in France. All means which cause the poorer and thoughtless classes to bring children recklessly into the world are fraught with evil. The life of every infant should be, if possible, well provided for by its own mother and father, and education should be directed to teach the necessity of small families and kindness to children.

◆

ADDITIONS TO THE DERMATOLOGICAL MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Having concluded the publication of Professor Erasmus Wilson's lectures on Dermatology before the College, it seems to us a suitable time to publish a description of the additions that have been made by the founder to the Dermatological Museum.

We proceed, therefore, to furnish these particulars, merely premising that the official catalogue contains the description of the other specimens, edited by the Professor, who has kindly furnished us with the following information, which is, therefore, a supplement to his catalogue :—

Group I.—No. 514.—Eczema Chronicum.—Model of the hand, front and back, showing chronic eczema, with induration of the skin, fission, and hypertrophy of the epidermis. The fissures result from stretching of the indurated and brittle skin, and are chiefly met with in the lines of motion corresponding with the joints ; while the hypertrophy of the epidermis is the consequence of passive congestion of the skin. The model is numbered 196 in the Paris collection, and is named by Bazin "eczeme cornée," and by Hardy "eczeme scarlatiniforme."

Group I.—No. 515.—Eczema Chronicum.—Model of the hand, front and back, showing dry eczema, with fission, hypertrophy of the epidermis, and desquamation. Hypertrophy of the epidermis of the tips of the fingers has given rise in the left hand to displacement and thickening of the nails, or onychogryphosis. Both hands exhibit also another lesion, namely, a number of large papules, which are conical on the back of the hand and flattened in the palm. The effect of scratching these papules, as seen on the wrist of the right hand, shows them to be solid in structure and exudative after abrasion. On the back of the hand they become covered, like the rest of the inflamed surface, with a hypertrophic epidermic crest, but in the palm they are held down by the normally thick epidermis of that region, and exhibit neither exudation nor morbid cuticular growth. This model is numbered

208 in the Paris collection, and is named by Bazin, from the increment of morbid epidermis, "ichthyose ;" and by Hardy, from the presence of the already described papulæ, "lichen." Both these lesions may, however, be regarded as the consequences of eczema. The patient was a child, fourteen years old, and the disease one of four months' duration ; the eruption began in the form of pruriginous papulæ, and ran on to its present condition in a fortnight. The nails of the left hand fell off and were replaced, and the case got well without other treatment than that by water dressing and baths.

Group I.—No. 516.—Lichen Planus.—Model of the leg, its outer side, showing one of the forms of lichen planus; the eruption is aggregated ; a few scattered papulæ may be seen around its circumference, but it is chiefly remarkable for its purple colour and brown pigmentation. The morbid surface is corrugated and papulous, and bears evidence of a chronic history ; while an oozing spot at its upper and front margin is indicative of pruritus, being probably the consequence of scratching with the nails. Wherever the papulæ have subsided, a deep pigmentary stain is left behind, and the purple hue of the whole eruption must be referred to prolonged congestion and chronic dilatation of the capillary vessels. This model is No. 189 in the Paris collection, and is named by Hillairet, "lichen hypertrophique."

Group II. — No. 517. — Urticaria.—Model of the forearm, showing large circular wheals of nettle rash, each bordered by a narrow halo of redness. The largest of the wheals measures nearly an inch in diameter, and in several situations three or four are blended by their circumference.

Group III.—No. 518.—Pemphigus Iris.—Model of the back of the hand, showing pemphigus iris. From the small size of the bullæ this eruption has been termed herpes iris ; but, unlike herpes, it has no regular course, neither is it of neuropathic origin. The serous nature of the exudation has likewise suggested the term "hydroa," by which it is distinguished in the Saint-Louis collection. The eruption on the model is presented in every stage of development, from slightly prominent spots, little more than a line in breadth, to circular blotches nearly three-quarters of an inch wide. In the smallest spots there is redness only; then follows a white vesicular centre with red margin ; after that the cuticular dome in the centre subsides, while around it an annular vesicle is produced, and this is encircled by a red margin. Sometimes the central vesicle collapses incompletely, leaving a disc of white cuticle, partly separated from the rete mucosum, in which case three rings may be distinguished encircling a central white disc, the colour of the rings being—firstly, a brown red, then one which is white, prominent, and vesicular, and, thirdly, a red halo. Upwards of fifty pocks in various stages are scattered over the surface of the hand, and in four places the vesicles have become abraded, and a brown exudation crust has been produced. This model is numbered 190 in the Paris collection.

Group VII.—No. 519.—Dermatosyphilis Erythematosa Circinata.—Model of the lower extremity, including the knee and adjoining part of the thigh and leg. On the thigh are four large erythematous rings, ranging in diameter between one inch and a quarter and nearly three inches, the border of the rings having a breadth of between two and three lines. The two upper rings have met in their growth and become blended, and a similar blending is seen in the ring next in size. The two larger rings also present within their area the trace of a smaller ring, indicating a previous resting point in their growth. From the absence of any trace of elevation, these rings have received in the Saint-Louis collection the name of "syphilide circinée sous-cutanée," the model being numbered 201 ; and the illustration must be regarded as a retrograde stage of the affection, whilst Nos. 158-162 represent the mature stage.

Group VII.—No. 520.—Papular Syphilis (*Dermatosyphilis papulosa*). — Model of the right breast and shoulder of a woman, showing papular syphilis. The papulæ vary in form and distribution, the greater number being of the smaller kind, some disseminated, others congregated in clusters ; the larger papulæ, five in number and flat and lentil-shaped in figure, range in size between a quarter and half an inch in diameter. The small papulæ exhibit a tendency to aggregate around the large papulæ, the latter seeming to act as foci of development. The follicular origin of the papulæ is shown in a very striking manner around the nipple. The model is No. 191 in the Paris collection, and is termed by Guibout, "syphilide en corymbe."

Group VII.—No. 521.—Papular Syphilis.—Model of the back of the same patient ; the papulæ are chiefly aggregated in three considerable groups around large flat tubercles, and disseminated over the rest of the surface ; the corymbous distribution, as shown in Nos. 197-199, is almost absent. The aggregated papulæ are in a state of desquamation, and many of the disseminated papulæ are vesicular at the summit. This model is No. 192 in the Paris collection.

Group VII.—No 522.—Papular Syphilis of the skin, with epidermic crusts (*Dermatosyphilis papulosa*). Model of the face of a woman, showing a papular form of syphilis remarkable for the production of an epidermic crust—hence the name assigned to it by Guibout, namely, "Syphilide squameuse vegetante." The eruption is disseminated most abundantly on the forehead and around the mouth ; and in the latter situation has a tendency to become confluent in lines and small groups. The papulæ range in size from one to two lines in breadth. A large papule near the outer canthus of the left eye shows the colour of the eruption when the cuticular crust is removed, and in the centre of the forehead may be seen the yellowish red, or copper coloured stains which remain in the skin after the subsidence of the papulæ.

Group VII.—No. 523.—Papular Syphilis of the skin, with epidermic crusts. Model of the back of the same patient. The papulæ are larger than on the face, and illustrate the terms, disseminated, aggregated, corymbous, and coherent. Some of the papulæ are coherent, not in lines only, but in rings. The eruption is at its height, but here and there may be seen an incipient papule, antecedent to the formation of the crust, and, elsewhere, may be discovered retrograde pimples, as on the neck, which have left behind them the characteristic stain of syphilis. The removal of a crust on the right shoulder has brought into view a large tubercular papule, showing its size, colour, and unbroken surface. This model is No. 206 in the Paris collection ; the patient was a year under treatment.

Group VII.—No. 524.—Papular Syphilis of the skin. Model of the face exhibiting an eruption of syphilitic papulæ of large size clustered around the eyelids, nose, and mouth, and extending from the forehead to the chin. A medium size of the papule is a quarter of an inch in diameter, while some reach the breadth of half an inch, their elevation being about two lines, and the greater part are encrusted with a thick, white, spongy crust of epidermis. In consideration of these characters, Hardy styles the case "syphilide papulo-squameuse." In the centre of the forehead, just above the root of the nose, the papulæ form a rugged, confluent mass, in the hollows of which are seen evidences of exudation and ulceration ; a discharge is also seen issuing from the nostrils, suggesting a similar state of the mucous membrane. The cluster of large and prominent papulæ upon the chin and at the angles of the mouth is very striking ; and on the cheeks papulæ may be seen in the retrograde stage, subsiding in prominence, and leaving behind them copper-coloured stains. The small papulæ on the chin, and those on the eyelids, with their white encrusted heads may be compared with No. 205.

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. C. Drysdale).

(Reported by Mr. Kipling).

Epilepsy—Death in a Fit.

Charles Bell, æt. 24; occupation a baker; has lived a great deal in New Zealand; never had the "bad disorder;" has been subject to fits since ten years of age, ascribed to the blow of a brick on the head when at school; may have had 200 fits altogether. When abroad he had warnings of them, as giddiness and dimness of vision; but now they come on suddenly, with loss of consciousness and struggling, but no foaming at the mouth. The duration of the worst fits is about five or six hours, and he wakes up from them confused, but with not much pain in the head; came first on Jan. 2, 1872, and was

Ordered Potass. Bromidi, gr. xv.;
Aquæ, ℥j., t.d.s.

Feb. 23rd.—Says the medicine has done him good, having had only two or three fits, and not so severe as they were.

March 8th.—Not had a fit since Feb. 24.

April 23rd.—A letter has been received from patient's uncle to-day informing us of the patient's death from a fit on the morning of the 21st ult. He was very much convulsed, then appeared exhausted, and sank into a kind of stupor, which lasted twenty-six hours, when he died.

Note.—This is one of the terminations of epilepsy which is sometimes mistaken for an apoplectic seizure. Whilst this is being written, a similar case is reported in the daily London papers of a gentleman taken in the same way, and with the same result at the opera in Covent Garden. He was attended by Dr. James Edmunds.

Case II.—Mrs. Taplin. February 9th, 1872; æt. 45. The first fit came on when she was 30 years of age, and was *caused by fright;* says she has had several hundred of them. She has no warning, and has them at home and in the streets; she falls down, is unconscious, struggles, and forgets everything on recovery. She has been attending here for the last four months, taking—

℞ Potass. Bromidi, grs. x.—ad grs. xx.;
Aquæ, ℥j., t.d.s.

She says it has done her a great deal of good; her memory is better, appetite has improved, the fits are not so frequent or so severe.

February 16th.—Two fits since last week, not so severe.

April 19th.—Has about one fit a week, but not nearly so severe as before she began with the medicine.

Note.—This is one of the cases in which the bromide had done decidedly great good to the patients. The exceptions, unfortunately, are far from rare.

Case III.—Caroline Moss, æt. 23; is married and has three children. Been subject to fits the last three years; the first one *came on after hearing that her father had been killed by garotters*, and was much the same as she has them now, viz., she falls down unconscious, bites her tongue, but is not convulsed. The duration of fit is generally an hour, she is very drowsy when she comes round; had about 100 altogether, and has them now, March 5, 1872, once a week.

℞ Potass. Brom., grs. x.;
Aquæ, ℥j.

March 12th.—Not had a fit since here last week.

April 23rd.—Has the fits now once a fortnight.

Note.—This case as well as the last mentioned attributed their first attack to fright, and in a vast number of epileptics a similar account is given. They are, doubtless, quite right in many instances in ascribing the origin of their malady to some sudden emotion.

Case IV.—Emily Jagers; æt. 8. First fit came on in May, 1871, caused, her mother thinks, by a fall on the back of the head two weeks previously. The fits come on suddenly with no warning, and she has one about every six weeks.

Ordered, Potass. Bromidi, gr. xv.;
Aquæ, ℥j, t.d.s.

April 19th.—Been attending here the last three months and has only had one bad attack. In this case the bromide of potassium has had a most beneficent action, and it seems as if the patient might entirely get over her tendency to convulsions. In cases where the bromide fails, the salts of zinc should be tried patiently for some months, and this gives good results in many cases.

◆

Transactions of Societies.

EPIDEMIOLOGICAL SOCIETY OF LONDON.

Wednesday, May 8th, 1872.

Inspector-General Lawson, President, in the Chair.

The President read a paper on

THE INFLUENCE OF EPIDEMICS OF FEVER IN CHECKING THE ADVANCE OF CHOLERA.

This was defined thus: When a cholera epidemic approached a district in which fever was epidemic, cholera did not become general and frequent within the fever field until the epidemic force of the latter was broken, and *vice versa*, fever, as an epidemic, did not penetrate a cholera field until the epidemic force of that gave way. Sporadic cases of either disease were often met with a long way within the limits of the field of the other, but they never became numerous until the epidemic force of the prevailing disease had much abated. In treating this subject, it was shown first, that as fever varied much from quarter to quarter, or ran from month to month, it was necessary to take it for periods short enough to bring out these changes, together with the concomitant differences in the frequency of cholera; secondly, as in an extensive district the diminution of fever and increase of cholera may take place at different points in succession, and occupy a considerable time from first to last; it is necessary to select areas so circumscribed as to present this change nearly at the same time over the whole; thirdly, as it was found that enteric fever followed a different course in its increase and decline from typhus and other fevers, and actually increased on many occasions along with cholera, it is requisite that the deaths from enteric fever be separated from those due to typhus and other fevers. To illustrate this question the deaths were taken from the quarterly returns for London for 1848-49, 1853-56, and 1865-68; and those for the principal Scotch towns for 1866 from the reports of the Registrar-General for Scotland. Up to 1868 the English returns included the deaths from all kinds of fever under the term typhus. To separate these into the two components noticed above, the admissions into the London Fever Hospital for the corresponding quarter and year were employed, and, as Dr. Murchison has shown, that the percentage of deaths on the admissions in the typhus and enteric forms was almost identical, while very few deaths occurred in the fever hospital from other forms, the total mortality of London was divided between the two in proportion to the admissions to the fever hospital. Though this method be not altogether unobjectionable, yet, it is the only means available for the purpose, and it is believed it affords a fair approximation to the truth. In the Scotch towns the deaths are given under the designation of typhus, enteric, relapsing, simple continued, and infantile remittent. The typhus, relapsing, and simple continued have been taken together, also the enteric and infantile remittent. These will be indicated both for London and the Scotch towns by the terms typhus and enteric groups respectively. It was shown, that in London in 1848, and up to the second quarter of 1849, the deaths from the typhus group were evidently above the average, and that cholera did not attain great force until the third quarter of 1849, when the mortality from this group fell below it. In 1853 the deaths from the typhus group were high the first two quarters, and they fell considerably the last two, and in the fourth there was a little cholera. In the first two quarters of 1854 the mortality from this group rose again, and cholera almost completely disappeared, but in the third quarter when the fever mortality fell to half what it had been the previous one, a severe epidemic ensued. During the first three quarters of 1855, the typhus group caused a mortality about the mean, in the last it showed a disposition to rise, and during 1856 it remained high; at the same time cholera was prevalent in Northern Europe, but there was scarcely a trace of it in London. In 1865 and the two first quarters of 1866, the typhus group of fevers caused a mortality varying considerably, but in every quarter above the mean; in the last two quarters of 1866 this fell slightly below the mean, and was accompanied by the mildest epidemic of cholera experienced in this country. During 1867 and first two quarters of 1868, the typhus group fluctuated about the mean, but in the third and still more in the fourth quarter of the latter year, the mortality from it increased; in 1867 there had been a considerable epidemic of cholera on the shores of the Mediterranean and in the South of Europe, which was to have been expected in this country in 1868; that year it will be remembered there were an unusual number of sporadic cases of malignant cholera in this country, but the disease never attained the development of an epidemic. In Scotland in 1866, cholera prevailed chiefly along the East Coast from Edinburgh to Aberdeen; at Perth it was rather less severe, and at Glasgow, Paisley, and Greenock the mortality was very small. At all it attained its chief development in the fourth quarter. The typhus group of fever had been very prevalent in most of the Scotch towns in 1865, and continued so into 1866. In Edinburgh, Dundee, Aberdeen, and Perth it fell considerably towards the fourth quarter; in Leith there was a slight rise in the latter; in Glasgow and Paisley the mortality from this group fell to the third quarter, but then increased again, and at Greenock the rise proceeded quarter by quarter, until it reached the annual ratio of 25·4 in the fourth. Here, as in London, cholera became prevalent along the East Coast only when fever had been much reduced, and in Glasgow, Paisley, and Greenock with a higher mortality from fever, and an increase of the rate in the last quarter, the cholera was experienced very slightly.

In the discussion which followed, Dr. Buchanan, Inspector-General Murray, Dr. De Renzy, and Mr. Michell took part.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 7TH, 1872.

J. HILTON, ESQ., F.R.S., in the Chair.

RESULTS OF EXPERIMENTS ON PYÆMIA.

DR. BURDON SANDERSON delivered an address on this subject relating his first experiments as to the effect of inoculating animals with pyæmic liquids. In the autumn of 1867, he injected the purulent liquid contained in the ankle-joint of a patient, who had died a few hours before with metastatic abcesses, general suppurative arthritis, and intense septicæmia, under the skin in a dog and two guinea-pigs. The two guinea-pigs died within fifteen and twenty days. Both had metastatic abscesses; in one the lungs were beset with minute nodules, resembling miliary tubercles. The dog lived seven weeks, there were no secondary abscesses, but miliary tubercles of the liver and spleen. From one of the guinea-pigs, two others were inoculated; one died of pyæmic subcutaneous abscesses, without visceral disease; the other lived longer, had no abscesses, but tuberculous disease of the lungs. During the same winter, other experiments were made, which seemed to show that, by the inoculation of pyæmic products two sets of lesions might be produced: as an immediate result, metastatic abscesses, accompanied by a general typhoid state, which was often fatal; as an ulterior result, either disseminated nodules, at first hard, but afterwards becoming caseous at their centres, or interstitial induration—both forms of lesion having their seat chiefly in the lungs, spleen, and liver, but also occurring in other viscera.

Dr. Sanderson next said that experiments were made in 1871, as to the existence of bacteria in animal liquids, and the circumstances had shown that, whereas bacteria could not be proved to be present either actually or in germ in the healthy liquids or tissues, or in the products of healthy inflammation, they were present potentially in pyæmic liquids—that is, whereas ordinary pus could be kept for days or even weeks free from bacteria, provided the precautions against "spontaneous generation" were observed, pyæmic pus could not be so kept, and, moreover, possessed the properties of at once determining the development of bacteria in any suitable liquid to which it was added.

On the last occasion on which he had brought the subject of the intimate pathology of tubercle before the Society, he argued that tuberculosis is an irritative overgrowth of a pre-existing tissue. It had then been shown that the process, in its disseminated or interstitial form had its seat in a certain tissue, and this tissue had been termed adenoid or lymphatic—both words implying its intimate and special relation with the lymphatic system; but the precise anatomical nature of this relation had been imperfectly made out. Last May Dr. Klein came to England with the object of co-operating in the investigation of this very question. The field taken up was the peritoneum; the reason of the choice being, that that membrane, and especially the omentum and diaphragm, had already been the subject of investigation, as favourite seats of tuberculosis. Those researches had not merely served to elucidate one or two anatomical facts of very great importance to the pathologist—*e.g.*, the existence of a lymphatic system in the omentum and its distribution, and the mode in which the peritoneum communicates with the lymphatic system—but had rendered it possible to give an account which, so far as the peritoneum was concerned, was tolerably exact and complete, both of the normal process of absorption and of the changes which the absorbing tissues undergo when they are entered by infective agents.

It was found that in one set of cases, the secondary lesions were suppurated, the constitutional disturbance intense, and the fatal result rapid; in another that the lesions were vascular new growths, firm at first, afterwards becoming caseous, the progress slow, and the functional disturbance imperceptible. And then it appeared that in all those instances in which the pyæmia—*i.e.*, the acute character—manifested itself bacteria were present, not merely in the purulent liquids, but in the blood. Under these circumstances, attention was directed from effects to the poison itself. Soon after the opening of the Brown Institution, it was found that the practice of the hospital for animals was likely to afford the required material; in short, that pyæmia occurred in dogs under circumstances very similar to those which determined it in human beings; and exhibited similar symptomatical and pathological aspects. A series of experiments were therefore commenced in January last, having for their object to acquire a knowledge of the morbid poison, and particularly to discover by what conditions the variations of its intensity were governed.

Dr. Sanderson proceeded to say: "The word pyæmia is apt to be used in somewhat different senses, according as the person using it has before him the medical or surgical aspect of the disease. To define it completely we must, I think, take into account its mode of origin, its symptoms, and the anatomical changes which it produces; not confining our attention to either of these to the exclusion of the rest. With this consideration in view I would comprehend in my definition the following propositions:—

"1. Pyæmia originates by the introduction into the living tissues, and eventually into the blood, of a *poison* which is itself a *product of inflammation*.

"2. The action of this poison manifests itself in an alteration of the blood, and in disorder of the vital functions. The former of these is characterised by the presence of bacteria, and by change in the optical characters of the blood, which often becomes obviously more transparent and darker by reflected light than it is naturally. Of the latter, viz., the general disorder of the vital functions, the most prominent phenomenon is fever, which, in the more intense forms of the affection, is followed by collapse which culminates in death.

"3. More remotely, the disease manifests itself in secondary suppurations, *i.e.*, in the formation of metastatic abscesses, which may occur either in the internal organs or underneath the skin. The special characters of these metastatic (as I am in the habit of calling them) infective abscesses, are those which are well known both to surgeons and physicians. They have the additional less known character, that the pus they contain is full of bacteria.

"Pyæmia *differs* from tuberculosis in the rapidity of its progress, and in the obvious character of the anatomical changes of which it consists. Whereas by tuberculosis we are understood to mean anatomically the overgrowth of cells in certain tissues, which we designate lymphatic on account of their proved anatomical relation to the lymphatic system, the secondary inflammations of pyæmia result in the formation of infective abscesses.

"Pyæmia resembles tuberculosis in its mode of origin. Both spring from inflammations; and, so far as relates to the anatomical characters of the lesions, both are inflammations. To both, therefore, the term secondary or infective inflammation is applicable.

"So much for the disease itself. Let me now," said Dr. Sanderson, "draw your attention to the nature of the poison. I wish to show (1) that every pyæmic abscess contains a poison, which, when introduced either into the circulation or into a serous cavity, produces the symptoms of pyæmia; and (2) that we have this poison so entirely in our possession, and so far under control, that, beginning with an agent so mild in its action that it produces no marked symptoms, we can convert it into an agent of such intensity that it kills in two or three hours with the formidable symptoms seen in the case we have now before us.

"This intensification is effected by a process which may be called cultivation. Dr. Klein made the important discovery that, if a pyæmic liquid were transferred to the peritoneum of a guinea-pig, and allowed to remain there for a couple of days, although it did not at first produce any intense symptoms in the animal itself, its toxic intensity increased in such a degree that, when the transudation-liquid produced in this was injected into another animal, it had acquired the most deadly activity; and that all such extremely active liquids were crowded with bacteria of a particular character, the increased number of which seemed to be in proportion to their toxic properties."

Dr. Sanderson then exhibited a dog, into the abdominal cavity of which six drops of a pyæmic transudation-liquid had been injected three hours before. The animal was in a state of profound collapse, accompanied with vomiting, purging, and cramps of the extremities. Shortly afterwards, the animal was killed and the abdominal cavity opened. The peritoneum contained liquid slightly stained with blood, which, on microscopical examination, was found to be crowded with bacteria. The intestines were distended with a frothy liquid, which possessed none of the characters of the natural contents which had been found in other cases to be charged with shed epithelium. The internal surface of the whole of the alimentary canal from the stomach downwards was intensely infected, and presented appearances which (as had been found by more careful investigation in previous cases) were due to the separation of the epithelium from the surface of the mucous membrane, and the infiltration of that tissue with liquid.

The material which produced these results was obtained as follows. Pus from a pyæmic abscess of spontaneous, *i.e.*, accidental. origin was introduced into the peritoneal cavity of a guinea-pig and allowed to remain there for two days. It was then withdrawn from the guinea-pig, and some of it at once injected into the peritoneum of a dog. The dog was affected in exactly the same way as the animal exhibited to the Society. The remainder of the liquid was kept for five weeks in hermetically sealed tubes, after which six drops were injected into the peritoneum of a guinea-pig; this showed its action to have become relatively feeble. After two days (the day before the meeting) the transudation-liquid produced was tested with a third guinea-pig and found to be extremely active. On the afternoon of the meeting it was injected into the peritoneum of the dog exhibited.

"Such are the facts," said Dr. Sanderson. "The all-important question remains—Do these experiments concern us as physicians and surgeons or not? I think they do. But what I want is to prove it; for I am well aware that, unless clinical observation come in aid of pathological experiment, the results of the latter do not tell practically. Let me state what are the lines of enquiry which I desire to see taken up. The first question is—Do the characters which we have shown to be present in the products of acute secondary inflammation in the lower animals, also exist in similar products in man? The second is more important still—Can it be shown that human pyæmic products, when tested by inoculation, possess exactly the same morbific properties as those which are possessed by the liquids to which our experiments relate? It is for answers to these inquiries that I earnestly ask the assistance of hospital surgeons.

"Finally, I would say a word as to the limits of the question now before us. With regard particularly to the question of bacteria, I desire to keep to the bare facts of disease, and not to diverge into discussions as to their origin. It is a matter to me of comparative indifference how they originate. Our observations lead us to conclude, first, that they afford a *characteristic* by which we may distinguish the products of infective inflammations from those which are not infective, and that their number affords an indication of the degree of infectiveness; and, secondly, that their presence in the blood is an indication of that constitutional disturbance which accompanies infective inflammation; not merely when that disturbance assumes the degree of intensity of which we have an example before us, but in the slighter form of irritative fever. If these facts prove to be true, not only in the lower animals but in man, their importance is quite unaffected by any theory which we may entertain as to the origin of bacteria."

The President said Dr. Burdon Sanderson had entered upon a large inquiry in a clear and distinct manner. It was a striking fact that five or six drops of this peritoneal fluid should produce upon a dog the effects that had just been seen.

Dr. Crisp said he differed from Dr. Sanderson in several of his conclusions. In the first place he saw little or no resemblance between pyæmia and tuberculosis; they had scarcely one feature in common—the one a highly infectious disease, and the other not communicable. There were some in the Profession who thought otherwise, but the statistics relating to the attendants at the Brompton Hospital (Medical and non-Medical) were sufficient to refute this conclusion. Pyæmia, too, was uncertain as to the time of its appearance; it might occur from the second day to the third week after an operation, and after a battle the first thousand wounded might be free from it, and the remainder be more than decimated by it. It should also be known that there was a great difference between tubercle in man and that in the lower animals; he had shown long ago that in monkeys and other animals no bleeding occurred from the lungs, that cavities were comparatively rare, that the liver and spleen rarely affected with tubercle in man were frequently so in the lower animals, and that in other particulars there were important differences. He (Dr. Crisp), as shown in their "Transactions," had inoculated guinea-pigs with pure pus from a whitlow on his own finger, and had produced tubercle, but in many respects it differed from tubercle in the human subject, although microscopically it was the same. He had also performed numerous inoculations in birds and in other animals, the result of which led him to the same conclusion. It was also important to bear in mind that there was a wide distinction between diseases of the lower animals and those affecting the human subject. Pyæmia in the lower animals was of rare occurrence, although millions of animals were castrated and spayed yearly. Pigs had the ovaries removed, and salt was often rubbed into the wound, and he (Dr. Crisp) should have more faith in the use of salt during the prevalence of pyæmia than in the use of carbolic acid or in any application hitherto tried? What we wanted were experiments to ascertain whether by the use of chemical agents we could render this poison innocuous, whether by any external application we could prevent the occurrence of pyæmia. Again, as regards *bacteria* being the cause of pyæmia, he entirely differed from Dr. Sanderson. *Bacteria* were found in numerous diseases of the lower animals, as had been fully shown by the French pathologists, and they were probably the effects and not the cause of the disease, as he (Dr. Crisp) had long since endeavoured to show. He was the first in this country to describe splenic apoplexy, and to point out its deleterious effects upon man and other animals. Experiments had been made by French pathologists, who showed that after the inoculation of rabbits with the blood of animals dying of this disease, that *bacteria* were found in the blood after a certain time, and that death took place at a given period. Dr. Sanderson's experiments appeared to him to have no important bearing upon pyæmia, the irritating matter he used acted more like a poison, such as prussic acid or arsenic, and killed nearly in a definite time, as others had shown before. To show how differently various substances acted when introduced into the body, he might mention that, unhappily, very recently in his own neighbourhood a gentleman in opening an erysipelatous abscess of the scalp, received some of the pus into his eye, and he was dead in four or five days. He recollected a similar example that occurred to a French surgeon when he (Dr. Crisp) was attending the Paris hospitals. Many years since, two gentlemen at the Zoological Gardens dissected a lion—one died in a short time from blood poisoning, and the other did not recover for four or five years after the reception of the virus. After this, about fifteen years ago, many of the carnivorous animals (lions, tigers, and jaguars) at the Zoological Gardens died after a short time of blood poisoning, which he (Dr. Crisp) believed was occasioned by their eating the flesh of glandered horses. He dissected several of these, and, as there was a doubt about the nature of the disease, he inoculated a cat and two rabbits, which animals died quickly, or rather, were put to death with all the symptoms of glanders.

Dr. Bastian asked Dr. Sanderson whether he saw in the blood of animals suffering from pyæmia real bacteria or only granules. In the present state of science this was a fundamental distinction. Again, what relation did these bacteria bear to pyæmia as a disease? Were they to be regarded as causes of pyæmia or as consequences? Again, granting that bacteria existed in the blood in pyæmia, and that they were its causes, how did the contact of these bacteria cause pyæmic processes? Bacteria were constantly in communication with open wounds and mucous surfaces; they existed abundantly in the mouth and back of the throat of every individual, and if they caused pyæmia nobody would be able to live. Many experiments had been made in which fluids containing actual bacteria had been injected into animals and no disease had been produced. Dr. Bastian had injected several drops of fluid teeming with bacteria under the skin of frogs, and no disease had been produced. No one in this room, he supposed, would say that it was an habitual thing to find bacteria in the blood of persons dying of typhoid fever or rheumatic fever; and yet in both of these diseases where the temperature had been high during life, in a few hours after death bacteria had been found in abundance in the internal organs. How were those bacteria produced in the blood in these cases, granting that they were essential to the production of pyæmia? How was it to be supposed that the infection was brought about? On the other hand, in cases where the health suffered and where there was an open wound, there was always the likelihood of changes taking place in consequence of poisonous absorption through the wound.

Mr. Hulke asked Dr. Sanderson if he had not confounded pyæmia and septicæmia. It seemed to him that the dog suffered from the latter, and not from pyæmia. If perfectly filtered pus were injected into an animal, the ordinary symptoms of pyæmia were produced, and the animal recovered: but if the pus were unfiltered, these symptoms were produced *plus* others—such as multiple abscesses, constituting septicæmia. Any putrescent animal fluid, or vegetable would produce the ame result.

Mr. Spencer Wells having performed an operation, after he had partially opened the wound and inserted an elastic catheter, removed an ounce of reddish fluid. Dr. Richardson prepared from it an alkaloid, one *milligramme* of which killed a rabbit. It had effusion into its peritoneal cavity, and a little of this killed another rabbit into which it was injected. A third was killed from the fluid from the second; and a fourth from the fluid from the third; but the fifth recovered after the injection of fluid from the fourth rabbit..

Dr. C. J. B. Williams remembered a *post mortem* examination in University College Hospital, after which the operator complained of a tingling and heat in his hands. The fluid in this case was examined and found to be intensely acid, and to contain many bacteria.

Dr. Murchison had often had the opportunity of examining the bodies of patients who had died of pyæmia following typhus fever, in which there were no ulcerated surfaces, no bed-sores, and no open wounds whatever, and yet in these pus had been deposited in the joints, under the skin, and sometimes in the internal organs. Everyone who had observed epidemics of typhus fever must have seen that pyæmia followed many cases, and that when one case had occurred in an hospital there were many.

Mr. Henry Lee thought that Dr. Sanderson's experiments established that the products of inflammation differed from those of the putrid element, this last being much more fatal.

Dr. Anstie had seen all the symptoms of pyæmia produced where there was no wound whatever, and where no putrid fluid could have entered the system. The only assignable cause sometimes was a cold. Other cases come from exposure to drain smells. He mentioned one case at Westminster Hospital brought from a particular club-house, in which the underground premises were exceedingly unhealthy. A series of cases of a similar kind had come from the same house.

Dr. Cayley wished to know what effect the poisonous fluid had on the animal from whose abdomen it had been taken.

Dr. Sanderson in reply said, he was well aware from his own experiments that the ordinary bacteria of putrefaction possessed no toxic action, and that liquids containing them could be injected into the circulation of living animals without result. As regarded the bacteria of pyæmic products, he had carefully guarded against the inference that they were the efficient causes of pyæmia. He regarded them only as characteristic inhabitants of infective liquids, and therefore very probably carriers of infection. He understood the word septicæmia to mean a state of the blood which was only present in the most intense forms of pyæmia, and agreed with Mr. Hulke in regarding metastatic abscesses as an accident rather than as an essential of pyæmic infection. The theory that the pyæmic poison was dependent on an alkaloid, would be disproved in case it should appear that it was incapable of diffusion, but further inquiries were necessary.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every
Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
„ IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR. BUTLER, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 22, 1872.

SURGERY OF THE FRANCO-GERMAN WAR.

I.

In our last volume we issued a series of articles entitled the "Medical Aspects of the Franco-German War," at the conclusion of which we announced our intention of returning to some of the subjects discussed. We commence therefore to-day a new series of articles under the above heading, in which we shall furnish our readers with an abstract of the work of the ambulances, &c.

A detailed report of the work done by the Ambulance established in the Ministry of Marine in Paris during the late siege has lately been published in the *Archives de Médicine Navale*, by Dr. Coustan.

When Paris was about to be invested the Ministry of Marine, like other public buildings, was given up for the accommodation of sick and wounded, its *salons* and smaller apartments fitted up for the purpose, and care taken to protect the numerous mirrors, paintings, and other works of art by which they were ornamented. The rooms were large, airy, and well lighted, although with the disadvantages attached to all buildings not originally intended for hospital purposes, ready and free *perflation* was not readily obtainable. A tent for the reception of wounded was erected in the court of the *Ministry*, and several supplementary *ambulances*, capable of containing sixty beds, were affiliated to it, the whole being for the reception of men belonging to the Marine Service.

Characters of Wounds admitted.—The nature of the wounds observed is divided into three categories, corresponding with that of the military operations in progress, viz.—In the first period, or that of *reconnaisances*, they were nearly all produced by bullets; in the second, or that of *combats*, including the actions at Villiers, Champigny, Epinay, Choisy, La Gare-aux-Bœufs, and Bourget, they were by bullets and shells in nearly equal proportions; and in the third period, or that of *bombardment*, they were almost all by shells. In the first there were admitted 23 cases of wounds, of whom 4 died; in the second, 38, of whom 8 died; and in the third, 41, of whom 13 died; showing clearly that here, as elsewhere, the rate of mortality underwent progressive increase as the siege went on.

Causes of Mortality.—It is observed that as wounds by shell became relatively more numerous towards the end of the siege, the greater severity of those as compared to wounds by bullets was of itself a source of increased mortality. Other causes were in operation however, of which the following are a few:—

1. The state of exhaustion in which the wounded had become through fatigue, exposure, and inadequate food during the protracted period of the siege. In the advanced forts and other positions the men had moreover been for a long time confined in casemates, cellars, &c., where the air was impure, and ventilation impossible; hence almost all had fallen into a cachectic condition.

2. It was considered that the violent shock (*commotion*) produced by fragments of shell, striking as they did with great velocity, produced a degree of weakening of the vital powers from which recovery was comparatively difficult.

3. The inclemency of the weather, particularly in December and January, added to the want of fuel, giving rise to bronchitic and pneumonic attacks in some, and debilitating all. Moreover, these circumstances were opposed to having the windows of wards open, except for inconsiderable periods, and hence ventilation was insufficient.

4. Towards the end of the siege there was great crowding of the wounded; hygienic requirements could not fully be carried out, food was insufficient, and the troops were debilitated by all kinds of sufferings. Even the wounded were latterly unprovided with sufficient food, many having only horseflesh and preserved meat, and these in small quantity.

Operations.—In the *Ambulance de la Marine* only two operations of importance appear to have been performed. Disarticulation of the left arm at the shoulder in an officer, in consequence of a shell wound of the limb, followed by death in two days; 2. Resection of a portion of the continuity of the humerus, the subject of the wound having in addition a penetrating one of the chest. He died in three days after the operation. With regard to the performance of operations, the *rule* laid down was to abstain from them as far as possible, and in the *Ambulance de la Marine* some recoveries are recorded as having taken place in the most unpromising cases, thus illustrating the advantages of *conservative surgery*. On the other hand, it is added, the mortality after operations in other ambulances and hospitals was so great that the conservation of limbs horribly mutilated such as took place in that of the *Ministry of Marine*, must be looked upon as a double success.

Wounds.—The number of wounded men admitted was 102, but several of these suffered from multiple injuries, thus raising the number of wounds treated to 119. In referring the wounds to regions of the body therefore, the plan adopted has been to give the position of the most serious, viz.—

Head and Face.—16 cases, 5 deaths; of these, 10 by bullet and 4 fatal, 3 by shell and 1 fatal; 3 by *diverse* causes, all discharged recovered, or in progress of recovery. Some of the cases were of the following natures—

Head.—*A sailor*, on 28th October, struck by a bullet in the forehead, the frontal bone fractured, the missile had passed from above the right eyebrow across to that on the left, fracturing the external table. Some inflammation was set up for a few days, but allayed by treatment; the fragments of bone were soon afterwards removed; under cataplasms and simple dressings rapid recovery took place, and he was discharged on 2nd January, 1871.

A marine, struck on 30th November by a bullet in the frontal region, the missile grazing the skin to an extent of three or four centimetres, but not injuring the bone. Three days after admission severe erysipelas set in; it rapidly spread over the hairy scalp; suppuration took place, revealing a counter opening at the occiput, from which 150 to 200 grammes of pus are said to have been evacuated daily for a month, the constitutional and local treatment meantime consisting of tonics, good food, tents, cataplasms, and pressure. The patient seemed to bear up until 6th January, when he had a rigor, followed by intense fever, the discharge from the occipital opening became offensive, and on examining with a probe a few days afterwards, necrosis of the table of the skull was detected. Rigors recurred at intervals; the articulations of the upper extremities became tumified and painful, the discharge, notwithstanding the use of carbolic acid, continued offensive; it became sanguinolent, and on 13th of January venous hæmorrhage took place. It was apparent that the patient was pyæmic, and in this condition he died.

A brancardier was wounded on 19th January by a fragment of a bomb, which, striking him on the right side of the head, fractured the skull. The extent of the outer wound was three centimetres; great disturbance and agitation of the system were present; then delirium, and soon coma. Very active treatment seems to have been used, including venesection to the extent of 300 grammes, purgation, &c., but there was no need of the trephine being applied, and on the 5th of January the patient died.

WATER SUPPLY.

A TABLE has been prepared by Dr. Letheby, and published in his last report, which shows the amount of water supplied by the various companies to London, daily, during each month of the year. From this we find that the quantity has ranged from 97,371,249 gallons per day in December, 1870, to 116,799,067 gallons per day in August, 1871—the average for the whole year being 106,209,236 gallons per day, or 32·5 gallons per head of the population. The average number of houses supplied has been 486·010, and therefore a little more than 218 gallons have been delivered to each house daily. About six million gallons of each of the day's supply has been derived from the Thames, four million gallons from the New River and the River Lea, and the remainder, about seven million gallons, from the chalk wells of the Kent Company.

It is to be remembered that up to the present time the supply has been intermittent, but by the "Metropolis Water Act, 1871," which was passed on the 21st of August of last year, the companies are bound, after the expiration of eight months from the passing of the Act, to provide and keep throughout their water limits, or throughout such parts of such limits as they may be required so to do, in the manner provided by the Act, a constant supply of pure and wholesome water, sufficient for the domestic use of the inhabitants thereof, at such pressure as will make the water reach the top storey of the highest houses within such limits (but not exceeding the level prescribed by any special Act); and this supply is referred to in the Act as a "constant supply." But no company can be compelled to give a constant supply to any premises in their district until the regulations provided for by the Act are in operation in the district, and the prescribed fittings are provided by at least four-fifths of the inhabitants; and in case there is any default in respect to those fittings, the Metropolitan authority may, by notice in writing, require the owner or occupier of any such premises to provide the same within a specified time; and if he fails therein the Metropolitan authority may provide the necessary fittings, or repair them, as the case may be, and charge the cost thereof to the person liable to pay the rate of the water supplied to the premises. The Metropolitan authority has power to apply to the water company to furnish a constant supply to a district, and if there is any reasonable delay in such supply the Board of Trade has power to require it, when complaint is made thereof.

Dr. Letheby thus summarises the other provisions of the Act:—

> In those cases where a group or number of dwelling-houses are situate in a court or passage, or otherwise in contiguity with one another, and it appears to the Board of Trade, on the report of the nuisance authority, that a constant supply cannot be well and effectually provided for such group of houses, except by means of a stand-pipe or other apparatus placed outside the dwelling houses, the Board of Trade may order such means of supply, and the expense thereof shall be borne by the owner of the dwelling houses, or, if there be more than one owner, by the respective owners in such proportion as the Board of Trade may direct.
>
> And with the view of preventing such waste of water as might occasion public calamity, it is provided that within six months of the passing of the Act, the Companies shall, with the approval of the Board of Trade, make such regulations as are necessary or expedient for the purpose of preventing the waste or misuse of water; and therein, amongst other things they may prescribe the size, nature, and strength of the pipes cocks, cisterns, and other apparatus to be used, and they may interdict any arrangements, and the use of any apparatus, which may tend to cause waste or misuse of water. But as these regulations may from time to time require amendment, it is provided that they may be repealed, altered, or made anew by the companies, with the sanction of the Board of Trade, after inquiry into any complaint or appeal, relating thereto, or by order of the Board of Trade by the Metropolitan authority, or by any ten consumers of water supplied by the company.
>
> And when such regulations are made and are in force, the owners and occupiers of houses in any district of constant supply are bound to provide, and keep in proper use and condition the prescribed fittings; and in default thereof they are liable to a penalty not exceeding five pounds. Moreover, the company can, if it think fit, after proper notice, and within twenty-four hours thereof, provide or repair such fittings, and charge the cost of it to the person in default, or it may even adopt the summary process of cutting off the supply of water to the house, and reporting the matter to the sanitary authorities, when such a house shall be deemed a nuisance within the sections 11 to 19 inclusive, of the Nuisances Removal Act, 1855, and shall be considered as unfit for human habitation. The penalties, therefore, for the waste, misuse, or fouling of water are sharp and decisive; and the companies have power to send their officers at all reasonable times into any house or premises for the purpose of examining the pipes, cocks, cisterns, fittings, and other apparatus, and ascertaining whether they are in accordance with the Regulations. All this is essentially necessary to guard against the terrible consequences of want of water from undue waste; and it is the more necessary in London from the circumstance that the fittings and apparatus of almost every house are so defective and imperfect that the waste of water through them is enormous. This is abundantly evident in the fact that with the present intermittent supply of only for about twenty minutes in the day, the average quantity of water delivered to the public amounts to 32·5 gallons per head of the population, or 218 gallons per house; and if with such a condition of things the constant service were adopted, the waste would be beyond the capabilities of the companies, even if the entire volume of the Thames were at their disposal. With proper care and supervision, however, the daily consumption of water in the Metropolis need not exceed 20 gallons per head of the population, for that is the amount supplied in those cities and towns of England where the constant service is properly managed.

Notes on Current Topics.

The Orthopædic Hospital.

WE had intended, as announced in our last, to complete this week our account of the events that have resulted in the recent scandal. Circumstances, however, induce us to postpone our further remarks until next week, when we shall devote another leader on the subject.

Public Mortuary for the City of London.

DURING the last year a disinfecting place and a mortuary have been constructed by the city authorities, and we are glad to learn from the Medical officers report that they have been of great use to the poor.

A general notice of the method of procedure, and of the provisions of the two Acts of Parliament has been prepared by Dr. Letheby, who is of opinion that it should be freely circulated among the surgeons, the Poor-law officers, and the undertakers of the city. When proceedings are taken under the provisions of the Sanitary Act, 1866 (Section 27), it is necessary in the first place to obtain the certificate of a duly qualified Medical practitioner, to the effect that the dead body of one who has died of an infectious disease is retained in a room in which persons live and sleep, or that a dead body is in such a state as to endanger the health of the inmates of the room. This certificate is to be transmitted to the sanitary clerk, who will thereupon immediately fill up a form and take it to the justice room for the order of the justice to remove the dead body from the room in question. The sanitary clerk will then send an order to the contracting undertaker of the commission to remove the body to the mortuary, where it will be received by the keeper and kept in proper and decent custody. The sanitary clerk will also send a printed notice to the relieving officer requesting him to bury the body at the expense of the poor-rate within the time specified in the justice's order. A statement of the method of these proceedings for the guidance of the sanitary clerk and others has also been prepared.

If, however, the removal of the body is to be effected under the provisions of the 90th section of the city of London Sewers' Act, 1848, it must be done through the agency of the Medical Officer of Health for the City; and with the view of enabling the poor themselves to make use of the mortuary for their own benefit, and of their own free choice, that gentleman has considerately advised that it should be done through the undertaker employed in the case, who will make applications to the sanitary clerk at the Sewer's office, and fill up a form in which he agrees to send the body in a proper coffin, and to bury it within a specified time.

Inspection of the Thames.

THE Inspector of Shipping made in the year 1,396 inspections of ships, and found 30 requiring sanitary improvement in respect of cleanliness or ventilation. At present the small area of the Port of London within the jurisdiction of the City—extending from the Tower to the Temple—is the only part of the Port which is systematically inspected in accordance with the 32nd section of the Sanitary Act, 1866. This is manifestly an inconsistency; for Mr. Harry Leach, the resident surgeon of the Seamen's Hospital reports that there are about 25,000 vessels entering the Port of London yearly, besides about 2,300 sailing barges, and nearly 4,000 dumb barges, which belong to the Thames. These represent a floating population of about 15,000 persons, which are at present almost entirely without sanitary supervision; and that they require it is shown by the results of the inspections of vessels within the limited area of the City—an area which comprises only half of the river for about a thousand yards on each side of London Bridge. Dr. Letheby's last report shows that in the course of the last five years there have been 10,013 inspections of ships within that area, and 263 have been found defective in their sanitary arrangements. At first, in 1867, the annual proportion of defective ships amounted to 146, whereas in the year which has just expired it was only 30—showing that when the captains and owners of vessels become aware of their sanitary supervision, they take care to have them in tolerably good condition. That there is great necessity for such inspection of shipping there can be no doubt, for over and over again it has been shown that fever and scurvy and epidemic diseases are very prevalent in the vessels which trade with this port, and that they are referrible to defective sanitary arrangements. And not alone do they affect the floating population, for they are generally the means whereby certain forms of zymotic disease are imported into this country, and when this happens the defects of our sanitary laws are strikingly exemplified. As an instance of this the Medical Officer of Health mentions the misadventure of the orders in Council of July and August of last year, when there was a threatened invasion of cholera.

A Dinner for a Halfpenny.

"A PROPHET is not without honour save in his own country" was not inaptly illustrated when, a week since, we saw in an American Exchange that there existed in England a society for "feeding the sick poor, and giving them for the nominal fee of one halfpenny an excellent dinner." Confessing our ignorance of the existence of such an "Institution," we wrote to Cardiff, from whence, in reply to our inquiries, we received an assurance from Dr. Sheen, the treasurer, that our American contemporary had really given us a piece of news. The idea is so good and worthy of imitation that we have great pleasure in transferring a few remarks from the letter of Dr. Sheen to our columns. He says:—

> "The 'Invalids' Dinner Table' has been in existence here for two years now. I, with the assistance of the Vicar of the Parish, started it in 1871, and the two reports which I now send you will, I think, give you some idea of the Institution and its working. The table is spread on Mondays, Wednesdays, and Fridays, all the year round, at twelve o'clock. Each dinner consists of five ounces of hot roast meat, about one pound of potatoes, with six ounces of bread and half-a-pint of beer, or with twelve ounces of bread and no beer. A ticket has first to be obtained (generally *given* by a subscriber, or by the Institution if the funds allow it), and the halfpenny is charged so that to the recipient it shall not be *entirely* a charity."

Preference is always given to those who are suffering from some acute disease, or are in a state of convalescence, in cases which are likely to be benefited by good food, and to those who are not yet in receipt of parish relief, with the hope that they may be thus saved from pauperism.

Perhaps 'ere another winter is upon us the excellent example of Cardiff may find many imitators. We hope so, and the space here given will not have been resultless.

The Use of Tepid Baths in the Treatment of Febrile Diseases.

IN the *Annales et Bulletin de la Soc. de Med. de Gand* the results are given of a series of experiments by M. Schützenberger on the temperature which may advantageously be adopted in the use of baths in febrile affections. We give an abstract of the article prepared for the *Boston Medical and Surgical Journal.*

For more than a year M. Schützenberger has conducted his investigations. So long as the heat, one of the symptoms of fever, remains below 39°05 cent. (103° Fahr.), even when the pulse is high, no serious danger may be looked for to the economy. But when the temperature rises to 104° and beyond, it becomes in itself dangerous to the organism; it shows that an active combustion is going on among the tissues, which causes their rapid destruction, so long as the fever continues. In order to diminish the heart's action, and to lower the temperature, recourse has been had to digitalis, and to methods of external refrigeration, applied in different ways. It has been noticed that, if the baths at 15° to 20° (59° to 68° Fahr.) produce a marked depression of the heat, this advantage is counterbalanced by serious inconveniences. Many of the sick are seized, immediately after their introduction to the cold water, by a chill; the use of the bath becomes disagreeable to them, and they refuse it altogether. In addition, serious attacks of pneumonia, with the occurrence of plastic exudation, often supervene on the use of the cold bath.

To avoid these dangers, M. Schützenberger advised the use of tepid baths, of which the temperature varies from 22° to 27° (71° to 80° Fahr.). During the years 1870-71, these baths have constituted the principal treatment of those under his care suffering from typhoid fever; of those, at least, whose temperature, rising above 39·5° (103° Fahr.), demanded active treatment. The simple and mild cases, in which the temperature did not exceed this point, were left to themselves. The baths were continued for fifteen or twenty minutes, until the supervention of the so-called goose-flesh, or a chill. A lowering of the temperature, varying from 5° to 1°, was always noticed within half-an-hour from the bath; in some cases this lowering of the temperature even reached 1° or 2°; and, in a few cases, it was not materially changed. In one case, which had been more carefully watched on account of the unusual symptoms developed, the bath caused an increase of the temperature.

The lowering of the temperature observed after the bath continued in the majority of cases during the remainder of the day; but, on the next day, a fresh elevation of temperature obliged a return to the bath. After a certain number of baths, the thermometer showed that the temperature did not return to the point reached before the use of the bath. By continuing the bath thus methodically, M. Schützenberger has been able to keep the fever within normal limits, that is, below a temperature of 39° (102° Fahr.).

The favourable influence of the baths has been noticed in other symptoms than the heat alone. The nervous phenomena—delirium, insomnia, and the like—have diminished in their intensity, the tongue has become clean, the abdominal disturbances have been decreased, meteorism has not supervened, and, when it has already been present, it has yielded quickly to cold compresses. As an addition to the treatment, cold was applied to the head, cold drinks were used, and quinine prescribed to the extent of 20 to 30 centigrammes daily. The diet consisted of milk and broth, when the condition of the tongue allowed.

By this method of treatment, the statistical results obtained in the cases of typhoid fever during the year 1870 were remarkably favourable. Of 38 patients, one died, during convalescence, from bedsores; the remainder recovered.

M. Schützenberger has noticed, in like manner, that tepid baths have been equally efficient in many cases of puerperal fever, due to peri-metritis, in peri-uterine abscesses and the like, in which the temperature was raised to 42° (107.6° Fahr.), and injections of quinine were inert. Baths, given to the number of five in twenty-four hours, produced a rapid diminution of the temperature and amelioration of the symptoms. In variola baths have also produced favourable results; but, in this case, tepid baths have been more beneficial than cold. In certain cases of scarlatina, baths at 15° to 20° have appeared to exert a favourable influence on the disease.

It is known that Trousseau favoured the use of baths at a temperature of 25° (77° Fahr.) in scarlatina. The water, which was not cold, except relatively to the temperature of the patient—which rose to 41° (105·8° Fahr.) in the axilla—produced wonderful physiological results. Under its influence the burning heat of the skin gave place to a pleasant moisture, the pulse fell from 10 to 40 pulsations, the vomiting and diarrhœa ceased, nervous symptoms disappeared, and, instead of being pale, the skin took on the rosy hue usually seen during the eruptive stage of the disease.

Where was Lempriere?

Is the printer responsible for the following remarkable reading of a passage from the Roman biographer, Suetonius, which appeared in a recent number of the *Lancet*, as having been given by Dr. Alfred Meadows in one of his lectures on the History of Midwifery? "Suetonius also mentions that the Emperor Augustine, having married Livia, the wife of Tiberius, she being in hard labour, Antonius Musa was called in consultation '*pro partu accelerando*,' and the result was the birth of Nero." It was, as is well known, the great Augustus, at that time called Octavius, and no Emperor Augustine, who married Livia, the wife of Tiberius Claudius Nero (not "of Tiberius," which, to us, would mean the Emperor of that name), she being six months' gone with child by the latter. Livia's delivery occurred three months after this marriage, the child then born being he who was named Nero Claudius Drusus, and familiarly called Drusus, and not the notorious Emperor (Domitius Nero Claudius) who alone is now known in history by the single name of Nero.

Dr. Verneuil on Tracheotomy by Galvano-Cautery.

In the Academy of Medicine, 23rd April, M. Verneuil observed that tracheotomy, as usually practised, is a dangerous operation on account of the hæmorrhages, which are so difficult to be avoided, and on account of the introduction of air into the veins. In the case of a patient, aged thirty-eight, nearly asphyxiated from tuberculisation of the larynx, Verneuil performed tracheotomy by the aid of galvano-cautery. The point of the knife was heated to a dull red, and entered at the level of the cricoid ring. The instrument, moderately pressed, and slowly cutting, easily penetrated the skin for a length of about three centimetres. The knife again heated, was carried again to the upper part of the wound, and then brought slowly down, dividing the aponeurosis, and separating the thyro-hyoid muscles. A third time the knife was used in the same manner, cautiously and slowly, and then two assistants pulling the wound asunder by hooks, the eye and the fingers could easily perceive the cricoid cartilage and upper rings of the trachea, which were naked, and almost as visible as upon the subject. The cartilages of the two first rings were then divided by the heated knife. No blood was spilt during the operation. The operation lasted some six minutes. The patient did well; and ten days after operation the tube was removed.

Antidotes to Carbolic Acid.

Dr. T. Husemann ("Memorabilien," 1872) says that oils can be used as antidotes in poisoning by carbolic acid and creasote. Curara is no antidote. Carbolate of potash and the metals are as poisonous as carbolic acid itself. Chalk is not altogether useless as an antidote, but is not so useful as the saccharine carbonate of calcium. The greatest hope as an antidote is to bring about the oxydisation of the carbolic acid. A stomach pump, if at hand, is the best remedy in poisoning by carbolic acid; emetics do more harm than good.

Clinical Thermometers.

We have examined the new clinical thermometers made by Messrs. Maw, Son, and Thompson, and have much pleasure in congratulating that firm on the production of such exact instruments at so low a price. Every thermometer is tested at Kew, and may therefore be confidently relied upon, while the corrections made by the observatory enable any one to produce most accurate records of disease. Every public institution—nay, every practitioner ought to possess a set of thermometers, and it is a boon to have the price of these instruments reduced.

Chloral in the Cure of Venereal Ulcers.

Soon after the announcement of the employment of chloroform in the treatment of primitive ulcers, either soft or indurated, Dr. Mancesco Accettella instituted, says the *Gazetta Medica Ital. Lomb.*, a series of experiments as to the use of this preparation in the cure of venereal ulcers. He says:—"While busying myself with similar experiments, Liebreich published his observations on hydrate of chloral as actively hypnotic and anæsthetic. From that time I commenced to adopt that preparation as a local remedy, in concentrated solution, upon ulcers of such ancient date that neither the acid nitrate of mercury, nor the carbo-sulphuric paste, nor other efficient caustics, had been able to effect a cure. The effects greatly exceeded all my expectations. After the first application the deep parts of the ulcer became detached, healthy and normal granulations sprang up, and the ulcer was transformed into a simple sore, with the usual tendency to cicatrisation. In sixty-nine cases in which I applied chloral topically, the following results were obtained: seven ulcerated and obstinate abrasions healed in nine to sixteen days; forty-nine soft ulcers in from eight to fourteen days; three soft ulcers, complicated with diphtheria, in eighteen to twenty-nine days; five soft ulcers, complicated with phagedæna, in twenty-four to thirty-two days; five primitive infectious ulcers, in fifteen to twenty days. Among the cases of phagedenic ulcers it is necessary to note two which, for twelve or fifteen months, had resisted all local and general treatment, although the two women affected had the most fresh and florid constitutions. The solution employed was as follows:—Chloral hydrate, five gram.; aqua. destil., gram. twenty. This, applied with a pencil to the ulcerated surface, slightly cauterises, without producing discomfort to the patient. After two or three applications, all unhealthy appearance at the bottom of the ulcer disappears, and the sore presents a bright redness which soon produces the most healthy granulations. A considerably diluted solution should be adopted for the cure of abrasions and simple ulcers. Venereal therapeutics may therefore welcome chloral as a topical remedy, *par excellence*, in the gravest form of ulceration, the phagedænic.

A Granular Preparation of Tar.

The intimate admixture of tar with pulverised solids, to be used directly as a surgical appliance and also for making aqueous solutions and extracts of tar, has been made the subject of investigation and report.

To facilitate the solution of tar in water, Magnes-Lahens (*Bull. de Ther.*, and *Schmidt's Jahrb.*) found powdered wood charcoal to serve much better than sand. To two parts of powdered wood charcoal, in a porcelain dish, one part of liquid tar is added, and stirred to a uniform granular consistence. This mixture scarcely soils and does not adhere to the hand or vessels. It readily yields to water the soluble constituents of the tar, and it keeps well in the air.

This is a good preparation of tar for *fumigations*; exposed in a shallow vessel and gently warmed, abundant vapours are obtained without the melting of the preparation. It also readily saturates steam, made to pass through it for moist fumigations. For *inhalation*, a small quantity is recommended to be placed between lint wads in a cigar-holder.

As a surgical dressing, Magnes-Lahens employs coal-tar with charcoal-powder in the above proportions, and reports favourably of its application to open wounds in bad condition. It absorbs the pus, and is easily washed away. The proportion of charcoal in its preparation can be increased for foul wounds. A solution, made by treating 50 parts of graniform tar in 1,000 parts of water at 120° F., for five or six minutes, diluted if necessary, may be used for cleansing wounds.

Tar-water is prepared by macerating 50 parts of the graniform tar with 100 parts of water at 68° F. and filtering. It is feebly coloured, and the evaporation of 100 parts leaves about one part of soft-solid extract, having an agreeable, juniper-like odour. The syrup is prepared by mixing 50 parts of the graniform tar with 320 parts of sugar, adding thereto 180 parts of water, and warming by a water-bath to 140° F., and stirring for five minutes. This syrup has a sharp taste and is too concentrated for internal administration; a teaspoonful of the syrup in a glass of water is a dose.

Iodoform.

To prepare this drug it is necessary to treat the mother liquor for iodide of potassium. Wittstein's method is this:—Carbonate of potassa (pure), 2 parts; iodine, 2 parts; alcohol, of 90 p. ct., 1 part; water, 5 parts: put these materials into a retort, attach a receiver, and apply the heat of a water-bath until the liquid contents are entirely colourless. A sand-bath may be used, but only the most gentle evolution of gas must be caused. The receiver should be kept cool. When the retort is cool, its contents are poured into the receiver, and the latter emptied into a cylindrical glass to subside; the mass of yellow crystals is collected on a filter, well washed with water, and dried by pressing several times between filtering paper. The yield is about 17 p. ct. of the iodine used. The digestion is performed in a retort, because some iodoform will vapourise before the iodine has all combined (and the liquid become colourless). In the changes of this process the iodine acts on carbonate as it would on caustic potassa : $K_2 CO_3 + I_6 = 5KI + KIO_3 + 3CO_2$. Then the iodate of potassium yields its oxygen to the alcohol, which thereby becomes formiate of potassium and (by combining with more iodine) iodoform. As follows :—

$$KIO_3 + C_2 H_6 O + I_2 = KCHO_2 + CHI_3 + 2H_2 O.$$

Hence I_8 (1,016 parts) should yield CHI_3 (394 parts), or 38 per cent. But a portion of the iodate of potassium escapes deoxidation, and is found in the filtrate from the iodoform crystals, along with the iodide of potassium. Hence, the produce is reduced to that first stated. The whole of the iodine, not in the iodoform, is in the filtrate as iodide and iodate. It is evaporated to dryness, ignited with ⅛th its weight of powdered wood charcoal, the mass digested with alcohol (to dissolve iodide and leave the carbonate), the alcohol solution filtered and evaporated to crystallise out the iodide of potassium.

Iodoform volatilises readily at 212° F. ; dissolves in 13,000 parts water, 80 parts cold alcohol, and readily in ether. Alcoholic solution of potassa decomposes it—as it does chloroform. It is given in doses of one or two grains ; often in pill with reduced iron ; is externally applied with glycerine or lard.

The Lyons Congress.

THE following gentlemen have sent in their adhesion to the Congress :—

Mr. Henry Lee.
Dr. Herbert Davies.
Mr. Critchett.
Mr. T. Bryant.
Dr. Brewer, M.P.
Deputy Inspector-Gen. Gordon, C.B., M.D.
Surgeon Wagner, U. S. Army.
Dr. Thorowgood.
Dr. Corfield.
Dr. de Styrap.
Dr. C. R. Drysdale.
Dr. A. H. Jacob.

Mr. Victor de Meric had previously sent his adhesion direct to Lyons.

Further names, as we have already stated, may be sent to Dr. Prosser James, 18 Dover Street, Piccadilly, London, W.

Sick in the Workhouse.

WE have not the least confidence in either the motive or the accuracy of "Amateur Casuals," who get up literary horrors at so much per sheet, and agonise the uninitiated by descriptions in which the bad is multiplied by twenty and the good kept carefully out of sight. We, however, quote the following description of "Sick in the Workhouse," extracted from the "Chequered Life of a Glasgow Arab," published in the *Weekly Mail*. It is most regrettable that the public system for charitable relief should be held up to odium in this way ; for we are well assured that, if there be any truth in the picture, the Workhouse patronised by the "Glasgow Arab" is a unique specimen of corruption and cruelty.

"It is a sad job to be sick in the poor-house, between growling, stingy officials, and filthy-mouthed, conscienceless pauper attendants. The former growl you out of every comfort to keep down the cost, and so earn a name as economists ; and some of the latter, if a comfort be granted, make a free use of it themselves, and think that their work justly entitles them to some little reward, though that reward be the most heartless kind of robbery. In sick cases wines and spirits, beef and mutton, are fair game for the pauper attendants, but things of less value are not despised. Our national poet talks of 'Man's inhumanity to man,' but it is not always the rich and powerful who oppress and are the worst of oppressors. The poor oppressing the poor is still more inhuman. And our poor-house system admits of this to a sad extent. Many a time I have heard some poor dying creature afflicted with a complication of diseases, sworn at on account of his moans, or for the expression of some little want. The treatment of the sick is most heartless, and demands inquiry. I consider also that it is very cruel to separate old people who have lived together forty or fifty years, to send the wife among a lot of viragoes, and the old man among men of no character. I met a man just lately suffering from spinal complaint, who had tried the poor-house twice, and could not remain in it. He had no complaint to make about the diet or the general treatment. He complained of being forced to associate with abandoned men, who, by their words and actions, made the place a living hell, and I could quite understand him, for it must be this to anybody with the least spark of good in him. The poor-house system deals with man as if he were a wild beast ; it appeals to his stomach and to his fears. It does not deal with him as a creature formed in the image of God, and as still bearing some impress of that image. All are treated as hopelessly bad, and as undeserving of life. How rudely the dead are handled. A man dies in the dormitory, the corpse is carried to the dead-house, and remains there until others are added sufficient to make up a load, and then the house must be cleared. The van is filled with tenanted coffins, and driven off to the cemetery. No friend is asked to follow, no prayer is offered on the occasion, and no lesson is read or taught. 'Man dieth and goeth to his long home,' and none are urged to lay it to heart ; and the van going at a trot recalls the lines—

> 'Rattle his bones over the stones,
> He is only a pauper whom nobody owns.' "

The Vital Statistics of Ireland for the last Quarter of 1871.

Marriages.—The number of marriages was 1 in every 250, or ·400 per cent. of the population.

Births.—The births amounted to 35,017, or 1 in every 38·6, or 2·59 per cent. of the population. The average of five years was 33,481.

Deaths.—There were 22,179 deaths—1 in 60·9, or 1·64 per cent. of the population. The average during the corresponding quarter of the previous five years was 20,660.

It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, 1 in 44 or 45 ; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 38·6 ; and for deaths, 1 in 60·9. The registration of marriages under the provisions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory.

Health of the People.—The mean temperature during the three months ending the 31st of December, was 2·6 higher than in the corresponding quarter of the year, 1870, and the mortality showed a decrease of 1,464.

The deaths from small-pox during the quarter amounted to 441. All the deaths from that disease registered in the year 1870 numbered only 32.

Scarlet fever was very prevalent; no less than 89 Registrars reported its presence in their several districts. Of the 42 deaths registered in the Castlegregory district, 19 were caused by scarlet fever. The picture by the Registrar of the sanitary condition of the district fully accounts for the excessive mortality. His description is as follows—"This division (Castlegregory) comprises the Magharees peninsula, throughout the whole of which the water used for drinking is procured from holes dug for the occasion in the sand. It is consequently always impure, and often disgusting. In all parts of the district, and of the Union, wherever the supply of water is comparatively pure, scarlatina has either not existed or has been very mild, while, on the contrary, it has been exceedingly fatal when the water is obviously polluted."

Whooping-cough prevailed to a considerable extent, and in several instances proved fatal.

There has been a comparative freedom from the various types of continued fever and measles.

Many districts still remain in the most wretched condition as to sanitary arrangements; indeed, the provisions of the Sanitary Act of 1866 are rarely, if ever, brought into force.

Deaths.—The deaths registered during 1871 amounted to 88,720—1 in 60·9 or 1·64 per cent. of the population; the average being 90,690.

The Sanitary State of Hastings.

THE general health of this popular resort for invalids is at the present time in such an exceptionally favourable condition that we offer no other excuse for drawing the attention of our readers thereto. The elaborate system of drainage carried out some two or three years ago is in excellent working order, and the last quarterly Returns of the Registrar-General, of the seventy large cities and towns of the kingdom show the death-rate of the joint townships of Hastings and St. Leonards to be one of the three lowest of the whole. This is remarkable when we take into consideration the fact, that in this death-rate is included a large percentage of consumptive patients who are sent here as a *dernier ressort.* In further confirmation of our remarks, we may mention that in a given number of 10,000 inhabitants of the western portion of the borough, last week only two deaths occurred. The Profession, on the look-out for a really healthy place to which to advise their patients to go at this treacherous season need have no scruples about Hastings. Its town is as salubrious as its neighbouring scenery is beautiful.

Australian Meat.

THE probable prospective importance of Australian and other preserved meats will be evident by comparing the statistics of our imports for 1870 and 1871. The *Chemist and Druggist* gives the calculated supply of meat in the United Kingdom as follows:—

	1870. Tons.	1871. Tons.
From home-bred animals	1,240,603	1,266,478
From imported animals	66,556	81,578
From imported provisions	57,743	99,125
Total meat supply	1,364,902	1,447,181

It would therefore appear that in one year the consumption of "tinned" meat has nearly doubled.

Exemption of Chemists from Jury Service.

THE *Chemist and Druggist* states that the Juries' Bill of the Attorney-General, read a second time in the House of Commons last week, contains a clause which, if carried, will absolutely exempt all registered chemists and druggists, actually practising as such, from the liability to serve on juries. This is the more remarkable because one of the features of the new bill is that it provides for a considerable diminution of the exemptions heretofore granted. For example, members of Parliament, except when in session, and the clergy, are to be no longer free from service. The *Chemist and Druggist* is confident that the learned gentleman will readily justify the solitary extension of exemption (as we believe it is) which he has made as regards chemists and druggists. The bill was received in the House with evident favour, and having been read a second time was referred to a Select Committee. When we consider that it proposes to make some important changes in our jury system, as for instance the reduction of the number from twelve to seven, except in murder cases, we cannot be quite sanguine that it will pass this session.

Army Medical Service.

SENIORITY is to have all three steps. According to the *Army and Navy Gazette* the three are to go by seniority. Let us hear no more about selection. The authorities evidently only talk of it by way of throwing dust in the eyes of the public.

We have not a word to say against Dr. Longmore, but we cannot forget that Dr. Gordon's unusual services have never received any recognition. We appeal to the high-minded Director-General of the Department to represent this really exceptional case to the Government. In the name of the Profession he may well ask for some exceptional reward. This is what the *Army and Navy Gazette* says:—

"The third step in the Medical Department, to which we referred last week, will, we hear, be given, according to seniority to Dr. Longmore. Dr. Gordon's strong claims will not be overlooked when his turn comes, but it is not thought that he will be advanced over the officers who stand senior to him. Has the principle of selection been abandoned?"

THE Annual Dinner of the Medical officers of the Army, Navy, and Indian Services will be held on Thursday, 30th May, at the Freemasons' Tavern, at 7 o'clock. Sir J. Ranald Martin, C.B., in the chair.

THE seventh meeting of the Dublin Obstetrical Society was held in the Dublin College of Physicians on last Saturday. A resolution of sympathy with the family of the late Dr. Beatty and of regret for his loss having been adopted, the President, Dr. G. H. Kidd, read a paper "On Fibrous Tumours of Uterus."

THE next Triennial Astley Cooper Prize of £300 will be awarded to the author of the best essay or treatise on "Injuries and Diseases of the Spinal Cord," which must be sent to Guy's Hospital before January 1st, 1874.

THE Biennial Dinner of the old students of St. Thomas's Hospital will be held in the large Hall of the Cannon Street Hotel, on Tuesday evening, May 28th, at 6 p.m., Dr. Risdon Bennett in the chair.

JUDGE BRADY, of New York, recently decided that patent medicine vendors can be held to a strict legal accountability for the assertions made in their advertisements.

IT is stated that upwards of 540 persons have died from the small-pox at Norwich during the last eight months. The disease has appeared among the men of the West Essex militia, now in training at Chelmsford.

SURGEON-GENERAL DR. STROMEYER has announced his intention to deliver an address to the students of St. Thomas's Hospital on Thursday afternoon, "On some Interesting Points of Surgery." Members of the Profession will be admitted on presentation of their cards.

THE *Australian Journal* gives currency to the statement that, emulating the example of Mr. Peabody, Mr. Holloway, the purveyor of ointment and pills, intends to devote part of his enormous fortune to charitable purposes. He is looking for a site on which to found, at a cost of half a million pounds sterling, an institution that shall bear his name.

THE trial of the persons accused of being implicated in the homicide at the lunatic asylum at Evèro is at last concluded. The director has been condemned to two years' imprisonment; and Dr. Van Holsbeek to eighteen months' imprisonment and a fine of 2,000f. Dr. Van Holsbeek has appealed. The Chamber discussed the matter on Friday. It is understood that the Belgian Government will henceforth take charge in asylums of their own of all pauper lunatics, and only permit wealthy people to enter private ones.

DR. TONER, of Washington, has transferred to the Secretary of the Smithsonian Institution, the Surgeon-General of the Army and of the Navy and the President of the Medical Society, a property amounting in value to about $3,000 in trust, for the establishment of a course of lectures.

Ninety per cent. of the interest is to be applied for two annual memoirs or essays by different individuals relative to some branch of Medical science, to be read at the City of Washington under the name of "The Toner Lectures;" each of these lectures to contain some new truth fully established by experiment or observation.

◆

SCOTLAND.

DR. BELL PETTIGREW, F.R.S., well known to all London biologists by his published researches and by his invaluable labours in the Museum of the Royal College of Surgeons of England, is delivering before the Royal College of Surgeons of Edinburgh an able course of lectures on the Physiology of the Circulation in Plants, in the Lower Animals, and in Man.

Dr. Rayner, of Bethlehem Royal Hospital. is a candidate for the appointment of medical superintendant of the Hanwell Lunatic Asylum, now vacant.

The *Sheffield Daily Telegraph* publishes an account of the additions to the Sheffield Infirmary which are in progress. The new wing will be finished at a cost of £14,000. When completed, the Infirmary will have 190 beds.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

BY W. HANDSEL GRIFFITHS, PH.D., L.R.C.P., L.R.C.S.E.

ACETA (VINEGARS).

THESE are:—

1. **Acetum.**
2. **Acetum Scillæ.**
3. **Acetum Cantharides.**

Acetum (British Vinegar) is now defined as "an acid liquid prepared from malt and unmalted grain by acetous fermentation." The following formula illustrates the theory of *acetification*:—

$$\underbrace{C_2H_6O}_{\text{Alcohol.}} + O_2 = \underbrace{C_2H_4O_2}_{\text{Acetic Acid.}} + H_2O$$

It will thus be seen that the alcohol is converted by the absorption of oxygen from the atmosphere into acetic acid and water. The process of acetification is now very rapidly effected by allowing the fermenting liquor to trickle slowly through wood-shavings contained in tall vats. A large surface is thus exposed to the air which circulates through small side holes pierced near the bottom of the vessels.

British vinegar contains 4·6 per cent. of anhydrous acetic acid. One fluid ounce (445·4 grains by weight) requires for neutralisation 402 grain-measures of the volumetric solution of soda. Its specific gravity ranges from 1·017 to 1·019.

Sulphuric acid acts as a preservative of vinegar, and hence the presence of 1-1,000th part is legally permitted. The following test indicates that the lawful proportion of sulphuric acid is not exceeded.—The precipitate afforded by the addition of 10 minims of solution of chloride of barium to 1 ounce of vinegar having been removed by filtration, the further addition of solution of chloride of barium will give no precipitate.

The only pharmacopœial compound in the preparation of which vinegar is employed, is the *Emplastrum Cerati Saponis*.

Acetum Cantharidis.

Preparation.—Digest 2 ounces of powdered cantharides in a mixture of 2 ounces of glacial acetic acid, with 13 ounces of acetic acid for 2 hours at 200° F. When cold place them in a percolator, and when the fluid no longer drops add 5 ounces of acetic acid to the residium. When percolation is completed, press and make up the bulk of the liquid to 20 ounces with acetic acid.

Acetum Scillæ.

Preparation.—Macerate 2½ ounces of squills in 20 ounces of dilute acetic acid for seven days, strain with expression, and to the strained fluid add 1½ ounces of proof spirit, and lastly, filter.

It must be borne in mind that these so-called "vinegars" are solutions of the active principles *not in vinegar* but in very strong acetic acid in the case of acetum cantharidis, and in diluted acetic acid in the case of acetum scillæ.

It may be mentioned that heat is employed in the preparation of acetum cantharidis, as it promotes the solution of the active principle *cantharidine*.

The colour of acetum scillæ is pale straw, and that of acetum cantharidis dark brown.

Acetum cantharidis is not employed in the preparation of any pharmacopœial compound, but acetum scillæ enters into the composition of *Oxymel Scillæ* and *Syrupus Scillæ*.

AQUÆ (WATERS).

The waters are fourteen in number, namely :—

1. **Aqua.**
2. **Aqua Distillata.**
3. **Aqua Camphoræ.**
4. **Aqua Aurantii Floris.**
5. **Aqua Menthæ Piperitæ.**
6. **Aqua Menthæ Viridis.**
7. **Aqua Rosæ.**
8. **Aqua Sambuci.**
9. **Aqua Laurocerasi.**
10. **Aqua Cinnamomi.**
11. **Aqua Anethi.**
12. **Aqua Carui.**
13. **Aqua Fœniculi.**
14. **Aqua Pimentæ.**

Aqua (H_2O). The purest natural water that can be obtained, cleared if necessary, from substances *mechanically suspended* in it by filtration. It should be free from taste, odour, and visible impurity.

The most common impurities of natural waters are saline matters, as sulphate of lime, carbonate of lime, (held in solution by excess of carbonic acid, and conferring on water the property of "hardness") &c., besides gases. Water is termed "hard" or "soft" according to its action on soap. In hard waters the contained earth (lime or magnesia) combines with the fatty acid of the soap, forming a substance insoluble in water. Hard waters may be rendered soft by boiling, by which means carbonic acid is driven off, and the carbonate of lime which was held in solution by it is deposited.

The amount of hardness destroyed by boiling is termed "*temporary* hardness," as distinguished from the permanent hardness due to soluble salts of lime and magnesia, which still remain in boiled water.

Professor Clarke, the inventor of the soap test for amount of lime in water, proposed as a means for softening water containing carbonate of lime, the addition of sufficient lime-water to unite with the carbonic acid. The carbonate of lime thus formed, together with that existing in the water, is deposited, and three-fourths of the hardness of the water is removed.

"Mineral Waters" are those which hold in solution saline or gaseous substances, whence they derive medicinal properties. There are four classes of them, viz. :—*Class* 1. *Carbonated*, containing much carbonic acid, and usually saline carbonates, on which the carbonic acid acts as a solvent (Carlsbad, Seltzer, Ilkstone, &c.). *Class* 2. *Chalybeate*, containing carbonate of iron (Harrogate, Pyrmont, Spa, Tunbridge Wells, &c.), and sulphate of iron (Brighton, &c.). *Class* 3. *Saline*, of which there are several varieties—*calcareous*, containing carbonate and sulphate of lime (Bath, Bristol, &c.),—*alkaline*, containing alkaline carbonates (Ems, Vichy, &c.),—*purging saline*, containing sulphates of magnesia and soda (Cheltenham, Seidlitz, &c.), and *salt*, containing chlorides, and sometimes traces of iodine and bromine (sea-water, Baden-Baden, Kreutznach, Wiesbaden, &c.). *Class* 4. *Sulphuretted*, containing sulphuretted hydrogen (Aix-la-Chapelle, Cheltenham, Harrogate, &c.).

Aqua Distillata. Prepared by distilling 10 gallons of water from a copper still. All the volatile impurities come over with the first half gallon, and hence this is to be rejected. On the other hand, the distillation is not to be continued after 8 gallons have passed over, lest empyreumatic matters (resulting from the charring of the organic impurities) might contaminate the product.

The tests for the purity of distilled water are :—

1. No residue on evaporation = absence of fixed impurities.
2. Not affected by *sulphuretted hydrogen* = absence of metallic impurities.
3. Not affected by *oxalate of ammonia* = absence of salts of lime.
4. Not affected by *nitrate of silver* = absence of chlorides.
5. Not affected by *chloride of barium* = absence of sulphates.
6. Not affected by *solution of lime* = absence of carbonic acid.

The remaining aquæ may be conveniently divided into four classes, according to their method of preparation, as follows :—

CLASS 1.

Prepared by simple solution in distilled water (½ ounce to 1 gallon).

Aqua Camphoræ.

Aqua Camphoræ was formerly "Mistura Camphoræ."

CLASS 2.

Prepared by distillation of the flowers.

Aqua Aurantii Floris.

Aqua Aurantii Floris is mostly made in France, and is apt to contain lead from being imported in leaden vessels; it is hence directed to be tested with sulphuretted hydrogen.

In the preparation of Aqua Laurocerasi the crushed fresh leaves are directed to be macerated in the water for 24 hours before distilling. It is not a preparation of reliable strength.

CLASS 3.

Prepared by distillation of the volatile oil with water (1½ drachm of oil to 1½ gallon, distil 1 gallon = 1 of oil in 853.)

Aqua Menthæ Piperitæ.

Aqua Menthæ Viridis.

CLASS 4.

Prepared by distillation of part of the plant with water.

160 ounces to 2 gallons, distil 1 gallon = 1 in 1	*Aqua Rosæ* (fresh petals). *Aqua Sambuci* (fresh flowers)
16 ounces to 2½ pints, distil 1 pint = 1 in 1¼	*Aqua Laurocerasi* (fresh leaves).
20 ounces to 2 gallons, distil 1 gallon = 1 in 8	*Aqua Cinnamomi* (bark).
16 ounces to 2 gallons, distil 1 gallon = 1 in 10	*Aqua Anethi. Aqua Carui. Aqua Fœniculi* (in each dried fruit).
14 ounces to 2 gallons, distil 1 gallon = 1 in 11½	*Aqua Pimentæ* (dried unripe berries).

The following are the officinal compounds into the composition of which the aquæ enter—

Aqua Floris Aurantii	in *Syrupus Floris Aurantii.*
Aqua Cinnamomi	in *Mistura Cretæ.*
" "	in *Mistura Guaiaci.*
" "	in *Mistura Spiritus Vini Gallici.*
Aqua Menthæ Piperitæ	in *Mistura Ferri Aromatica.*
Aqua Rosæ	in *Mistura Ferri Composita.*
" "	in *Trochisci Bismuthi.*

◆

Literature.

LAW AND LUNACY (*a*).

We have much pleasure in calling the attention of our readers to a work that is likely to save many of them much annoyance, and is a thoroughly reliable and complete guide as to those duties which devolve upon Medical men in relation to insanity.

It is really a misfortune that so many of our brethren, either from carelessness or from being unaccustomed to the requirements of the Commissioners, should so frequently have their certificates returned as useless. The fact is, that lunacy practice has fallen so much into the hands of those who direct asylums that gentlemen occupied in general practice—where the percentage of insane patients is of course small—are apt to overlook little details that are of great importance in a Medico-legal point of view.

(*a*) Hand Book of Law and Lunacy; or the Medical Practitioners' complete Guide in all matters relating to Lunacy Practice. By James T. Sabben, M.D., and J. H. Balfour Browne, Esq., of the Middle Temple. London: J. and A. Churchill, 1872.

They leave those details into which they are frequently not obliged to enter, to others constantly occupied with them. And yet, there is much to be gained by a thorough comprehension of lunacy practice. The Medical man who exhibits a mastery of the position when he is called upon to see and advise about a lunatic, cannot but increase the confidence felt in his judgment. If ready for this emergency he will be considered equally ready for all others. Besides his own certificate, it is natural for friends to ask him to explain the intention and force of other formalities, and his ability to do so is to some extent a measure of his fitness to be the general family adviser. On all these points, and indeed, on many others, the work before us gives the fullest particulars. The authors are two pupils of Professor Layard of Edinburgh, who have, in different spheres, done credit to their *alma mater*.

Dr. Sabben has for many years been engaged in asylum practice, and the Medical department of the work could scarcely have fallen into better hands. Mr. Balfour Brown is a barrister whose work in this department is well known to our readers, and all the legal points are set forth with that accuracy which characterised some of his contributions to these columns. The law there laid down may be thoroughly relied upon. To turn to Dr. Sabben's share of this work. From considerable experience, both in asylum practice and in teaching, we have no hesitation in pronouncing it to be excellent. Dr. Sabben shows very clearly what is the duty of the Medical man in every circumstance that may arise. He gives ample directions as to the examination of alleged lunatics; the removal to asylums of both private and pauper patients; the visitation by Medical men of lunatics in private houses, workhouses, and asylums; of Commissions in lunacy, and other important points. In many cases he gives examples, and otherwise speaks with such clearness as clinical experience combined with the power of lucid expression alone can give. The ability to teach as well as to grasp his subject exhibited by Dr. Sabben is not the least pleasing feature of this handbook of law and lunacy, for which we predict a deserved success.

THE CENSUS AND ITS RESULTS (*a*).

It being rumoured that a number of persons are interested in republishing, in a cheap form, the work of Malthus, the present little pamphlet of 21 pp. from an able opponent of that writer's views appears very opportunely, and we hope it will meet with the attention it deserves from the party of modern Malthusians; for, as those of our readers know who have watched the course of controversy lately, Dr. Whittle is bitterly opposed to this school, although he observes that it numbers among its ranks Mr. McCulloch, J. S. Mill, Nassau, Senior, Chalmers, and Whately. He is cheered by the observation that, "in nearly every newspaper, you would find the views of Malthus treated with ridicule, and laughed at as dreams unworthy of consideration." Two or three of the pages of his pamphlet are occupied with informing his readers what are the obnoxious opinions of Mill, Senior, and McCulloch; but he soon gets tired of this, and treats them in the rest of the work to a *resumé* of the views of Doubleday, followed by facts from the last census. The main argument that Dr. Whittle is striving to controvert in his remarks is, that mankind, in common with the rest of the mammalia and fauna of the globe, have a very great tendency to increase more rapidly than supplies of the necessaries of life, such as food, clothing, &c., do in Europe, or other long-inhabited parts of the globe. Darwin and many others look upon this *Malthusian law* as axiomatic, and the majority of the scientific men of this country are becoming fully persuaded of the truth of the hypothesis of the "struggle for existence."

There is, indeed, by no means any unanimity among scientific economists as to the best means of meeting the evils caused by this tendency of the race to starve itself. But everyone who has read Malthus' Essay in the "Encyclopædia Britannica" on *Population*, is well aware that in a new country, such as the United States, population has sometimes doubled in much less than thirty years. But as there is room and scope enough in the world emigration is thought by many to be the hope of old countries.

Dr. Whittle, however, thinks that the late Mr. Doubleday has explained away all our difficulties when he says that it is only very poor people that breed fast; and, that if it were possible to make every person in Europe well off to-morrow, they would no longer have the physical capacity of breeding too fast. The parallel of those flowers whose stamens become converted into leaves is invoked as an argument in favour of this theory; and we are told that it is because the Chinese have lived on such innutritious food that they are so prolific. But is this theory true?

THE ELECTION OF COUNCIL FOR THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

Since our last issue, three new candidates for seats in the Council, in addition to Dr. George H. Kidd, and Mr. John Hamilton have announced their candidature. They are Dr. Quinan, Secretary of the Irish Medical Association, and a former Councillor; Dr. Minchin, Professor of Botany in the College; and Mr. Smyly, Surgeon to the Meath Hospital.

Legal Intelligence.

COURT OF QUEEN'S BENCH, DUBLIN—

Wednesday.

(Before Mr. Justice Barry).

THE ATTACK ON BANK CLERKS AT NENAGH—ACTION FOR LIBEL.

Kittson v. *M'Keogh.*

This was an action for libel arising out of the prosecution against the persons charged with having made the murderous attack on the bank clerks at Nenagh. The parties in the present action are Medical gentlemen, residing in Nenagh, and the cause of action arose from the publication of a letter in the *Nenagh Guardian*. From the facts it appeared that previous to the last assizes, Dr. Kittson made an affidavit in reference to the condition of Mr. Walsh, one of the bank clerks who had been dangerously wounded on the occasion of the attack made upon him and another clerk between Borrisokane and Nenagh. The object of the affidavit was to have postponed the trial of the parties charged with committing the crime. The letter complained of stated that at the time Dr. Kittson made the affidavit he had ceased to be Mr. Walsh's Medical attendant, and that his doing so was a breach of Professional etiqutte. In the first count of the writ of summons and plaint the inuendo put as to the meaning of the libel was that it imputed perjury to Dr. Kittson. Mr. Gerald Fitzgibbon now applied on behalf of the defendant for liberty to plead traverses of the publication of the alleged sense to the count which set out the libel without the inuendos, a denial of the publication, a plea of no libel, a plea that the letter was a fair comment on Dr. Kittson's conduct, on a matter of public interest, and a plea of justification. His lordship granted the motion.

(*a*) "The Census and its Results." By Ewing Whittle, M.D.

New Operation for Stricture.

Prof. Lankford of St. Louis publishes in the *Medical Archives* an interesting account of an operation performed by him for the relief of retention of urine from an impassable stricture. This operation was performed as follows: A No. 10 catheter was passed down and held firmly against the stricture, the left index finger was introduced into the rectum, and held against the apex of the prostate gland as a guide; a semi-lunar incision was made into the perineum five lines above the anus, and carried down by careful dissections to the urethra, the finger withdrawn from the rectum was introduced into the cut, and brought into contact by its tip with the end of the catheter, a knife carried along the palmar side of the finger was pushed beyond its end until it entered the urethra, when there was a gush of bloody urine. A curved blunt-pointed bistoury was then introduced, dividing a second stricture, and the operation was completed. The professor thinks this is the first operation of this kind performed in this country, and claims for it, as its greatest advantage over others, the semi-lunar incision. He thinks that if he operated again he would not remove his finger from the rectum before the urethra had been opened, but keep it pressing against the apex of the prostate, and holding the knife (a narrow blade) with the edge directed downward and outward would thrust it forward in the middle line, as if it were intended to just pass it over the end of the finger, and as the urethra is always distended in these cases it would inevitably enter it.

Indications for the Employment of Catheter in Old People.

M. Guyon, in a clinic at Hôpital Necker, remarked that retention of urine is very common in old men, depending generally on affections of the bladder, or of the neck of the bladder, or of the prostate. Many cases of supposed vesical paralysis are, in reality, due to the prostatic disease. The symptoms of retention of urine in old people are eminently variable. Sometimes they micturate frequently, and experience pain and a burning heat, lasting for a long time. Again, where the bladder is but little contractile, the retention is only made out by percussive palpitation and catheterism. When in this latter condition, they experience so little trouble that they are loath to submit to an exploratory operation. If the symptoms are well marked, then there is room for hesitation; and M. Guyon even goes so far as to say that the catheter should be passed in every old man who evacuates the contents of his bladder imperfectly. It is not necessary that it should enter the organ on the first occasion, since if only introduced as far as the neck, it habituates the tissues to the contact of the instrument. Stoppage of the flow of water is always a serious symptom in old people, and the best advice to give them is to be sounded, either with simple sound or a catheter, and that frequently. When the bladder is greatly distended, it is imprudent to evacuate it completely. Commonly, the catheter should be passed only when there is an intense desire to urinate.—*Phil. Med. and Surg. Reporter.*

Case of Chronic Nasal Catarrh.

By Dr. Norton Folsom, Physician to the New York Dispensary.

The following case is reported mainly for the purpose of calling attention to the convenience of the apparatus employed in treatment.

Mr. B——, æt. 35, a fine singer, free, so far as known, from any constitutional taint, had suffered for over a year from an offensive, purulent discharge from the nose, which frequently formed crusts as large as the thumb, so hard and so closely adherent as to be disengaged with considerable difficulty. The voice was so much affected, that singing had been almost entirely relinquished, and the fœtor of the discharge interfered with his social relations.

Rhinoscopic and anterior nasal examination showed the mucous membrane generally engorged, eroded in patches, covered with viscid muco-purulent secretion, and the lower and posterior part of the vomer entirely gone.

The nasal douche had previously been tried without benefit, but its use was resumed with a solution of permanganate of potassa, together with the application of spray of alum and of tanno-glycerine. After a few weeks, the only material improvement being the diminution of fœtor, the following line of treatment (mainly that lately recommended by Drs. Sass and Lincoln, at the Med. Lib. and Jour. Assoc.) was adopted. The whole nasal cavity being strongly illuminated with the concave mirror, with the use of the rhinoscopic mirror behind, and with a nasal speculum, contrived for the purpose, in front, the cavity was entirely freed from crusts and secretion by forceps and probes, and by the patient's own efforts with a basin of water. A solution of nitrate of silver (gr. 40—60 ad unc.) was then applied in the form of spray, from front and rear, to every part of the cavity, and the thoroughness of its action verified by examination. This was repeated at intervals of a few days for ten weeks, the improvement being constant, and after the interval of a month, during which he grew worse, it was resumed for six weeks, when it was entirely abandoned, after about twenty applications in all, there being no offensive discharge, no formation of crusts, and the mucous membrane presenting a healthy pink appearance throughout. The voice was entirely restored. There has been no relapse during the year which has ensued.

The spray was applied with the ordinary hand-ball apparatus, the fluid being contained in a test-tube held in the hand, and the issue of the spray being instantly and completely controlled by the thumb compressing the rubber tube where it joins the atomizer. For the posterior nares, the upward-jet atomizer was used, a small piece of hard rubber being fitted to the tube just in joint of the orifice, projecting upward about three-eighths of an inch, forming a palate hook.

The addition of a few drops of *eau de Cologne* to the spray solution rendered it less disagreeable, and the after-taste was sensibly diminished by gargling with salt and water. The nostrils and upper lip were protected by an unguent.

The nasal speculum contrived for the exigencies of this case is made by coiling a piece of German silver wire at its middle (as in an ordinary eyelid retracter), so that the ends tend to spring apart; the extremities being then bent nearly at a right angle, are curled up into blades about one inch and one-fourth long and three-eighths of an inch wide, which *flare apart* a little at the tips, which are to be introduced into the nostrils. The degree of expansion is limited by a screw. The whole instrument is gilded. It is made by Messrs. Tieman & Co. A useful addition is a piece of flexible wire attached to the ring of the instrument, which can be made to rest on the lip or cheek of the patient, and tilt or prop the nostril up horizontally. This leaves both hands free for manipulation, while the light is thrown in from the mirror on the forehead. In this way nearly every part of the naso-pharyngeal cavity can be reached, and accumulations, even upon the posterior wall of the pharynx, be detached through the anterior nares.—*Med. and Surg. Reporter.*

Action of Chloral Hydrate.

M. Byasson, a French scientist, has presented to the Academy of Sciences of Paris a record of the results of numerous experiments on chloral hydrate (vide *American Journal of Pharmacy* for January, 1872) which tend in some degree to invalidate the views of Liebreich. He finds the hydrate to differ from chloroform in its action, which is peculiar to itself, and is the result of two products into which it is decomposed—chloroform and formic acid. A part of the chloroform formed by the action of the alkaline carbonates of the blood upon the hydrate of chloral is eliminated by the lungs; and a part of the formic acid is found in the urine in the shape of formate of soda. As a practical result of the experiments, the author found that he could distinguish three degrees, produced gradually and successively by increasing doses, but varying in individuals.

1. A feebly soporific action and slight sedative effect upon the sensitive nervous system, which may be accompanied by intervals of a peculiar agitation, similar to that produced by some dreams.
2. An energetic and powerful soporific action, with diminution of sensibility. Then follows a period of calm slumber of variable duration, but without disturbance to the principal functions of life. By means of successive doses administered when the effects of the previous ones have nearly disappeared, this slumber may be extended during a comparatively long time.
3. Anæsthetic action, with complete loss of sensibility and muscular power. Death has generally been found to follow when this stage has been reached, in consequence of the inability of the organism to sustain the increasing action of so large a quantity of the drug until its complete transformation and elimination.

Gleanings from Foreign Journals.

VACCINE lymph, preserved and diluted with glycerine, has been used on a large scale during the last small-pox epidemic in Europe. Dr. E. Miller takes one part of the virus, two of water, and two of glycerine; water and glycerine must be chemically pure, the mixture must be stirred up before use, then the virus seems to be more effective than without glycerine, because the latter prevents coagulation of the blood.—*Berlin Klin. Wochen.*

Multiple abscesses in infectious diseases are said to be caused by miliary accumulation of organisms not belonging to the human body. The theory that low organisms are the cause of contagious and infectious diseases prevails now in German journals.

The extract of conium maculatum has been recently recommended in soreness of the mammary glands, in general when the secretion of milk is abundant and painful, and when it leads to inflammation, or when the milk canals are obstructed. The dose is from a half to about two grains four to six times a day. It is an old remedy known to Pliny. Suppuration requires other treatment.—*Wien. Med. Press.*

After Donders the following is of bad influence upon myopic eyes :—Pressure of the muscles upon the eyeball, when the axis of vision is very convergent, then increased intra-ocular pressure and congestion of the posterior parts of the eye. Blood letting was recommended; but Dobrowalsky proved theoretically and practically that instillation of atropia (one part to one hundred and twenty of water, once or twice a day) has the best effect on myopia. Spasm of accommodation of the eyes preceded the myopia; this is curable by atropia. Every myopic young person under this treatment, for eight or fourteen days, once or twice a year, can preserve good sight. *Blætter. F. Heilwissen.*

Dr. T. E. Weber publishes his experience in tenotomy of the tensor tympani muscle, and says—Subjective perceptions of the ear have been cured mostly; if giddiness was combined with it, it was always abated; the power of hearing reappearing very often; tenotomy of this muscle seems to be a good preservative for hearing. Other facts and remarks, the description of the knife and the method interesting to specialists, can be omitted here. The author refers to Prof. Hyrtl, who has spoken of the possibility of this operation.—*Berlin Klin. Wochensch.*

Local anæsthesia by sulphate of morphia before surgical operations hypodermically or upon wounds, gains much attention. Dr. Spessa uses a solution of about one grain to the drachm of water.

Dr. Albu had under his control 500 vaccinated children. In 17·2 per cent., vaccination was not followed by disease; in 24·4 per cent, diseases occurred, but not in connection with the vaccination; in 58·4 per cent., phthisis and scrophulosis ensued. Fifty-three children of the latter died in the following year; total number of deaths, 103.—*Berlin Klin. Wochensch.*

Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Tuesday and Wednesday last :—

Berry, Dennis, Barnard Castle.
Bishop, Sydney Olive, Sandhurst, Berks.
Bowman, George, M.B. Edin., Manchester.
Brailey, William Arthur, M.B. Cantab., Cambridge.
Carey, Richard John, L.S.A., Northampton.
Clarke, John Teasdale, Newcastle-on-Tyne.
Cole, George Martin, Westbourne villas.
Cooke, John, Hoxton Street.
Dawes, Richard, St. Mark, Mornington Road.
Deakin, Charles, W. S., Hereford.
Ellis, Hyacinth D'Arcy, Tipton, Staffordshire.
Evans, Lawford David, L.R.C.P. Edin., Ruthin, North Wales.
Graham, George, L.R.C.P. Edin., Winchester.
Green, James, Bolton, Lancashire.
Grogono, Walter Atkins, L.S.A., Stratford, Essex.
Harries, Thos. David, L.R.C.P. Lond., Llancast, Pembrokeshire.
James, Cyrus, L.S.A., Highworth, Wilts.
Jones, Owen Thomas, Bangor, North Wales.
Kelly, William, Liverpool.
Miller, John Alexander, Great Percy Street.
Morris, John Henry, Burslem, Staffordshire.
M'Oscar, John, M.D. St. Andrews, Argyll Street.
Odling, Tom Francis, Bushlingthorpe, Lincolnshire.
Orwin, Arthur Wigelsworth, Granville Terrace.
Paterson, Robert Haldane, L.R.C.P. Edin., Brigg, Lincolnshire.
Perkins, Whitfield, L.S.A., Camberwell.
Price, Edwin, Dudley, Staffordshire.
Roose, Edward C. R., L.R.C.P. & L.R.C.S. Edin., Brighton.
Steele, Sidney Thomas, L.R.C.P. Edin., Bath.
Tatum, Herbert Thomas, Twickenham.
Williams, Leonard, Victoria Square.

Seventeen other candidates were examined on the above days, but failed to satisfy the Court, and were referred to their professional studies for a period of six months.

Medical Relief Committee in Chicago.—From the *Chicago Medical Examiner* we learn that the committee appointed in October last to receive and distribute contributions made for the benefit of the Chicago physicians have completed their duty and made their report. The gross amount of money received was 9,881,08 dols.; of which sum, 32,50 dols. had been employed for necessary expenses, and the remainder had been appropriated to the relief of 91 practising physicians and 21 Medical students, in sums varying from 30 to 350 dols. The money had not been appropiated all at once, but from time to time, as often as a sufficient sum accumulated in the treasury.

An important effort is being made to clear King's College of its debt of £13,000 and to form the nucleus of a moderate endowment. A meeting was held this week to promote the object, in which the Archbishop of Canterbury, the Bishop of Peterborough, Mr. Gladstone, Mr. W. H. Smith, M.P., Dr. Brewer, M.P., and others took part. The sum of £6,000 has been promised.

Test for Creasote.—Mr. Thomas Morson, of the firm of Morson and Son, has discovered that it is only necessary to mix the suspected sample with pure glycerine; pure creasote is insoluble; carbolic acid makes a bright solution, and, when present in considerable quantity, it makes creasote also soluble in the mixture.

The Anniversary Festival of University College Hospital was held on Thursday, the 9th inst., at Willis's Rooms, Prince Arthur in the chair. In proposing the toast of the evening—"Prosperity to the Hospital,"—the Royal Chairman stated that, since its foundation in 1833 47,000 in-patients had been treated, and more than ten times that number of out-patients had received relief; and, in concluding, made an earnest appeal for funds, which, we are glad to say, was liberally responded to in the course of the evening.

Prince Leopold.—H.R.H. Prince Leopold last week met with a slight accident, spraining the muscles in the vicinity of the knee-joint, but not injuring the joint. The accident occurred on leaving the carriage when in London, on Wednesday afternoon.

Lady Dentists.—The German papers state that a young lady recently presented herself at the Faculty of Medicine at Munich for examination for a licence to practise as dentist, and being refused, she went to Erlangen, and passed successfully.

Dr. Barclay states that the case reported last week as one of cerebro-spinal meningitis appears to be a case of malignant small-pox. We have a note of another doubtful case from Mr. Langston, of Westminster.

Sir J. Ranald Martin, C.B., will preside at the annual dinner of the Medical Officers of the Army, Navy, and Indian Services on the 30th inst., at the Freemasons' Tavern.

The French Government have lately proposed to add to the budget of 1871 £170,000, and to the budget of 187 £60,000, for the expenses incidental to the cattle-plague.

Opium.—The Government of India propose to extend the cultivation of opium in the Punjaub.

Three deaths from hydrophobia have occurred at Sheffield.

It is reported that sporadic cholera has appeared in Moscow, the rate of mortality being high.

The large lunatic asylum in Vienna being full, measures are being taken to provide increased accommodation.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

THE ANNUAL MEETING OF THE IRISH MEDICAL ASSOCIATION.

THE annual meeting and dinner of the society are to take place at the Royal College of Surgeons on Monday, the 3rd of June next. The Council feel that the subjects to be brought under the consideration of the meeting are of paramount importance, not only to the Poor-law and Dispensary Medical officers, but to the entire Profession, and therefore hope that no one who by any possible means can be present will absent himself from this meeting.

The Local Government and new Sanitary Bills now before Parliament afford, in the opinion of the Council, the long wished for opportunity for directing public attention to the position of the Poor-law and Dispensary Medical officers, which, as to pay and emoluments, has remained nearly stationary, although the work required from them has steadily increased, and the expense of living and horse-keep has nearly doubled, so that £100 a-year formerly sought for as their minimum salaries is now not equivalent to £60 or £70 then so strongly protested against, and admittedly insufficient to maintain their position as gentlemen; and now Government are passing new sanitary laws whereby the whole country is to be divided into new districts under the authority and management of new local sanitary Boards created by the Bill, and much additional work and new responsibilities are thrown upon the Profession. It is true these proposed changes are for the present limited to England, but it is the expressed intention of the authorities to extend them after a time to Ireland; and the Council, feeling that such a Bill is unsuited to Ireland, cannot but look upon it as being fraught with the greatest danger to the interests of the Medical officers through the country. It has, therefore, been determined that as in England Royal Commissioners were appointed to inquire into the sanitary state of that country before legislative changes were proposed, so we should seek for a similar Commission here, to inquire into the entire sanitary state of our country, its Medical charities, the work and pay of the Medical officers, the magnitude and distribution of the more remote dispensary districts, the working of the births and deaths registration Acts—so that the relative interests and duties of the Medical officer, the rate-payer, and the sick poor shall be equally defined. Nor is it at all improbable that we shall succeed in procuring this. The Council have already secured the co-operation of the Colleges of Physicians and Surgeons, and they feel that if the Profession be but united they will succeed. Other matters of interest will be brought under discussion, but enough has been said to show the importance and necessity for every man to be up and doing, so as to protect his own interests, promote the welfare of his Profession, and improve the sanitary condition of the country.

WORKHOUSE CONTRACTS.

WE noted in a recent issue the discovery of grains of shot in a certain sample of tea sent in as a specimen to the Mountmellick Guardians. This fact having been reported by the Clerk, an enquiry was held by the Commissioners, which elicited, on the confession of a Mr. M'Evoy, one of the guardians, and one of the Committee of Selection, that the shot had been put into the tea as a private mark to distinguish the sample sent in for competition by Mr. M'Evoy's brother, a local grocer.

Mr. M'Evoy confessed that he had desired his brother's shopman to mark the sample in this way, and that he had recommended the selection of that specimen, because he thus knew it was his brother's, and that it was accordingly approved by the Committee, and that his brother got the contract.

The Commissioners in delivering judgment, said—"The Commissioners having considered the evidence, think that the Board is much indebted to their clerk, for detecting the contrivance adopted by one of the members of the board to obtain the contract for tea for his brother, in a manner which cannot be considered as other than disgraceful if not punishable as a fraud.

"On this latter point the Commissioners are in communication with their solicitor, and will address the Board of Guardians again on the subject.

"By order of the Commissioners.

"B. BANKS, Chief Clerk."

A Guardian asked—Does not the Poor-law take notice of matters of this sort? Does it not disqualify a guardian from being a member of the board? for any guardian who would be capable of such a thing disgraces the whole board, who all feel ashamed of any such thing happening, and if the law enabled them to touch Mr. M'Evoy they should do it.

The Clerk, read the section of the Act which provided that no guardian can be dismissed unless he has been convicted of fraud or felony, &c.

The subject then dropped.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 11*th May,* 1872; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 11TH MAY, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	9,745	310,565	31	184	187	29	32	47	3	4		...	3	3	5	1	50
BELFAST . . .	20,687	182,214	19	143	66	15	11	5	...	...	...	...	1	...	...	...	8
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	29	25	25	5	9	...	...	...	...	...	1	...	...	...	9
LONDONDERRY . .	21,865	30,893	20	18	12	1	1	...	...	...	...	1	2	...	...	...	7
WATERFORD . .	17,209	30,838	15	16	9	...	4	...	...	...	...	...	2	...	...	...	5
GALWAY . . .	21,358	19,713	37	8	14	3	5	...	...	...	...	...	...	...	1	1	6
SLIGO . . .	30,835	17,175	27	15	9	...	4	...	...	...	...	...	1	...	...	...	2

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Armagh	Armagh.. ..	£150	£12 12 0	1164	126	13,764	14,681	June 1	Ulster Railway.

◆

WATERFORD UNION.

AT a special meeting of the Ullid Dispensary Committee, held at the Board Room, Kilmacorr, pursuant to notice, on 29th April, 1872, for the purpose of taking into consideration the propriety of increasing Dr. Parks' salary, the Medical officer of the district, from £100 to £120 a year, Michael Rockett, Esq., P.L.G., presided.

Passed unanimously—

That having fully considered the propriety of increasing Dr. Parks' salary, as our Medical officer—

Resolved:

That we recommend its being increased from £100 to £120 a year, on the following grounds, viz.,

1st. Increased duties.

2nd. The salary not being in proportion to the work performed when compared with other districts where the salary is higher, population and area lower.

3rd. The impossibility of discharging the duties without a horse, the cost of keeping which and servant, amounts to £40 a year.

4th. House-rent, which is £20 a year, and

5th. The increased expense of living.

The number of visiting tickets for year ended April, 1872, attended by the Medical officer was 342, and 939 dispensary tickets, which shows an increase in the amount of work performed over the late Medical officer of 135 visiting tickets and 456 dispensary, being a total of 591.

Passed unanimously—

That the Committee are satisfied with the manner in which Dr. Parks has performed his Medical duties since his appointment to this district.

DROGHEDA UNION.

CORRESPONDENCE.—THE HOSPITAL.

The Chairman said that he much regretted to have to state that a communication of a very unpleasant kind had been received from the Commissioners, which should be read for the board. He very much regretted it.

The following correspondence was read:

Poor Law Commissioners' Office,
Dublin, 16th April, 1872.

Sir,—Adverting to minutes of proceedings of the Board of Guardians of Drogheda Union, on the 4th inst., the Commissioners transmit, for the guardians' information, the accompanying copy of a correspondence which has taken place in reference to the complaint preferred against the Medical officer by certain inmates of the workhouse in the case of two paupers named Michael Reilly and Hugh Geraty.

By order, &c.,
B. Banks, Chief Clerk.

Drogheda Union,
March 30th, 1872.

Gentlemen,—We, the inmates of the above Union, think it our duty to leave before your Honourable Board a transaction which took place in the above Union. On the evening the 27th inst., an inmate, one Micheal Reilly, took so ill that it was thought proper to send him to hospital. He was kept there without any Medical aid until the following morning the 28th, and was then literally dragged down, for he was unable to walk, by one of the Medical attendants. On the man in the day-ward seeing the state of the man, he was again left in the hospital and the doctor saw him at his visiting hour, but instead of doing anything to relieve the sufferings of the man he ordered him to the day-ward, but the men there seeing what the doctor refused to see, sent him again to the hospital, where he died in a few hours after, without the medical aid he so much required, and it is the opinion of the inmates that the man died from neglect. But we are sorry to say that this is not the only case where persons have been hurried into eternity by the neglect of the doctor and his attendants. In the month of December last, one Hugh Geraty was allowed to remain in the day-ward, although he often tried to get into hospital, until a few days before his death, the doctor all the time saying he was in perfect health. There is other cases that can be produced against the Medical attendants of this house if your Honourable Board should vouchsafe to investigate the case, for if this state of things is to go on, I say the Lord have Mercy on the poor pauper patients in this Union Infirmary. But there is one class of patients that have no cause to complain, viz., those sent in by a guardian. These are well treated; in fact anyone get fair play except the poor man from the day-ward. There was two officers present at the time that the man was last sent to hospital, viz., the schoolmaster and cook. It was the schoolmaster who ordered the priest to be sent for before the man was removed from the day-ward last time. We all, the inmates, now call upon your Honourable Board for redress, and any further evidence that is required will be readily produced at the investigation.

Signed by twelve inmates.
Any more required is to be found in the house.

Drogheda,
Monday morning.

Sir,—I beg leave to state for the information of the Poor Law Commissioners, that Michael Reilly reported himself at the Infirmary on the morning of the 27th March, complaining of a sore eye, and on examination of which I found he had been blind of it for many years and did not require any treatment. He did not ask for admission into hospital, nor did I consider him to be a case for it. On the following morning on my rounds I found that he had been admitted. I consequently made an examination of him, but could not find that he was suffering from any special ailment or complaint beyond the natural debility consequent on his advanced age, viz., 78. I then ordered that he should be sent back to the Infirm Ward, and at six o'clock on same day I was sent for by the nurse to see him as he had been brought back to the hospital. I went immediately, and found the heart's action was weak, so I accordingly ordered brandy and stimulant draughts, which were duly administered; he gradually sank and died on the following morning. Relative to the man having been dragged across the yard, he required assistance inasmuch as he was completely blind of one eye, and very nearly so of the other for some time previous.

Hugh Gerity admitted on December 1st, suffering from chronic, heart, and kidney disease for some years. As he could consume more than the diet of any ordinary inmate, I considered myself justified in treating him as an external patient, and when it appeared necessary, I admitted him into the hospital for eight or ten days previous to his death.

I remain, &c.,
J. W. Adrien.

Poor Law Commission Office,
16th April, 1872.

Sir,—The Commissioners have had under consideration the explanation furnished by you in reference to the complaints preferred against you by certain inmates of the workhouse of the Drogheda Union, in the cases of two paupers named Michael Reilly and Hugh Geraty.

With respect to the case of Michael Reilly, you state that on visiting the workouse hospital on the morning of the 27th of March, you found that he had been admitted, when you examined him, and failed to find that he was suffering from any special complaint or ailment beyond the natural debility consequent upon his advanced years; that you then had him removed to the infirm ward of the workhouse, that you were sent for to visit him on the evening of the same day in the hospital, to which he had been again transferred, when you discovered that the action of the heart was weak, and that, notwithstanding the administration of the necessary stimulants, he gradually sank, and died the following morning.

The Commissioners are of opinion that these facts go far to indicate that the examination made by you of Reilly on the morning of the day referred to, was of a very superficial character; and, with reference to your explanation as regards the case of Geraty, it is obvious, from your own showing, that a man labouring under chronic heart and kidney disease should not have been kept in the infirm ward until within a short time of his death, for no stronger reason, as it appears, than that 'he could consume more than the diet of any ordinary inmate.'

Under these circumstances, the Commissioners feel it incumbent on them to state that you should distinctly understand, that on the recurrence of any well-founded complaint against you of a similar nature, the question of your fitness to be retained in your present office will deserve their serious consideration.

By order, &c.,
B. Banks,
Chief Clerk.

To Dr. Adrien, Medical Officer,
Drogheda Union.

The Chairman said he was sorry that anything of so unpleasant a nature should come before them. There was one matter referred to in the Commissioners' letter as to which they appeared not to know the facts. The ward the man was removed to is really part and parcel of the hospital; there is no one in it, he might say, that is not an hospital patient.

Mr. Flanagan—And a better class of food is got in it.

Chairman—In fact it is an ancillary hospital. I am very sorry indeed for that letter.

Mr. Flanagan said there was one statement in the inmates' letter that he wished to make a remark on. It was said that patients who got admittance through a guardian were better minded than others. He, for one, never gave a ticket for admittance to the hospital, and he believed no guardian did or could do so.

Chairman—The only way that persons not inmates can get admission to the hospital is through the relieving officer.

Mr. Kelly (R.O.) said that admittance to the hospital was had through him without any interference of the guardians.

The matter dropped.

COLERAINE UNION.

RETURNED EMPTIES.

Mr. Black said he saw no credit for empties returned to the contractor for the last half-year, except from the Workhouse, which was credited with £1 14s. Under these circumstances he did not think that the account ought to be paid; and he moved that the Dispensary Doctors be written to, requiring them to return the empties, the contract now going into new hands.

Mr. Hezlett approved of some action being taken in the matter, as the value of the returned empties from the different Dispensaries would amount to a considerable sum all over the Union; and if they do not return them, their cost ought to be deducted from some party.

Capt. Strong asked if the Guardians had power to do what was proposed, because, if they had not, threats which they might not legally be able to enforce, ought not to be made. As the contractor had done his duty, he did not think he should be asked to suffer loss from the neglect of others.

The Chairman said he ought to be paid less the cost of the empties, the Dispensary Doctors, in the meantime, being directed to return all in their hands.

Captain Strong said it would be more in accordance with the terms of the contract to pay the account as furnished, requesting the contractor to give the Guardians credit for all empties which may be returned.

Mr. Rankin—Is it part of the duties of the Dispensary Doctors to make these returns?

Captain Strong—That is just the question. If we have not the power to compel them to do it, we should not threaten them.

Mr. Black said the interpretation put upon the clause in the contract in reference to the returns of the empties, was, that the Doctors should do it.

After a brief conversation,

Captain Strong moved a resolution to the effect that the contractor's account as furnished be settled; that that gentleman be informed the empties shall be returned to him; that the Dispensary Doctors be written to, to have all empty packages, jars, &c., returned, or in the event of their declining that the Guardians reserve to themselves the right of taking another course; and that the contractor be requested to deduct the cost of all articles returned, and credit the Union with the amount.

Mr. Ellis suggested the propriety of the Clerk also communicating with the Hon. Secretaries of the several Dispensaries.

Mr Black said he had no doubt but the value of all the empties that ought to have been returned would amount to fully £60 in the four years.

The Chairman—If we pay the full amount now, will we be repaid the cost charged for the empties?

Mr. Ellis—Every penny, for every article returned.

The Clerk, on making an examination of the cost of medicines supplied to the various Dispensaries, and the money credited for returned empties, found that Dr. M'Neary, Garvagh, had got £17 7s 8d worth, and the committee were credited with £1 4s; and that there were no returns from Portrush, Articlave, and Bushmills, although Dr. Macaw, Medical officer of the latter, was always most attentive in his returns; Aghadowey was not referred to.

BANDON UNION.

INCREASE OF SALARY.

Mr. Wolfe brought forward the motion that the salary of Dr. Belcher, Medical officer, be raised from £70 to £100 a year. He need not state to this Board the successful manner in which Dr. Belcher discharged his duties in treating over 100 cases of fever and small-pox within the last year. The recent death of a member of the household rendered him unable to speak as he would wish. He would now formally propose that the salary of Dr. Belcher be increased from £70 to £100 a year.

Mr. Sullivan said he had great pleasure in seconding the resolution. When they considered the claims of Dr. Belcher, they should consider that the labourer is worthy of his hire. They could not expect the services of an educated gentleman for the miserable pittance of £1 7s. a week. They should also bear in mind that of this increase one-half would be paid by the Consolidated Fund, and only £15 by the ratepayers, which would be divided between the landlord and tenant. He was a ratepayer—a large ratepayer. He was fully convinced that Dr. Belcher was fully entitled to this increase. He had, therefore, great pleasure in seconding the resolution.

Mr. Bennett said it should be recollected that the necessaries of life had become a great deal dearer since Dr. Belcher was appointed. He could bear testimony to his zeal and attention. He frequently knew Dr. Belcher to be in that house attending the sick as late as nine o'clock at night. He (Mr. Bennett) considered him fully entitled to the increase.

Mr. Cole, while bearing testimony to the efficiency of Dr. Belcher, said he felt it his duty to the ratepayers to oppose the increase. He often stood here as the advocate of the doctors, but there was the greatest difference between the duties of the dispensary doctors and the Medical officer of that house, who he might say had all his red ticket patients under one roof, while the dispensary doctor was at the beck of every guardian. The late Dr. Wood discharged that duty for a number of years for £75 a year, and Dr. Belcher had £90.

Mr. Wolfe:—Dr. Belcher's salary is £70. He does the duty of apothecary for the other £20, which was paid in Dr. Wood's time to an apothecary.

Mr. Cole proposed that Dr. Belcher's salary remain as it is.

The Board then divided, when there appeared for the increase 8; against, 6. The motion was accordingly declared carried.

ELECTION OF MEDICAL OFFICER FOR THE CARLOW FEVER HOSPITAL.

The Chairman read the advertisement inviting applications for the appointment of Medical Officer to the Carlow Fever Hospital, and announced that the only applicant for the office was Dr. Edward Rawson.

Mr. Fitzmaurice said he had been requested by Dr. C. W. M'Dowell, who at once withdrew from the contest for the Fever Hospital, when it was understood that an arrangement had been entered into about the two vacant appointments, to thank all his friends at that Board, who had kindly promised him their support.

◆

Extract of Meat.—Professor Artus, of Jena (*Wien. Med. Zeit.*, No. 3, 1872), recommends a new method of making extract of meat. It retains the albumen, gelatine, and fat, which are all removed by Liebig's process. An extract of the meat is made first with cold water; this dissolves out the soluble salts, the albumen, and part of the gelatine and creatin. The meat is then boiled for an hour in a Papin's digester and the liquid pressed out. The fat is skimmed off the surface, and this extract is mixed with the cold extract. The products are then evaporated down to a proper consistence in a sand-bath, or better, in a vacuum-apparatus.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 29, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. VIII.—Deposits of Fibrin and Albuminous Matters from the Blood as a Cause of Mortification.—(*continued*) 467

The French Army Medical Service during War. By Dr. Legouest, Medicin principal, première classe, &c. (Translated, with the Author's approval, for the MEDICAL PRESS AND CIRCULAR), (*continued*). Wheeled Branchards 469

On Dust (Professor Tyndall's, &c.) and Zymotic Diseases. By Wm. Dale, M.D. Lond. 472

Additions to the Dermatological Museum of the Royal College of Surgeons of England (*continued*) 474

LEADING ARTICLES.

THE LONDON ORTHOPÆDIC HOSPITAL 476

NOTES ON CURRENT TOPICS.

Bright's Disease in Children 477
Decrease of Pauperism 477
Cæsarean Section in America 477
Quinine 477
Croup; Tracheotomy 478
Measles and Scarlatina Combined 478
Cerebro-Spinal Disease in America 478
Royal College of Physicians 478
Nitrous Oxide as an Anæsthetic 478
Poisoning by Vanil'a Ices 479
The Preparations of Aconite 479
The Complexion to which we have Come at Last 479
Hospital for Diseases of the Throat 479
The Lyons Congress 479
The Sanitary Authorities of Glasgow 479
Contract Doctoring in America 479

SCOTLAND.

Registrar-General's Report 480
Royal Society of Edinburgh 480

The Conjoint Examination Scheme for Ireland 481

FOREIGN MEDICAL LITERATURE.

Catarrh of the Bladder in Man. By Dr. Kraus, of Vienna. (Translated for the MEDICAL PRESS from *Le Mouvement Médical*, by F. M. Luther, M.D.) 481

LITERATURE.

Principles of Organic Life 483
A Short Essay on Practical Experimental Philosophy: Its Use and Abuse." By the Wife of Robert Willis, M.A., F.R.S., &c., &c. 484

CORRESPONDENCE.

The unfortunate Embarrassment of Mons. Henry Dunant. By C. A. Gordon, Deputy Inspector-General 484
Inhalation of Compressed Air. By F.R.C.P. Lond. 484
In re The Royal Orthopædic Hospital. By Audi Alteram Partem 484

MEDICAL NEWS.

A Northumberland Poet and his Queen .. 485
Accouchement of a Giantess 485
Anatomy and Physiology in Cambridge University 485
Convictions under the Vaccination Act ... 485

Notices to Correspondents 485
Vacancies 486
Appointments 486
Marriages 486
Deaths 486

Royal College of Surgeons in Ireland 486
Professorship of Ophthalmic and Aural Surgery in the Royal College of Surgeons in Ireland 487
The Election of Council of the Royal College of Surgeons in Ireland 487

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

BY HENRY LEE,
Surgeon to St. George's Hospital.

No. VIII.—DEPOSITS OF FIBRIN AND ALBUMINOUS MATTERS FROM THE BLOOD AS A CAUSE OF MORTIFICATION.—(*Continued.*)

IT has been shown that fatty matters do not readily circulate with the blood. Mr. Gulliver was the first to prove that the deposit which constitutes the most ordinary form of disease of the arteries is a fatty degeneration or deposit. This deposit when it occurs in arteries becomes softened down, causes a rupture of the then brittle internal coat, and either becomes covered with fibrin or is discharged into the blood.

In old aneurismal sacs, such portions of fibrin may be found softened and containing globules of various sizes, some not unlike pus, but unacted upon in the same way by acetic acid. If then we find the product of fatty degeneration in diseased arteries mixed, it may be with liquefied fibrin, in which all development has commenced, and find these very same conditions in the fibrinous concretions in the arteries themselves or their branches; it is impossible not to conclude, that the diseased condition of the artery may, in many cases, be the real cause of these fibrinous coagula. These coagula undergo most important changes. They are at first little or not at all adherent to the healthy portions of the vessels; they may be carried in larger or smaller portions along the course of the circulation till arrested, either in the smaller niches, or in the actual surface of organs, whenever they stop other changes occur. It is probable that in some cases the fibrin may adhere in its new bed to surrounding parts, and as it becomes absorbed, that it may cause a puckering and contraction of surrounding parts. Nearly all arteries that have thus been obstructed have been found contracted after a certain time. This is so generally the case, that Professor Tidemann in describing this disease (erroneously I believe, as a result of inflammation) has assumed for his title "*Arctation and Closure of the Arteries,*" and it appears extremely probable, that the same contraction may take place in the substance of organs.

In the following case in which the symptoms appeared to indicate the detachment of a fibrinous mass from the heart followed by apparent recovery, the lower part of the right lung was puckered up in a very peculiar manner, and left like soft leather.

In general, however, *post-mortem* examinations reveal that softening accompanied by cell development and not induration, has taken place in those portions of fibrin that have been stopped in the course in the circulation. The arrested fibrin becomes attached to adjacent parts. If this happens in a blood-vessel, it may produce inflammation of its outer coats and neighbouring parts. If in the structure of organs, it may be followed by softening of the tissues.

W. M., Esq., a gentleman of florid complexion, relaxed muscular fibre, and about sixty years of age, had for some time past been occasionally subject to active congestion of different parts; four or five years previously, his throat had become affected, and he was deaf for several weeks. The mucous membrane of the throat was then of a deep purple colour, much swollen, but unattended with pain; this attack was most obstinate in its character, and did not yield to ordinary remedies. It ultimately was relieved by a short sea voyage. After an interval of two years, some boils formed in different parts, and manifested the same indolent character. During the spring of 1851, he suffered from a severe attack of hæmorrhoids, which yielded to no local applications, and for which an operation was ultimately performed. Whenever this gentleman was indisposed, the skin would assume a dusky yellowish hue, and the conjunctivæ of the eyes would become of a light yellowish brown colour. The urine at the same time was often loaded with red or yellow sediment. Having speedily recovered, and having remained perfectly well after the removal of the hæmorrhoidal tumours, in the beginning of the year 1852, he experienced some difficulty in walking up hill, and found that he became sooner tired than formerly; after a time there was some dyspnœa on taking exercise; and at length the same inconvenience was felt quite independent of any exertion. It now evinced a tendency to recur in paroxysms, which at first recurred at intervals of two or three weeks, but gradually became more and more frequent, he always recovered from his attacks in the evening after dinner.

On the 24th of March, the difficulty of breathing had become almost constant, and was occasionally accompanied by distinct jugular pulsation, and an irregular, intermittent, but not accelerated pulse.

The sounds of the heart were ordinarily indistinct, but afforded in other respects nothing remarkable. When the pulse intermitted a reduplicate action of the heart might often be detected. Immediately to the right of the right nipple, no respiratory murmur could be detected for the space of three or four square inches. There now appeared a very remarkable insensibility of the lung to the want of air; as soon as the patient fell asleep the respiration would gradually become slower, and at length would completely stop. After the lapse of something less than a minute the countenance would become livid, and he would awake with an anxious and extremely distressed expression; the struggle for breath which followed was most painful to witness. A number of forced inspirations would succeed each other with great rapidity, and by degrees the lividity of the countenance would disappear; the patient would then occasionally for a time appear tolerably comfortable; whenever he attempted to sleep, the same train of symptoms invariably followed, and he was consequently prevented from sleeping more than a minute or two at a time. This peculiar condition lasted for three days and nights, at the expiration of which he was much exhausted for want of rest. In order to relieve the excessive distress occasioned by these attacks, the plan was now adopted of keeping up artificial respiration by means of pressure on the front and sides of the chest. The patient was so sleepy that he did not appear at all disturbed by this process, and for the first time got half an hour's comfortable sleep. For several days following this plan was occasionally followed, and generally with success; it sometimes, however, happened that the attacks of dyspnœa would recur during the period that the artificial respiration was being maintained. They then appeared to be connected with ineffectual attempts at expectoration; the matter brought up was at first small in quantity and composed of frothy mucus, but it rapidly became increased in amount and of a firmer and more tenacious consistency; it was from the first deeply stained with blood. Up to this time no symptoms of general fever had presented themselves, nor was the pulse ordinarily much above its natural standard. The patient's appetite continued good, and all the natural functions, with the exception of the above-mentioned, were regularly performed. The respiratory murmur which had been noticed to be absent on the right side of the chest had again in a great measure returned, when a change in the symptoms was observed; the urine now deposited a bright pink sediment, the pulse rose to near 100, and the legs became œdematous; there was at the same time some pain in the lumbar region, which was tender upon pressure. The patient rather suddenly lost his voice, so that he could speak only in a whisper; the cause of this did not at first appear, but in two days the mucous membrane at the back of the throat became covered with aphthæ; these gradually extended over the whole of the tongue, and inside of the cheeks; some fresh congestion appeared at the same time to have taken place at the lower and back part of the right lung. The expectoration was considerably increased in quantity, and was loaded with blood. The swelling which had commenced about the ancles gradually extended up the legs and thighs, and the whole of the lower extremities became affected; the back of the right hand and arm also for a few days became puffy and œdematous. There was occasionally some faintness, and he experienced a sensation as if the "room ran round," but at other times the muscular power was very little impaired. The skin, which from the first had been cool and moist, was now occasionally bathed with perspiration; this was particularly the case at night.

On the 3rd of April, after having expectorated an unusually large quantity of thick, gelatinous matter, he slept comfortably for an hour and a half; during this time the breathing was quite regular and unassisted; the inspirations were deep and heavy. He awoke confused, and took some medicine without knowing it; shortly afterwards he had a most severe paroxysm of general distress, during which he shrieked so as to be heard over the whole house: the discomfort did not upon this occasion appear to proceed from any want of breath, but from an ill-defined and most painful general sense of oppression; the attack lasted about fifteen minutes, and left him feeling "giddy and queer."

The symptoms now generally became somewhat relieved, and on the 6th of April the dulness had subsided. There was still, however, a dry cough, after which the breathing was quicker than natural; the perspiration was greater than before; the swelling of the legs and thighs was in some degree relieved.

On the 10th a decided improvement had taken place, there was less cough and he breathed more naturally.

On the 16th the expectoration had ceased, and the respiration was natural; the voice which had been affected ever since the appearance of the aphthæ on the mucous membrane of the throat, had not yet quite recovered its usual character; the swelling of the legs now rapidly subsided.

On the 26th, the wind having for several days been in the north-east, a slight attack of erysipelas made its appearance at the back of the neck; it commenced in the immediate neighbourhood of an issue which had been made a month before, and had been kept open ever since. The erysipelas was of the erratic character, and evinced a disposition to return again after the expiration of a few days. At the end of May this patient went to the seaside, all his symptoms having disappeared.

On the 12th of June he continued well, and could take his usual exercise without any inconvenience.

On the 6th of July I heard from the usual Medical attendant of this patient that he had returned from the seaside apparently well, and without any remains of his former indisposition.

These notes were taken during the years 1851-52, and it was then considered that recovery had taken place. This patient continued to enjoy his usual health until August, 1854. He now again began to complain of shortness of breath. Upon examination the dulness was still perceptible where it had formerly existed at the base of the right lung, and a slight cooing sound was heard upon each inspiration. The symptoms increased in severity during the month of September, and evinced the same disposition as formerly to recur in paroxysms. Towards the end of this month the difficulty of breathing had again become very great, and constituted the marked and prominent features of the case. The pulse was now very irregular both in force and frequency, sometimes scarcely to be felt, at other times beating without much force as many as 150 in a minute. Alarming attacks of syncope occasionally occurred; there were copious, fœtid evacuations, and most profuse perspirations. The superficial veins of the skin of the face were habitually congested. Whenever he fell asleep the breathing would become slower and slower, and at length it would cease for a quarter or half a minute; the whole countenance would then become somewhat livid, and the patient would awake in great distress, and a number of forced and deep inspirations would succeed each other in rapid succession, as in the former illness. The lower extremities at the same time became œdematous, although not to the same extent as formerly; the tongue was generally clean, although it sometimes was whiter than natural. There was no expectoration of any kind. The appetite continued good till the last. Three days before the death of this patient, a change in the symptoms occurred; the difficulty in breathing, and the consequent want of rest, continued, if possible, with greater distress than before; but he complained in addition of pain above the pelvis. There was at the same time suppression of urine, and the attendants distinctly described a pulsation in the lower part of the abdomen, synchronous with the pulse. A catheter was introduced, but the bladder did not contain any water.

This patient died on the 3rd of October; and on the following day, in conjunction with Mr. Robinson, the ordinary Medical attendant, I examined the body.

Expecting to find the heart and large vessels obstructed by fibrinous coagula, these were opened before they were removed. The right auricle presented, firmly attached to its internal surface, a small tough fibrinous mass, terminating somewhat abruptly. This appeared so firmly incorporated with the walls of the auricle, that it appeared as if it could not have been of recent formation. The abrupt way in which it terminated led to the idea that it had at some time been longer, and that its extremity had been detached. Such a supposition would coincide with and account for the attack of extreme distress which was witnessed on the 3rd of April, 1852; and also for the jugular pulsations observed previous to that date. As found after death, this fibrinous concretion could not interfere with the action of the tricuspid valve; but, if longer, its extremity would necessarily have been carried by the current of blood through the auriculo-ventricular opening on the right side of the heart, and would thus have prevented the valves in this situation from closing. I, therefore, think it probable that, as long as this condition existed, the imperfect action of the tricuspid valve led to the jugular pulsation which had been noticed; and that, when a portion of the concretion became detached, other symptoms were induced, but that the valve resumed its natural action.

On opening the right ventricle, a firm white rounded mass of fibrine was found intimately connected with its internal surface. This round cord extended up through the semilunar valves into the pulmonary artery, and dividing at its bifurcation, was continued along its subdivisions into the lungs. At the point at which this prolongation of fibrin passed the semilunar valves, it had received, and even now retains, an accurate mould of them. So firmly was this deposit united to the ventricle of the heart, that a portion of the latter, when removed, was accidentally allowed to fall out of the hand, but was caught and held by the fibrinous cord, without any separation taking place. The left ventricle contained a membranous layer of fibrin, an inch and a half in length. The aorta contained tough and branched fibrinous coagula; these were of a size to fill some of the largest branches given off from the aorta; but when that vessel was opened, they were removed without its having been ascertained into which vessels they had extended. The pulsation observed a few days before death in the abdomen may, I should imagine, be associated with the obstruction to the circulation caused by the presence of these coagula, which had probably found their way, more or less completely formed, from the left ventricle into the aorta.

Both lungs were found greatly loaded with frothy mucous, and congested. A small collection of white fluid existed in the upper part of the left lung. The lower part of the right lung was *puckered up in a very peculiar manner; it was firm and elastic, and when pressed between the fingers, gave something like the sensation of a soft leather* ball. Portions of it sunk when placed in water; but this did not appear to arise from the presence of any inflammatory product, but from the collapsed and puckered condition of the pulmonary tissue. Both sides of the chest, but especially the right, contained some serum.

The different organs in the chest and abdomen were examined, but the only disease which could be discovered with the above exceptions, was in the situation of the supra-renal capsules. Here on each side a large mass of brown substance presented itself, easily torn, and having somewhat the appearance and colour of ginger bread. My friend, Dr. Druitt, to whom I sent a portion of this substance for examination, without telling him whence it was derived, wrote me word that the specimen sent looked "just like the fat in the neighbourhood of the kidney of a fœtus; part of it seemed of a healthy pink, part of a dead cheesy yellow. On examination by the microscope, the healthy-looking portion was seen composed of ordinary fat cells, and delicate cells of white fibrinous tissue. The yellower portion looked like *fat in a state of fatty degeneration*, if such a term may be used. The fat cells were broken down into a *mass of oil-globules*, which floated about in the water in which the specimen was dissected, and the filamentous tissue was confused and *oily*."

THE FRENCH ARMY MEDICAL SERVICE DURING WAR.

By Dr. Legouest,

Medicin principal, première classe, &c.

(Translated, with the Author's approval, for the Medical Press and Circular.)

(*Continued from page* 446.)

Wheeled Brancards.

Several brancards of this description, the invention of M. Fischer, were brought from Heidelberg by M. Legouest in 1865, and by him deposited in the museum of the *Val de Grace;* and in the Paris Exhibition of 1867 there were a great number, presented by different countries, especially Germany.

At first sight the wheeled brancards seem to realise the idea of a method of transport on the field of battle; therefore they have been the objects of general attention and of serious study. One of them, and especially that of Dr. Gauvain, carrying with it the means of suspension, and capable, in consequence, of being placed loaded upon any carriage after being taken off its wheels, has been experimented upon in waggons of the Eastern railway by the Minister of War himself, his Excellency Marshal Niel. A commission, presided over by M. Intendant-General Lefrançois, has made a careful examination of the wheeled brancards in the railway of Versailles, and has arrived at the conclusion that the almost exclusive advantage of the wheeled brancards is, that only one man is required for the transport of one sick or wounded soldier,—a considerable advantage, it is true, but unfortunately effaced by many inconveniences.

These conveyances in effect present little solidity; they are all more or less difficult to be laden, and require for that object the help of three or four men. They have no strength, notwithstanding the chambrieres with which they are provided, with the exception of one brancard constructed in the park of Vernon, of which the wheels have been removed from the middle of the conveyance to nearly its end, somewhat similar to what is the case in a wheelbarrow. Those that have wheels of small diameter communicate great shaking to the men being carried on them; those that have large wheels are difficult to be taken off their axle-trees and then replaced loaded. They are all of them of complicated arrangement, and of considerable weight. Lastly, they are cumbersome; the one cannot be taken off its axle, the other, when taken off, cannot, even the most simple, be placed in great numbers on the waggons of materiel at the time when it is required for service.

A special organisation of the Medical department, a country easily traversed, the military operations of short duration and of limited extent, have contributed to their success in the Prussian army. They can, nevertheless, be used during a siege in the camp of manœuvres on good roads, perhaps even in garrison and in large cities, where the distance of the barracks from the hospital requires for the transport of a sick man several relays of bearers.

Litiers and cacolets.—France is at present the only Power that employes in a large and continuous manner litiers and cacolets placed upon mules for the transport of sick and wounded.

The mules for litters and cacolets should be always ready and disposable, and should never be taken from the ambulance or employed in any other manner except that of going to and returning from the field of battle alternately.

This means of transport, although somewhat rude, presents some very great advantages, namely,—the possibility to take the mules nearly everywhere, to go and remove the wounded in the middle of the fight, and requiring only one man and two animals for the conveyance of four wounded.

Carriages.—The French did not, even in 1870, possess a fixed model of carriages for the transport of sick and wounded, the empty waggons of the army that had been used for provisions being employed for the purpose.

Those who visited Paris in 1867 were able to see at the Universal Exposition a great many ambulance carriages presented by different Powers, although each was far from combining all the conditions of good service. In general, the constructors of these conveyances have had little consideration of the probable conditions of future war, consisting, as they concern the Medical service, of the possibility of transporting sick and wounded by railways, by steamboat on rivers, or by sea; of the number of wounded who, by reason of the precision, length of range, and rapidity of fire of the new arms, are likely to happen in a short time, of the necessity for that very reason to extend the advantages of the ambulances in the field of battle; and lastly, to place them under shelter from the fire of the enemy.

These considerations indicate that the transport of sick and wounded would be more and more restricted, and that they would only have to make short journeys but very frequent, such as those of ambulances to temporary hospitals, or railway stations, or jetties of steamers. It results that the construction of carriages for the future should be less solid and more simple; for if the ambulance carriages are to be employed upon rough roads, they must always be driven very slowly, and consequently kept from shaking much by employing for them experienced conductors.

The carriages seen at the Universal Exposition of 1867 may be referred to three classes: one is constructed on the model of the light carts, called *tapissieres;* another on that of *caissons* (waggons); another on that of the *char à banc*, or *voitures de chasse* (dog-carts). The *voitures tapissieres*, according to M. Legouest, should have the preference. Of those enumerated, they are exclusively used in the transport of sick and wounded; they are sufficiently solid, simple, and light; they can be readily got into, have an easy movement, are pretty well suspended, and very well ventilated; they are suited for men sitting up or lying down; and lastly, can receive some brancards, the surgical instruments of first necessity, a small supply of water and of provisions.

Among the objects in the Exposition sent there by order of the French Minister for War was a very good small *tapissiere* on two wheels, drawn by one horse, and driven by means of reins. It carries two wounded men lying down, but they are perfectly horizontal, on moveable brancards. The carriages only require one horse and one man. If this conveyance, reminding us of Masson's waggon, as used in Algeria, were rendered a little stronger, it would be difficult to realise a more perfect two-wheeled conveyance than it would be, or to find a better model. The suppression of the coach-box would, M. Legouest thinks, render it more accessible, and it being conducted by a man on foot would lighten it, and enable the driver to pay greater attention to the difficulties on the way, and to watch the requirements of the man being carried. The experience of the late war, however, is considerably opposed to this view.

The resources which I have just enumerated are far from being at all times sufficient, and it is often necessary to supplement them by auxiliary means consisting of mules, horses, and conveyances, hired for the general transport of the army by the *administration*, or sent to them on requisition. We should, in addition, under pressing circumstances, search for and utilise all the resources which the locality can offer. Larrey, after the battle of Bautzen, taking advantage of the zeal and humanity of the inhabitants, had transported to Dresden a great number of wounded, placed on the wheelbarrows in use in the country for the conveyance of articles of food and merchandise. He had made for the expedition to Syria a hundred panniers in the shape of cradles carried upon camels, and intended for receiving the wounded. M. Legouest, in the South of Algeria, also employed this means of transport, replacing the baskets of Larrey by large baskets of reeds (*cajawahs?*) which served to contain the loads of the camels. "I must confess," he adds, "the sick did not like it, but found this means of transport very uncomfortable." Lastly, in certain circumstances, notably during a retreat, the waggons and pieces of artillery have to be used as means of transport. When General Bonaparte raised the siege of Acre he ordered that the horses belonging to the staff officers, without excepting his own, were to be employed in transporting the wounded on their return to Egypt; and in the army of Africa there are few surgeons who, in the actions of the rear-guards in Algeria, have not given up their horses to the wounded.

Railways.—At the present time, when lines of rail are becoming every day more complete throughout civilised countries, and when steam navigation has, in a great measure, replaced that of sailing ships, at all times slow and often hazardous, it is indispensable to study the best manner to make the most of these means of transport, valuable as well on account of their rapidity as for the considerable number of sick and wounded capable of being conveyed by them.

The war in the East has left us no account of the subject of transport by rail, the wounded arriving by sea at Marseilles or Toulon, where they were retained while their state was serious, until their condition admitted of their being sent on as ordinary passengers by railway, the carriages on which presented nothing particular in their interior construction. As to the measures followed during the war in Italy, they had no special character. The sick and wounded able to sit up were placed in the ordinary carriages without any previous arrangement; those requiring to be transported lying down were put upon a bed of straw or hay spread upon the bottoms of the baggage waggons, the provision carts, and stable waggons.

The greater or less facility with which railway carriages for the transport of sick and wounded are arranged, necessarily depends upon the different systems according to which these carriages are fitted up in different countries. In America, and notably in the United States, where the waggons consist of only one compartment fitted with seats, leaving in the middle a passage, it was easy during the war of Secession to arrange the carriages for thirty sick or wounded, the one above the other, in moveable brancards secured to the sides of the carriage, and replacing the seats. One single train was able to convey in this way 300, 430, or 600 sick and wounded in carriages, of which a model was sent to the Universal Exposition. In France, and in the greater number of European railways the rolling stock would not admit of this transformation, inasmuch that the companies are very jealous of the integrity of their carriages. The French stable waggons and baggage waggons would admit of an arrangement analogous to that of the

American waggons, but these would only admit of about twelve beds in each.

M. Fischer, of Heidelburg, has shown in the Champ de Mars, a system of transport as easy as it is simple of introduction upon our railways. It consists of two strong bars of wood, furnished at their extremities with straps with hooks, which can be fitted into rings previously adapted to the inner walls of a stable waggon, or a waggon for merchandise, or hooked directly to the backs of benches of third-class railway carriages, which are not divided into compartments. On these transverse bars are placed, to the number of three or four, the bed brancards (couchettes), or the ordinary brancards.

The Commission presided over by M. Intendant-General le Français had for its object to experiment at the same time on the system of wheeled brancards. After several journeys to Versailles by the railway of the left bank of the Seine, it was unanimously decided that the cross-bars of M. Fischer were very convenient for transporting the wounded by railway on brancards or on beds. To be just, it must be added they were no less unanimous to admit that a bed of straw sufficiently thick and pressed is even superior to the transverse bars, and forms, to the exclusion of the mattress, the best and most simple, as well as soft bed for the sick and wounded by rail.

Ships.—The transport of sick by sea is beyond doubt the more suitable, provided the ships are suitably fitted up for the purpose. It is from the Crimean campaign that hospital ships actually date. The occupation of Algeria had already given occasion for some similar experiments, but they were very imperfect. The hospital ship of the present day is a type of special arrangement, well studied, well regulated, and which, whenever placed at the disposition of the wounded and sick becomes a most convenient means of conveyance for them. When embarked, the sick no longer belong to the Medical service of the land forces; but in France, although sometimes accompanied by their Medical officers, they are placed under the care of the Medical officers of the navy.

The Ambulance at Work.—On the actual battle field, and during the fight, the Medical officers of regiments, accompanied by the soldiers carrying the *sacs d'ambulances*, and having with them the canteens of regimental infirmeries, supply the first assistance to the wounded. They must not think of performing on the spot operations that take up much time. They could not do so without imprudence, and without the risk of having to leave them unfinished. They must confine themselves to fulfilling the more urgent indications, such as arresting hæmorrhage by provisional means, to complete the separation of a member partly carried away by a large projectile, to close a penetrating wound of the chest, to fix a fractured limb, to bear carefully upon the brancards, cacolets, or litiers, the men injured by severe wounds.

If the troops fight upon one spot, or do not perform extensive movements, the regimental Medical officers are able readily to perform their functions. It is possible for them to unload the *cantines d'infirmerie*, and join together so as to form on the locality a small ambulance more moveable than the divisional ambulance, to which, nevertheless, they send their wounded when dressed.

But if the troops march onwards or fall back, the regimental Medical officers sometimes meet with insurmountable obstacles in the performance of their duties. When the troops double themselves back, they are obliged to remove the wounded, dressed or not, and when in a precipitate retreat they are often obliged to abandon the unhappy men who claim their help. Such is war! In a rapid march in advance they follow their regiments, which they ought not to quit, and bearing behind them without being dressed, the wounded who fell by the way. If they stop to give their care to the injured men, they are soon dispersed, sometimes isolated, and are very often unable to join their corps at the time they are most required. What the regimental Medical officers had better do in such a case, is to offer their services to divisional ambulances where they will always be welcome.

At a short distance from the scene of action, the divisional ambulance is established behind an inequality of the ground or a grove of trees, in an enclosure or in some building or place as much as possible out of reach of the enemy provided with straw, wood, and water. A distinctive flag placed in a conspicuous position indicates to the wounded and those carrying them the position of the ambulance.

Only one waggon is, in the first instance, emptied of surgical cases and panniers; the other waggons are only emptied successively, and in proportion to requirements so as to avoid disorder and loss of time in case of being obliged to change position. The Medical officers prepare their instruments and dressings, whilst the *sous-intendant* sees to the arrangement of every thing, to the bedding, the shelter of the wounded, &c., and brings about the ambulance all the means of transport connected with it, putting into requisition all those found in the vicinity.

As soon as it is established, the ambulance sends behind the combatants or on to the ground which it has abandoned, the brancards and mules with litiers and cacolets for the removal of the wounded. The removal of the wounded from the field of battle during or after an action is the most defective part of the *Service de Santé* in service. Even at the present time, after the great wars of the end of last century and beginning of present, after the sanguinary battles of our day, this service, so essential, is only performed by any person who happens to be available, and is not handed over to any definite set of persons connected with the army itself. The men who fall in the ranks are for the most part carried by their comrades in their arms, on their rifles, in their great coats, or upon brancards, if the *mistake* has been committed of giving any to regiments. It results that the soldier quitting his ranks does not return, nor is he found again for a long time. The number of soldiers carrying their comrades is seldom restricted to that which is actually required, and it has often been seen that four, five, or six soldiers conduct to the ambulance a wounded man able to walk as well as themselves.

In the last Italian war of 1859 they tried to prevent this abuse by the formation of a brigade of carriers, composed of the disposable (spare) musicians in each corps, in the proportion of eighty for a division of infantry, and forty for a division of cavalry. This attempt cannot be admitted as a precedent to follow; the musicians have a special duty, namely, to animate the troops to battle, and above all, to cheer them after the march or fight. What would become of the instruments, so bulky as they are belonging to musicians of the infantry? What of the horses of trumpeters of the cavalry employed in the ambulance? Could they not also, under the pretext of great zeal, quit in too great numbers the field of battle? Without previous instruction, are they fit for the duties of infirmiers or carriers of wounded? Lastly, being ultimately separated from their corps during times more or less long, would they not become, what we would call—excuse the word—*fricateurs* (dodgers)?

For the advantage of military operations, the removal of the wounded and clearing the field of battle is a service to which the regiments should remain strangers, even after an action, if it be possible so to arrange, this duty belonging altogether to the functions of the ambulances (*a*).

But the ambulance does not include a *personnel* of *infirmiers* sufficiently numerous to admit of men being detached for the purpose of taking the wounded off the field, and placing them upon the mules, still less of bringing them back upon brancards. Why not revert to the plan of Percy, and create a special corps of *brancardiers?* The plan which has been put into force in the army of Germany, of which the utility had been recognised, and which was adopted in principle by an imperial decree of December, 1813, was indefinitely adjourned, in consequence of political events. And even, without having recourse to a new creation, why not, in each ambulance, raise the number of

---

(*a*) Perhaps those remarks would have been somewhat modified, if written *after*, instead of *before* the Franco-Prussian war; but *not muc*
—*Translator.*

infirmiers to 80 or 100 men? The one to the number of ten would be at the disposal of the Medical officers, the others to an equal number would remain attached to the *service* materiel of the ambulance; the last being charged with the removal of the wounded from the field of battle. Furnished with a small case containing lint, and a small flask of alcoholised water, these will remain with the brancards, and the mules with cacolets immediately behind the line of combatants ready to take up and remove the wounded men, and will establish a continued going and coming between the field and the ambulance, under the superintendence of the serjeants and corporals.

We should not reckon exclusively upon brancards for the transport of the wounded. An example will enable you to understand. Suppose that one hundred wounded fell in the round point of the Champs Elysées, and require to be carried to the Ministry of War, distant from 1,000 to 1,200 metres from that place. The going and returning of a brancard, empty and full, would not take up less than an hour, including the time required to take up and deposit the wounded, and would not take less than eight bearers per brancard. Admitting that one brancard would make five journeys, we would employ for the transport of our one hundred wounded twenty brancards and one hundred and sixty men.

It is by the aid of our mules with litiers and cacolets that we must transport the wounded from the field of battle to the ambulance. In five journeys, each of half an hour, ten mules and five conductors would transport one hundred wounded (*a*).

The battle ended, a *sous-intendant*, accompanied by *infirmiers* and means of transport, traverses the field of battle to satisfy himself that all the wounded have been removed; a Medical officer ought undoubtedly to be with him to render aid to any who may happen not to have been attended to by the regimental surgeon. The field of battle ought to be entirely cleared before they quit it, and every conceivable means should be employed with this view, including brancards, cacolets, litiers, ambulance waggons, and such auxiliary means as can be obtained. The rapidity of this operation depends on the means employed, the number of wounded, and the extent of ground over which they are scattered. The wounded are often so numerous that not only do they rapidly fill the ambulances, but also the localities in the vicinity of the army. They are then sent to the railway stations or to the ports for the embarkation of steamers, and despatched immediately to the hospitals of the second or third Line, or even to the mother country—where we have no occasion to follow them.

On arriving at the ambulance the wounded should all be carefully examined one after the other, without distinction to rank. Those who are slightly hurt should be dressed immediately and sent back to their corps, if their condition permit; the others who are seriously wounded should be operated on without loss of time. These last forming the most numerous group, and having wounds more or less grave, but which admit either of the adjournment of an operation, or are capable of removal to a distance, are attended to and sent as soon as possible to temporary hospitals. It is always necessary to retain some ambulances, disposable for the exigencies of the morrow. Before an army is engaged in battle, and even before a campaign has far advanced, there is often a considerable number of sick. After the battles of Austerlitz, Wagram, Moskowa, Bautzen, Waterloo, Magenta and Solferino, the losses of the armies by the enemies' fire were raised to 20 per cent.; perhaps the new kind of firearms will render their number still more considerable, but those occasioned by illness are far more terrible. During the period of the wars of the Republic and the First Empire, in 1789 and 1815, they averaged more than 60 per cent.

It is of the last importance to evacuate the ambulances for the hospitals prepared in the rear, and these latter for more retired-ones. This operation is one of the chief duties of the principal Medical officer, and if the evacuation of the sick and wounded hamper the rest of the army, it should be done with precaution, so as not to aggravate the condition of the men evacuated, and also to avoid weakening the strength of the army by sending away men who might become efficient soldiers after a short delay. These hospitals are sometimes established in regular hospitals, or in barracks, convents, seminaries, and, occasionally, in churches. Churches are for the most part cold and damp; hospitals, convents, and other analogous establishments are still more inconvenient, inasmuch as they only afford an asylum which had been contaminated by the former inhabitants. In point of health it is better, as far as can be avoided, not to make temporary hospitals of buildings which have been pre-occupied, and which, in proportion to the administrative facilities they present, are rapidly filled, even to crowding.

The teachings of the war in the East should not be lost on us any more than they were on the United States during the civil war which for five years desolated that country. We have raised at the instigation of Michael Levy, inspector of medicine, numerous hospitals on the banks of the Bosphorus, in huts which the Americans have lent us; they number 202, and are capable of holding 135,000 men. We have also established in the Crimea and Constantinople tent hospitals, particularly valuable during epidemics. The relative healthiness of huts and tent hospitals has been proved, but both huts and tents are liable to become infected as well as stone constructions. They have, however, this immense advantage over the latter, that they can easily be demolished and re-constructed elsewhere without incurring much expense. The dissemination of sick and wounded in huts, tents, and, if possible, billetting them on the inhabitants, is the greatest preventive against outbreaks of epidemics which so often sweep away armies in the field. Perhaps the incontestible advantages of hut hospitals may suggest the idea to substitute, even in times of peace, establishments in large towns, which can be erected quickly and without difficulty constructed of light and inexpensive materials that can be demolished every ten or fifteen years, to the extravagant monuments of public charity, which are built so slowly, and are infected by being constantly occupied so that they become impregnated with bad air from long usage.

(*To be continued.*)

◆

ON DUST (PROFESSOR TYNDALL'S, &c.) AND ZYMOTIC DISEASES.

By Wm. Dale, M.D. Lond.

What a lot is ours! "Dust thou art and unto dust shalt thou return" is the inexorable decree; and according to an old tradition, before this wonderful metamorphosis of our flesh and bones, every man is doomed to eat "a peck of dust" at least.

Now, what is the composition of this nice addition to our daily aliment? Perhaps no account of this is better than the following: "It contains the detritus of the mineral crust of the earth, *animal and vegetable particles*, and the minutely divided *débris* of the various articles employed in our wants." It must be confessed that the thought of this constant and unavoidable ingestion of the whole, or of any of these substances, is anything but pleasant, but until our times it was generally believed that we took our ordinary everyday dust along with other things, without being much the worse for it. Recent *discoveries* however are startling. Science has enlightened us with a vengeance. Instead of our dust being innocent, Professor Tyndall sees in it—sees in the motes that float

---

(*a*) Mules and cacolets or litiers afford but a barbarous means of transport as compared to the light and elegant carriages used for the purpose in the late war.—*Translator.*

in the sunbeam,—the *germs* of disease of deadliest type, namely, of cholera, of typhus, of scarlatina, &c., &c. A lethal atom, a germ or plague-seed given off from infected persons or places, borne on the wings of the wind from afar, and received into the system may produce any of these diseases. This is what is said; and holding such views it is not to be wondered at, Professor Tyndall advises —with due solemnity—that this deleterious atom or germ should be caught on its way to do mischief by means of a trap—a trap of cotton wool!

I am an unfortunate sceptic. I have heard of "a trap to catch a sunbeam," and know you can succeed, but I do not believe that this mischievous demon of which we speak can be so easily caught; and it just strikes me that if caught in the manner suggested, the trap itself would be a most dangerous thing, either in one's home or one's neighbourhood. The foundation of the hypothesis under review may be thus stated:—There are several diseases known to have a parasitic origin; rapidity of increase and multiplication is a leading characteristic of such diseases in man or animals; when the parasites gain a lodgment they are always definite in their results, *id est*, they always produce their like; and lastly, the diseases are frequently epidemic. Cutaneous diseases it is contended are likewise parasitic in their origin, because "from their respective viruses you may plant typhoid fever, scarlatina, or small-pox," and in very positive language it is asserted "as surely as a thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus increase and multiply to typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox." Now, from these analogies thus sought to be established the hypothesis itself is derived and is thus concisely stated: "The thing which we vaguely call a virus is to all intents and purposes *a seed* (germ or living atom), that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life, this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life. . . . . It is not on bad air or foul drains that the attention of the physician will primarily be fixed, but upon diseased germs, which no bad air or foul drains can create, but which may be pushed by foul air into violent energy of reproduction" (*a*).

But not only is the air we breathe loaded with the factors of disease, but the water we drink, according to many sanitarians of the day, is frequently charged with deleterious agents of a similar nature. In organic matter, being "mainly the more or less altered excretions of man and the lower animals, the products of the putrefaction of animal and vegetable substances and the low forms of life which accompany all organic pollution," and in the various chemical changes which are constantly going on in these elements, we are taught to recognise the "leprous distilment" which threatens, and too often, destroys our lives. Still further, it is to be observed that many men of eminence teach that as regards the production of one of the zymotic diseases, at least, namely typhoid fever, there must be united to the ordinary elements of pollution found in water, its own 'specific germs' as in air, which passing off with the excreta of persons suffering from the disease find their way into our wells and rivers from waterclosets and drains, into which such excreta have been carelessly or recklessly thrown. This is the opinion held by Dr. Budd, of Bristol, by Mr. J. N. Radcliffe, and other eminent men who have a right to be heard on this matter.

These then are the chief points in connection with the germ theory and contagious or zymotic diseases; and the object of this paper is to inquire respecting it, first, what is new, and secondly, what, in the present state of our knowledge, we may regard as true.

To any one at all conversant with hygienic history, it was highly amusing to observe the state of popular enthusiasm and wonder excited but recently by the sudden *discovery* of organic matter in the atmosphere, and the experiments by which its presence was proved. Journals, periodicals, newspapers, &c., spread the knowledge of it far and wide, and everybody you met was talking about it; indeed, it may be said that it produced a profound sensation throughout the country. But, strange to say, that the atmosphere contains organic matter, and germs, or living organisms, was a fact well known before—a living thing—the contagium animatum was an old idea, and therefore thus far there is absolutely nothing new; and one wonders now at the interest created by an old fact, merely presented in a new form. So again, as regards the parasitic diseases, as scabies, prurigo, muscardine of silkworms, &c., it is no new thing to find them looked upon as the analogues of the contagious diseases, and in an essay entitled "The Hypothesis of Insect Life as a cause of Disease," Dr. Holland long ago sought to establish their identity. And here let it be understood that I am not contending that the hypothesis is to be impugned because it is old, but I am endeavouring to show that what was well known to our forefathers has been presented as a novelty to us —a rather common infirmity of this learned age. This theory, then, has been propounded by men of great learning and research in our time, and in the time before us; it is plausible —nay it is not less reasonable than many other theories on the same subject; but when it is stated that "the thing which we vaguely call a virus, is to all intents and purposes *a seed*, that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life, this demonstrated power of self multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life." I say when the hypothesis is thus stated I do not believe it to this extent. This is simply unsupported dogmatism, affording another instance "that practical men of one science are apt to be quite at fault when they extemporise theories for some other department of observation." One can match this exquisite dogmatism in the fermentation theory of Liebig. "Nothing," says Professor Liebig, "can be simpler than this very large question. The morbid poison changes in the blood are, fermentation, just as occur in beer-making. The morbid poison acting as ferment may be any organic matter in a state of change. The blood represents the sweet-wort. The multiplication of the poison is analogous to the increase of yeast in fermenting liquors; and as this latter increase is contingent on the presence of gluten in the saccharine solution, so the former increase is dependent on the presence in the blood of some specific substance admitting of transformation." Now, this, I submit, is quite as good an explanation of the phenomena —the multiplication and reproduction spoken of—as is that of Professor Tyndall, and yet, we observe, they are said to be brought about, not by a germ or seed, but *by any organic matter in a state of change*. But see with what quiet satire Mr. Simon deals with this theory. "If," he says, "Liebig uses the word FERMENTATION to mean no more than it might have meant some centuries ago; if he means merely that in the blood a change (of which he knows nothing definite) occurs by reason of some exterior influence (of which likewise he knows nothing definite), and leads to certain eliminative acts (of which, thirdly, he knows nothing definite), I see no reason to combat these very unobjectionable positions. But if he, as a chemist, whom one supposes to be accurately informed on the exact phenomena of fermentation, really believes that the cases are parallel, and that the changes effected by a morbid poison are similar (except in the most popular sense of similarity) to those of alcoholic fermentation, he is quite at fault." And is not this, I ask (with a few verbal alterations), a pertinent reply to the theory which we are now passing in review? But the parasitic hypothesis breaks down at many points; in other words the analogy which

---

(*a*) Professor Tyndall.

is said to exist between parasitic and contagious diseases is most imperfect. It fails to account for the capriciousness of contagious diseases in their onslaught and progress; for their sudden fatality in some cases, when the patient is as quickly killed by the poison—whatever it be—as though he had taken a large dose of oxalic acid or opium, as has often been observed in cholera, small-pox, yellow fever, &c.; and for the unerring certainty with which some of these diseases revisit the countries, or localities, where they have prevailed before, after a given time, or their *cyclical* behaviour. Moreover, the upholders of this theory are unable to show us the *germs* which they tell us are multiplied and reproduced in the human body during the progress of these diseases; whereas, in all the parasitic diseases the existence of the parasite which has caused the disease can be observed and demonstrated. This is as true of the parasites already mentioned, as of others which infest both man and animals, as tape-worm, thread-worm, cœnuris, trichina, &c. Surely it is not unreasonable to require that the germs which are so wondrously multiplied and reproduced in the human body, or which are so adroitly caught in the meshes of cotton-wool on their way thither, should be shown to us by the aid of the powerful microscopes we possess! When this is done, and when we are taught clearly to distinguish between the organic germs which always exist in dust, and these disease germs of which we have heard so much, our scepticism will instantly vanish and give place to implicit trust. Besides, it is not true that the virus of contagious disease invariably produces its like "as surely as a thistle from a thistle-seed, or the thorn from the thorn," and no physician would have made such a statement, for his experience teaches him that the same virus—say of scarlatina—will, under certain conditions of the system, produce very different phenomena.

Public lectures on all kinds of subjects are, in this day, all the rage, and philosophers follow not tardily the prevailing taste or fashion for novelty. Now some fact or theory, or even a mere name, in connection with life or being, with science or art, with body or soul, &c., is seized upon and made to assume a new form or a new dress, and is held up before the public gaze as a grand discovery; and they stare and wonder, and go away—how much wiser! Who believes now that we are one iota nearer the origin of life for Professor Huxley's celebrated lecture on Protoplasm? The old term was made to serve a new purpose, or, rather, was infinitely enlarged in its meaning, became a nine days' wonder, served its generation, and then retired. But, *cui bono?* Are we nearer the origin of life? or can we better answer the question,—What is life? No; this profound problem remains just where it was before the lecture was delivered. So I presume to think it is as to contagious diseases—even after the lecture on "Dust." For what is in a name, after all? We may call that which produces these diseases a germ, a seed, a ferment, or anything else that fancy may dictate, but it is only a name; it explains nothing, it teaches nothing; and it appears to me that we are not a whit nearer to their cause or causes than when we were content to confess our ignorance, and simply spoke of a virus or poison, in connection with their origin.

In short, the factors of zymotic diseases have hitherto baffled all our research. They have a sphere of their own, into which we have scarcely entered, and it is possible they may be beyond cognition as positive entities. Therefore, it is not true that we have discovered these factors in germs, "no other explanation of the phenomena being possible." Against this hypothesis, and this assumption, must emphatically be written, *non-proven*. The dust of arsenic from the paper on the walls of our houses, and from certain artistic and other employments; the dust of minerals, as coal, &c.; the dust of metals, as in knife-grinding, gilding, &c.; the dust of mills, as of cloth-dressing, wool-carding, &c. This dust produces definite effects on health, and can be shown to us in the atmosphere when it exists, either by means of the microscope or chemical analysis. But search as we may, with all the aid that modern science affords, and we cannot find these *disease germs*—at least, if they exist at all, we cannot distinguish them from other matters. In the language of a living writer, it may be safely affirmed "that the matter which forms the active virus or poisonous material does not exhibit the properties of any vegetable or animal parasitic organism yet discovered and identified. Neither can any organism, having special and peculiar characteristics, be developed from any definite virus." (*a*)

As for myself, I will wait patiently until I am further enlightened on this matter; and meanwhile I am content to call the *materies morbi* a *virus* rather than a *germ*, believing that in the present state of our knowledge we cannot advance a step further in the way of explanation. We keep a watchful eye upon all accumulations of filth—waterclosets, cesspools, foul drains, &c.; upon foul air and polluted water, &c.; and we do well, for experience appears to teach, that in these things "the pestilence that wasteth at noonday" finds its pabulum, if not its life. Hence the outbreak of zymotic diseases so often observed, on the opening of cesspools and drains, and on using water impregnated with sewage matters; in encampments of troops, ill-ventilated prisons and workhouses—proving that these diseases are closely allied to all kinds of foulness and filth. But even here many things yet remain to be explained. How is it, for instance, that some persons live and thrive well under the worst possible sanitary conditions, and that during the prevalence of epidemics in certain towns it has been observed, once and again, that the most filthy places in such towns in a great measure, or altogether, escape? (*b*)

These and similar facts only serve to show that hygienic science is yet in its infancy, and the conflicting views that are held on the points on which this paper treats remind one of the story which Smollett relates in "The Adventures of an Atom" in ridicule of the theorists of his day. He tells us that certain philosophers came together to define the nature of the human soul, when "the first said it was *an animal*, the second it was *the universe*, the third said it was *fire*, the fourth it was *water*, the fifth said it was *material*, the sixth it was *immaterial*, the seventh said it was *something*, the eighth it was *nothing*." The above consideration will, I judge, lead all sober thinkers to the conclusion that what is *new* in this hypothesis is in the form rather than the substance, and what is *true* is "as the small dust of the balance;" and that we are just as likely to find what we seek in "the dust of ages" as in the "dust" in question.

◆

ADDITIONS TO THE DERMATOLOGICAL MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

(*Continued.*)

GROUP VII.—No. 525.—RETROGRADE SYPHILIS. Model of the shoulder, showing brown stains left upon the skin by a retrograde syphilis. The eruption has been of the papular or tubercular centrifugal kind, as may be seen along the margin of the blotches, which are bounded by a border consisting of arcs of circles of about three quarters of an inch in diameter. Two isolated circular spots situated on the shoulder, show the size of separate tubercles, and the border raised along one margin of their periphery manifests the tendency to a partial

---

(*a*) Beale.

(*b*) The women who work at the Paddington dustheaps, and dustmen and scavengers in general, do not suffer from zymotic diseases more than others.

centrifugal growth. The tubercular constitution of the eruption has produced a gyrated mottling on the back of the shoulder, while on the neck and front of the chest the eruption is in a state of superficial desquamation. This model illustrates very successfully the muddy complexion of the skin in syphilis, the brown pigmented stain which follows the copper-coloured period, and the superficial desquamation which very commonly ensues; the desquamation having its principal seat at the summit of the follicles.

Group VII.—No. 526.—Ulcerative Serpiginous Syphilis (*Dermato Syphilis Ulcerosa Serpiginosa*).—Model of the side of the trunk, exhibiting several large map-like blotches of syphilis, serpiginous in growth, and ulcerous at the border, the area being studded over with ulcerating tubercles, and the ulcerating surfaces encrusted with a dark amber-coloured scab. The syphilis belongs to the tertiary period, and the blotches are composed of rings which have grown by the circumference until they have become united and blended together, the peripheral margin still continuing its growth, and central fragments of the rings retaining their place as separate tubercles. The progress of the eruption may be traced out upon the model from mere hyperæmic spots without elevation, such as are seen on the hip, to large ulcerated tubercles a quarter or half an inch in diameter; then onwards to small unbroken rings; next to broken rings; and then to arcs of larger and larger circles. The contrast in colour between the sound and morbid skin is one of the features of diagnosis of the disease, as also are the sharply defined boundary of the eruption with its dull red margin, and the dull crimson and purplish hue of the included area. Every tubercle within the area may be seen to be a part of a retrograde ring, while some of the tubercles in common with the skin of the area itself are in a state of desquamation. At this stage of the disease the skin returns to its healthy state without cicatrices, and with no other indication of its previously morbid state than a dull red stain, which is also effaced by slow degrees. This model is numbered 195 in the Paris collection, the patient having been in the wards of Hardy.

Group XI.—No. 527.—Carcinoma of the Skin.—Model of the arm of a woman showing four flattened tubera resembling cancer of the skin. M. Lailler, whose patient the woman was, terms it "éruption indéterminée chez une femme diabétique." The tubera range in size between half an inch and one inch in diameter. In their early stage they present a white tuberous spot very slightly raised, circular in figure, and depressed in the centre, the white tubera being bordered by a halo of a dull purplish hue and the depressed centre enlarging, and acquiring a reddish colour. The reddish central depression is the seat of ramification of a few minute venucles, which converge from the white portion to a small venous trunk that sinks in the centre into the deep tissues of the skin. The central depression has then the appearance of a vascular area surrounded by a white border, and the latter by a lilac areola. Between the two upper tubera is a dull red spot that probably represents the earliest stage of the growth, and is smooth in the centre, as though the white tissue were in process of formation. If this be the fact, the pathological process may be stated as follows:—A congested spot becoming white in the centre from the formation of a new tissue, and retaining its redness at the circumference; secondly, the advance of the white tissue into the surrounding congested halo, the centrifugal extension of the latter, and an alteration of structure of the central area of white substance by which it becomes reddish in colour, and possibly consolidated in texture. Similar processes running on to ulceration are described in connexion with preparation No. 507. There is a possibility of this disease being a simple fibroma.

Group XII.—No. 528.—Molluscum.—Model of the thoracic region of the back, showing a simple tegumentary growth or *molluscum*. The principal tumour is lobulated on the surface, a yellowish fluid secretion exudes from between the lobules, and at its upper part is a pedicle of the nature of cheloma. The smaller tumour, above the principal one, is somewhat pedunculated and nodulated on the surface, an incipient stage of lobulation. Scattered around these tumours are a few minute growths of a similar nature, and a few hyperæmic spots indicating the vascular congestion which precedes their formation. The minute mollusca are simple smooth outgrowths, but one amongst them already exhibits a tendency to nodulation. This model is No. 198 in the Paris collection.

Group XII.—No. 529.—Cheloma.—Model of cheloma of the breast; the subject is the same as Nos. 379, 382.

Group XVII.—No 530.—Trichosis; Hair in Excess.—A preparation exhibiting several monster hair follicles; each follicle giving exit to eight or ten fully formed hairs. The follicles were snipped off an hypertrophous fold of skin at the upper part of the nape of the neck.

No. 531.—Trichosis.—Several similar follicles from the same person in a dried state.

Group XVIII.—No. 532.—Steatorrhœa Flavescens.—Hair from the head of a lady in her 82nd year; the hair has a bright golden yellow colour, and is stained by a "gummy golden secretion—sticky between the fingers," which accumulates on the head, and stains (of a yellow colour) not only the hair, but also her night cap and night dress. The secretion is most abundant on the occiput at the roots of the long back hair, and its large quantity in that situation may be perceived in the preparation. The smell of the secretion is unpleasant, and the colour yields but little to soap and water. In youth the lady's hair was of a jet black colour, but for many years past it has been white. Fifteen years ago she suffered from jaundice; a similar attack was repeated ten years afterwards, but passed completely away; and it is since the last attack that the change in the hair now described has taken place. Her husband, a Medical man, to whom we are indebted for the specimens, and for the notes on which these observations are founded, observes:—"It is remarkable that this secretion should be confined to the scalp, found on the surface, and taken up by the hair." The lady enjoys good health, but is somewhat unduly encumbered with adipose tissue.

Group XII.—No. 533.—Elephantiasis Arabum; Spargosis; Boucnemia Tropica; Barbadoes Leg.—Photograph of a Chinese actor afflicted with this disease. Photographed and presented by Major Watson, of the Anglo-Chinese force of Ningpo.

Dr. B. D. McCartee, an American Medical Missionary under whose care the patient was placed, reports of him as follows: Li kăi-tă, æt. 35; eighteen years ago suffered repeated attacks of quartan ague. While under the influence of one of these attacks he was obliged to walk the whole day, and wade several streams chilled with melting snow. On reaching his home, the fever was aggravated, the legs became inflamed, swollen, and ulcerated, and the inguinal glands enlarged. The inflammation of the legs was subsequently repeated at intervals, and at each recurrence the legs increased in dimension. At present his health is moderately good; the fever, however, returns from time to time, particularly in the rainy season, and the walk home from the hospital at his first application revived the fever and local inflammation. The disease is common at Ningpo, but rarely so well marked as in the present instance; it would seem to be of malarious origin, and the Chinese believe it to be occasioned by wading in the mountain streams.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers	£1 2 6
„ If Paid in Advance	1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

Subscriptions for France are received by Messrs. Baillière, Publishers to the Academie de Médecine, Paris—post free in advance, £1 6s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs. Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 29, 1872.

THE LONDON ORTHOPÆDIC HOSPITAL.

At the conclusion of our article last Wednesday week upon the recent events at the Orthopædic Hospital, we announced our intention of offering some explanation of the curious condition of things that has prevailed since Mr. Brodhurst's sudden and unexpected promotion to the post of Senior Surgeon to the Institution. Having regard merely to these recent events, it might be expected that Messrs. Tamplin and Adams would be reinstated by a large majority of the old Governors, and that a triumph obtained by the purchase of a limited number of votes would not be allowed to be permanent, and that one of these two gentlemen, at any rate, who had been attached to the Hospital almost from its foundation, would not be disposed of after this ignominious fashion. Accordingly another meeting took place, great efforts were made to rally friends on both sides, and the result was, strange to relate, that Mr. Brodhurst and his party triumphed once more, and obtained a majority in his favour. This at first sight seems difficult of explanation. It is remarkable that gentlemen who have so many claims upon the Institution should not be able by their influence to defeat a scheme that, as we have already stated, was carried out by very questionable tactics, and in a most unusual and, as it seems to us, a most unjustifiable manner. It may be interesting and not unprofitable if we endeavour to unravel and explain the cause of this unexpected result, or, at any rate, put forward some of the causes that may have weakened the position of the senior Medical officer. In order to do this we must take our readers back many years to the time when the Hospital was originally founded. It is now about 35 years ago since Dr. Little came to this country as the apostle of orthopædic science. He had caught the idea from Prof. Stromeyer; he had himself been under his treatment, he had amplified the ideas of the great originator, and he had already published a learned treatise on the subject. For a time he stood alone to expound and to practise the new discovery in England. He dealt with it in the spirit of a scholar, a gentleman, and a Christian. He founded a hospital, he associated men of wealth with him, and selected Mr. Tamplin, whom he considered a promising young surgeon, just entering the Profession, to be his colleague; and he seemed to see a brilliant career both useful and lucrative opening before him. Soon, however, his horizon became overcast, and the governing powers at the Hospital that his talent and energy had called into existence treated him with so much discourtesy that, stung with a deep sense of their unkindness, he tendered his resignation, and the man whom he had selected as his colleague, whom he had instructed and whom he had fostered in every possible way, and who owed to him his professional existence, became the senior and for a time the only Medical officer of the Institution, thus reaping the advantages to which on all accounts Dr. Little was so justly entitled. Of course, it is impossible, especially at this distance of time, to say what part Mr. Tamplin played in this cruel and disgraceful affair; but facts are stubborn things, and it cannot be denied that the chief agents in the affair were one or two influential members of the committee, who were jealous of Mr. Little's claim to be chief founder of the Institution, and who were on intimate relations with Mr. Tamplin; and it is equally certain that this latter gentleman, instead of expressing his indignation at the treatment his senior colleague and his patron had received, and threatening to resign, acquiesced in, if he did not promote these unjust and nefarious proceedings, and profited in every way by the downfall of the man to whom he owed so much. Surely, upon the face of the matter there was something sad in thus placing himself at the head of the staff, unmindful of the deep wound he was inflicting upon his connection, his friend, his patron, and professionally his creator. One cannot help being reminded of the fable of the man who in a rash moment warmed a something in his bosom which showed its renewed vitality and its gratitude by a sting. But it may be asked, by what plausible pretext was all this cruel injustice inflicted? It seems that in addition to being a most accomplished surgeon and a skilful operator Dr. Little had taken a degree as M.D. So that because he superadded a higher qualification to the one he already enjoyed he was not to retain this post at the Orthopædic. Could illiberality or bigotry go further than this? Must it not have been a mere pretext to get rid of one who was likely to occupy too prominent a position? Years have rolled on, and the Institution has enjoyed a certain sort of prosperity, and the usurper has floated on and risen with it to the injury of his patron; and perhaps Dr. Little, in the greatness and goodness of his heart, has forgiven the sad and bitter events that poisoned and disappointed his early life, and blighted so much of the early promise of his professional life. But the effects of such a deed are never lost; they reappear with retributive force when least expected. We are not surprised that a committee who could treat with such injustice and cruelty the founder and very soul of their Institution should contain within it the elements of discord and disunion which would go on fermenting even until this day. We are not surprised that a Medical officer who could, at any rate, profit by such acts, if he did not instigate them, should find himself towards the close of his career without influence, and maintaining his position by a feeble hold. Hence it is that a comparative junior has been able to dethrone his senior, to usurp his place, and to resist all subsequent attempts to displace him. It is impossible to arrive at any other conclusion than that Mr. Tamplin has been paid in his own coin; the treatment that was so cruelly dealt out to Dr. Little in the beginning has recoiled upon himself now. Hence it is that the public and the Profession look calmly on at this act of retributive justice, and abstain from any active partisanship with either side. The Hospital and the staff are all in a mess together, and this they have richly merited both for their past and their present conduct. Such a story contains a warning to all similar institutions.

Notes on Current Topics.

Bright's Disease in Children.

Drs. Steiner and Neureitter (*All. Med. Cent. Z.*, 1870, and *La Nuova Liguria Medical*, March 30), of Prague, have become convinced from numerous autopsies that Bright's disease is far more frequent than is supposed in children. The difficulty of diagnosis resides in the want of examination of the urine. In 265 *post-mortems* the disease was acute in 213 cases, and chronic in 52. Among the 52, 46 were of the amyloid form, and 6 were of the granular form. In addition to the albumen found in the urine, the microscope shows blood-globules, pus-globules, nucleated cells, and epithelum of the uriniferous canals. Finally there appear renal cylinders, blood cylinders, and granular cells, with fatty detritus. Fever is commonly noticed with dropsy. Disturbance of the nerves is seen more in children than in adults. Frontal headache is common, and convulsions are far from rare at the commencement of the disease, especially in very young children. These are sometimes fatal. Delirium is met with in cases where the child is older than five. Sometimes complete blindness may supervene. Anorexia and thirst are constant symptoms.

Bright's disease is common in children from two to eight years old. Scarlatina, measles, and variola often cause it. Girls are more subject to it than boys. Blows, falls on the loins, or abuse of diuretics may cause the disease. Cold may cause it. Scrofula and tuberculosis favour the appearance of the disease, as do morbus coxæ, cholera, rickets, and chronic pneumonia. Bad and innutritious food also favours it. The prognosis is in general more favourable than in adults; but the prognosis is bad when the albuminuria is chronic. Convulsions are not so likely to be a fatal symptom in the beginning as when the disease has existed for some time.

For treatment the authors recommend, in the acute stage, digitalis, or if this be not well borne, nitre; and for the pains in the loins, sinapisms. They have not seen any good effect from tannin. When the symptoms of hydremia appear, they recommend tonics, quinine, &c. Diuretics are contra-indicated, as they produce an injurious excitation in the kidneys; but sudorifics and purges are recommended instead. When nothing contra-indicates it, an infusion of senna repeated occasionally may prove successful. When uræmic symptoms arise, the authors recommend mineral acids and quinine. Soda water is given for obstinate vomiting, or bismuth and laudanum. In convulsions wet compresses are used, which are cold and changed frequently.

Decrease of Pauperism.

The quarterly statement of pauperism in England and Wales to Lady Day of the present year appears this week. The figures do not include inmates in lunatic asylums or vagrants. The last week of the parochial year is less than the last week of the Christmas quarter by 23,587 paupers. In England, the paupers in 1872, compared with those in 1871, have decreased 92,038, or 9·2 per cent.; and, compared with 1870, the decrease was 140,615, or 13·4 per cent. The number of paupers at the end of the last Lady Day quarter was 907,047. The next statement comprises the three divisions of England and Wales in which the principal manufactures are carried on. Taking the returns of paupers relieved on the last day of the last week of March in the North Midland, North Western, and York Divisions, the decrease in 1872, compared with 1871, was 23,484, or 10·6 per cent.; and in comparison with 1870, the decrease was 41,075. According to the last returns for the month of March in the three years last past, the number of paupers in the metropolis was in 1870, 163,677; in 1871, 142,371; and in 1872, 118,275. In 1872 the decrease in the paupers, as compared with those in 1871, was 24,096, or 16·9 per cent.; and, on a comparison with 1870, there was a decrease of 45,402, or 27·7 per cent.

Cæsarean Section in America.

Dr. R. P. Harris, of Philadelphia, has collected in tabular form all the American cases of Cæsarean section, and issued them with valuable remarks in the *American Journal of Obstetrics*. The statistics of fifty-nine operations, embracing a period since 1822, and showing a ratio of maternal recoveries amounting to fifty-two per cent., are recorded. Louisiana contributes nearly one-seventh of the whole number of cases.

The first recorded case in the United States, is that of a girl, fourteen years old, living in Nassau, N. Y., who opened her own abdomen and recovered from the effects of her ignorant boldness.

Dr. Harris proposes the term, gastro-hysterotomy, in preference to Cæsarean section, as possessing the advantage of greater definiteness. He believes the operation promises a better prognosis than ovariotomy if care be taken to observe ordinary precautions; and he thinks better results are possible from abdominal section in cases of ruptured uterus, than are shown by the ordinary method of delivery *per vias naturales*.

Quinine.

Dr. I. E. de Vry publishes in the *Bulletin de la Soc. Royale de Pharm. de Bruxelles*, the following method of extracting quinine from the quinoidine of commerce:—

"One hundred parts of the quinoidine are dissolved by the aid of a gentle heat, with stirring, in a solution of 50 parts of tartaric acid in 200 parts of water, and the whole is then set aside. If the quinoidine contains any quinine, as it generally does, the liquor forms after some days a crystalline paste more or less thick, which is to be put on a cloth. The brown syrupy liquid is allowed to drain as much as it will, and then more fluid is expressed from it, without the use of too much force, after which the residue is dissolved in four times its weight of boiling water and filtered whilst hot. As the bitartrate of quinine is soluble in hot and not in cold water, on cooling it is deposited in crystals, which may be decolourised by repeated solution and recrystallisation. In this manner Dr. De Vry has obtained from two to three grammes of the brown crystals from twelve grammes of Howard's quinoidine."

Croup; Tracheotomy.

We read in the *Boston Medical and Surgical Journal* (April 25), that at a meeting of the Lynn Medical Society, Dr. Cahill reported a case of croup in a little girl of three years. After various treatment with no avail, the patient being nearly suffocated, and, in his opinion, not likely to live for two hours, he proposed tracheotomy, which was assented to. He etherised the patient, cut down on the trachea slowly and carefully, hooked it up and divided three rings, and introduced a gutta-percha tube. The patient, after a short struggle, breathed as though nothing was the matter, drank a glass of milk, and immediately went to sleep for the rest of the night. The patient seemed to be doing well for thirty-six hours, then the respiration began to be again laborious; she grew rapidly worse for twenty-four hours and died. Dr. Cahill expressed himself as pleased with the operation, as, though it did not save life, it prolonged it and gave the little sufferer two nights of tranquil sleep.

Measles and Scarlatina Combined.

Dr. Emerson reports a case in which the symptoms and eruption of measles were well marked. On the third day of eruption, the sore throat and rash of scarlatina appeared and ran their course. The child was dismissed from treatment in about a fortnight.

Cerebro-Spinal Disease in America.

The following letter has been forwarded to us concerning Cerebro-Spinal Disease, from Dr. Wheeldon, of Wyoming, N. Y., 29th April, 1872:—

"Dear P.,—Yours duly came to hand, and I perfectly agree with you that it will never do to put off writing so long. I must plead as excuse that for the past two months I have hardly had time to eat sufficient to maintain life. We are having epidemic cerebro-spinal meningitis, or spotted fever. I have seen over twenty-five cases, and as yet have lost but three cases; the last was buried yesterday. The fatal cases were as follows:—

"The Rev. J. Malory, Baptist Minister, æt. 68, was taken at 9 o'clock, by 12 o'clock could not speak. I saw him at 3.20, and by 5 o'clock he had lockjaw. He died in forty-eight hours from the time he was taken.

"Willie Larmour, æt. 6 months, had been sick all day and night. I was called at 2 o'clock a.m., and he died at 8.30.

"The last, George Parker, æt. 20, had been sick all day and all night. I was called at 5 a.m., and found him in a state of collapse, pulseless, with cold clammy sweat, active delirium, respiration over 40. Applied turpentine along spine, dry cups and blister to nucha; injected morphia in arm, and surrounded him with hot bottles and boiled corn. At last got him to take some stimulants, gave him potass. bromide, grs. x.; and sulph. quinine, grs. v.; alternate every two hours. He rallied by 12 noon, got worse at night, and died on the fourth day.

"I have had good success in treating this disease; better than the average, as you will see by reading up statistics. I tell you it is the worst disease I have ever seen, it beats cholera and yellow fever. Patients are taken all sorts of ways, some nearly bent double backwards, *opisthotonos*, others have lockjaw, others strabismus, others are deaf, some are spotted, some with effusion in the joints, knee and elbow, some have inflamed eyes."

Royal College of Physicians.

At the meeting of the College of Physicians of London last Friday, the following report from the Council was brought forward:—

"The Council having had under their consideration the several questions referred to them by the College, beg leave to report:—

"1. With reference to the communication from the University of Trinity College, Toronto, the Council recommend that, in view of the probability of the formation of a Conjoint Examining Board in England, the consideration of that communication be for the present postponed.

"2. In lieu of the mode suggested in the reference from the College, of giving to the Medical journals authorised reports of the College proceedings, the Council recommend that an abstract of those proceedings be suspended in the College hall.

"3. As regards the alterations in the by-laws of the College, which the proposed changes in the mode of conducting the examinations will render necessary, the Council beg leave to state that the subject is one which requires the most careful consideration, and they are not prepared at present to report in detail. The Council, however, recommend that immediate steps be taken to enable the College to elect four representatives on the Committee of Reference, provided by the scheme for an Examining Board in England, as but little progress can be made towards carrying that scheme into effect until the Committee of Reference is constituted. With this view the Council have prepared two by-laws which they submit to the College for enactment.—George Burrows, M.D., President."

The College also received the report from the Leprosy Committee, and the recommendations of the Conjoint Committee relative to the mode of carrying into effect the scheme for an Examining Board for England, and some other matters.

Nitrous Oxide as an Anæsthetic.

The advocates of the use of nitrous oxide in dental operations have hitherto met all objections against it, and the horrible symptoms to which it gives rise, by declaring that the apparently impending asphyxia is only transient, and that out of ever so many thousands of cases of administration not a single death has ever occurred. We never considered that the non-publication of such casualties could be held to prove that they did not occur; and now a case has been brought to light which puts it beyond doubt that the asphyxia may be pushed too far, and that death may result. An inquest has recently been held in New York, and is reported in the *Philadelphia Medical Reporter* of April 20th, in which, after the hearing of lengthened scientific evidence, the jury decided unanimously that death arose from the administration of the gas, and from no other cause. One case certainly does not prove that nitrous oxide is dangerous, but it certainly breaks down the theory that it is not possible, by inadvertence or negligence, to cause death with it as with other anæsthetics.

Poisoning by Vanilla Ices.

The German Medical journals call attention to the circumstances that several cases of poisoning by Vanilla ices have in late years occurred in Paris, Altona, Munich, Vienna, and other places. Maurer has recently related an instance in which, after the use of these ices, a large family suffered from the symptoms described as having been present in the other cases, viz., frequent vomiting, diarrhœa, assuming in some of the patients a choleriform character. All the patients recovered. What the nature of the poison is, has not yet been ascertained. In two observations on the remaining portions of the poisonous ices, traces of lead, iron, and tin were present; but the combination of lactic acid with oxide of tin has been ascertained not to be poisonous. Schroff believes that the poison is produced by the use of cashew-nut oil to besmear the Vanilla pods.

The Preparations of Aconite.

We lately published some papers on this subject. M. Duquesnel, who has devoted attention to it, gives the following table as the result of chemical examination of the preparations of the French codex:—

Preparations Analyzed.	Crude Aconitia.	Purified but not absolutely pure Aconitia.
Aqueous extract of the leaves (depurated juice), 15 grammes	0·004	Traces only.
Same extract as it occurs in commerce (prepared in vacuo), 15 grammes	0·073	0·045
Hydro-alcoholic extract of the leaves (prepared in vacuo), 15 grammes	0·115	0·055
Alcoholic extract of leaves of alcoolature, 15 grammes representing 300 grammes of alcoolature	0·112	0·052
Extract of the tincture of the leaves, 15 grammes, representing 200 grammes of tincture	0·124	0·055
Alcoholic extract of selected roots (prepared without access of the air), 15 grammes	0·45	0·42
Same as it occurs in commerce, 15 grammes (without access of air)	0·135	0·085
Same as in commerce (not prepared in vacuo), 15 grammes	Traces only.	Traces only.

It would appear from this table that the extract and the tincture are the two forms to be prepared.

The Complexion to which we have Come at Last.

Dr. O. H. Adams, in a valedictory address at Rush Medical College, Chicago, thus humorously sums up the invaluable achievements of modern scientific anthropology:

"Human reason has been continuously employed through thousands of years upon one topic, man. Commencing in the belief of the divinity and immortality of man, the results summed up, run thus:

"I am a modified baboon.

"My mental manifestations are the results of magnetism.

"My parents millions of years ago were a species of porifera. They came into existence by mere chance.

"In death I shall be annihilated."

Hospital for Diseases of the Throat.

The biennial festival of this charity took place last Wednesday, when the Earl of Clarendon presided, supported by the sheriffs of London and Middlesex. After the usual loyal toasts had been honoured, the noble president gave the toast of the evening—"Prosperity to the Hospital for Diseases of the Throat," in a speech in which he expressed his conviction of the value of the charity.

Dr. Mackenzie, in replying to the toast of "The Medical Officers," showed that, in spite of the great additions and improvements lately made, there was still a great demand, and he hoped that a site might be obtained and a large hospital erected on the most approved plan.

Mr. Brudenell Carter showed the value of certain specialities, and particularly the need for this. The hospital supplied a great want.

The dinner, the music, and the speeches gave general satisfaction, and a considerable sum of money was subscribed by the guests.

Dr. McCall Anderson, of Glasgow, Dr. Elsberg, of New York, and a considerable number of English members of the Profession supported the staff by their presence.

The Lyons Congress.

To the names already published we have to add—

Mr. Jonathan Hutchinson.
Dr. Balthazar Foster.
Dr. Henry Harris.
Dr. G. Colston.

The Sanitary Authorities of Glasgow.

We are glad to find that the authorities have hesitated before rushing into revolution. The report on which we lately commented has been remitted to the Committee, and we trust they will consider it without prejudice in the light in which it will be viewed from a distance.

The Lord Provost was foremost in expressing regret for the slight put on Professor Gairdner, and proposed the reconsideration. It appears, too, from the *Glasgow Herald* that, after all, the proposed new plan will be no cheaper than that in force.

We feel sure that the Glasgow men will regret it, should their city lose Dr. Gairdner's services.

Contract Doctoring in America.

The Committee of a township in New Jersey solicited proposals from the different physicians of the town for attending the poor of the township. There are five practising physicians, three regular and two homœopaths. The three scientific surgeons refused to have anything to say to cheap town doctoring. The contract was given to one of the homœopaths.

At the Royal College of Surgeons of England the lectures for the present year will be resumed on Monday, 3rd of June next, by Professor Timothy Holmes, F.R.C.S., who will deliver on that day, and the succeeding Wednesdays, Fridays, and Monday, six lectures on "The Surgical Treatment of Aneurism in its Various Forms." Dr. G. M. Humphry, F.R.S., Professor of Anatomy in the University of Cambridge, will also deliver on Monday, Wednesday, and Friday, 17th, 19th, and 21st of June next, three lectures on "Human Myology."

Small-pox is becoming prevalent in St. Petersburgh.

Advices from Calcutta mention the prevalence of jungle fever in the capital and its neighbourhood.

The outbreak of cholera at Mhow has apparently terminated.

The old *Belleisle*, now lying at moorings in the Medway, is to be taken to Chatham and broken up.

Another hospital on the Cottage principle was opened last week at Savernake, near Marlborough.

During the past year there were 100 deaths from starvation in London.

Arrangements for a Congress of the Social Science Association are being made at Plymouth.

The publisher, F. C. Vogel, of Leipzig, has issued a prospectus of the *Deutsche Zeitschrift für Chirurgie*. The editors are Drs. Hueter and Lucke.

A *conversazione* to the Fellows of the Royal Medical and Chirurgical Society and their friends will be held on Friday, June 7th.

The Harveian Society has presented Mr. J. B. Curgenven with a testimonial and purse of £20, in recognition of his efforts to procure legislation on the subject of baby-farming.

Dr. Lankester, Coroner for Central Middlesex, was summoned last Wednesday for obtaining goods by fraud pending the settlement of his affairs under bankruptcy. The summons fell to the ground for want of evidence.

The next half-yearly examination for matriculation in the University of London will commence on the 24th of June. The places at which the provincial examinations in England and Ireland will be held are given in our advertising columns.

Dr. G. V. Poore, who attended the Princess Thyra of Denmark during her late attack of typhoid fever, has been made a Commander of the Order of Danebrog by the King of Denmark.

The number of convictions under the Vaccination Act of 1867, during the years 1868, 1869, and 1870, were as follows :—England and Wales, 1,484 ; Scotland, 2 ; Ireland, 2,859.

We understand that, in accordance with the judgment delivered by the Court of Queen's Bench in Ireland, as noted in our last issue, Dr. Lalor has entered on his duties as Surgeon of the Tralee County Infirmary.

The International Ophthalmological Congress is announced to be held on the first three days in August, at the London College of Physicians. Contributors of papers are to send their names to Mr. Soelberg Wells.

One of the guardians of the Roscommon Poor-law Union gave notice a few days since of a motion,—"That the guardian occupying the chair at our meetings be designated Mr. Speaker ; that the guardians be in future addressed as the hon. members, and that our clerk be designated as clerk of this hon. house."

It is inaccurately stated in the *British Medical Journal* of last Saturday, that the King and Queen's College of Physicians has dissented from the scheme for a conjoint examination for Ireland. The College has not yet arrived at a decision on the point, and held a meeting for further discussion on Saturday last.

The *Philadelphia Medical Reporter* points out that the original charter of the "Philadelphia University of Medicine"—the swindling diploma-selling concern which the local legislature has recently shut up—was hidden in a maze of measures entirely foreign to that subject, such as are too frequently heaped up in the Legislature to cover questionable objects. The original charter was contained in a section of an act passed in 1853, which authorised the authorities of the then borough of Frankford to borrow money to erect a gas works ; which also referred to a school-house at Powelton, to elections to a township in Juniata county, and various other matters.

SCOTLAND.

REGISTRAR-GENERAL'S REPORT.

The Scottish Registrar-General's annual report of births, deaths, and marriages during the year 1871 has just appeared. From it we find that in the eight principal towns in Scotland the births were at the rate of 37·7 in every thousand of the population. The number of births recorded in them (40,442) is less by 39 than that recorded in 1870, although, with the exception of that year alone, it is the largest ever returned by the eight towns—Glasgow, Edinburgh, Dundee, Aberdeen, Paisley, Greenock, Leith, and Perth. The deaths in these during the past year were at the rate of 29·2 in every thousand of the newly-estimated population, giving 2,908 more deaths than in 1870. The increase was felt in all the towns with the exception of Perth. The greatest increase was felt in Glasgow and Edinburgh. We are told, however, that unless regard be paid to the actual population of each town, to the ages of its inhabitants, and to the rate at which the population of each has recently been increasing by births and immigration, mere statements of the annual increase or diminution in the numbers of deaths convey no very definite idea, and are rather apt to mislead. The mortality is best studied by taking the percentage of the two last years in immediate succession, 1870 and 1871, and contrasting it with the mean mortality percentage of the ten preceding years, when a slight improvement will be shown. Deaths by zymotic (epidemic and contagious) diseases were considerably in excess in the above towns over those given in the last report. Glasgow and Aberdeen suffered more from the prevalence of measles than from any other epidemic, Edinburgh and Greenock from scarlatina, and Dundee and Leith from small-pox.

Royal Society of Edinburgh.—The Neill Prize and Gold Medal for the triennial period ending 1871, has been awarded to Professor Turner for his papers on the "Great Finner Whale" and "The Gravid Uterus and the Arrangement of the Fœtal Membrane in the Cetacea."

THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

The following Resolutions have been adopted by the Conference of Delegates from the Irish Medical Authorities and submitted to the governing bodies for their approval.

1.—That the Fees to be charged for the Examination or Examinations of the Conjoint Scheme, to candidates who are not Graduates in Arts, shall be Thirty Guineas.

And that after payment of the Fees of the Examiners, and all the other expenses for carrying out the scheme, the surplus remaining shall be divided between the Colleges of Physicians and Surgeons, in the following proportions, viz.:—*Three-eighths* to the College of Physicians, *Five-eighths* to the College of Surgeons.

2.—That the Fees to be charged for the Final Examination of the Conjoint Scheme to Graduates in Arts shall be Five Guineas.

3.—That Graduates in Arts who have completed a full professional curriculum, and have passed in their respective Universities an Examination in all the subjects comprised in such curriculum, except those reserved for the Final Examination of the Conjoint Board, shall be admissible to such Final Examination.

4.—That Candidates who have paid the fee of Thirty Guineas, and have passed the Examinations of the Conjoint Board, shall be entitled to the Licence of the King and Queen's College of Physicians, and to the Licence of the Royal College of Surgeons in Ireland.

5.—That no person who has passed the Conjoint Examination shall be entitled to the Licence of the Apothecaries' Hall until he has complied with the regulations of that body.

6.—That this Conference is of opinion that it is expedient to form a Board for a joint examination in Medicine, Surgery, and Pharmacy for Ireland, which Board should be constituted of Examiners appointed by the several co-operating Medical Authorities.

7.—That this Conference, having already unanimously decided that a Conjoint Examining Board is desirable, now express an opinion that none of the Irish Medical Authorities mentioned in Schedule A to the Medical Act, should give any of their Medical qualifications to any candidate who has not previously passed the final examination conducted under the proposed Conjoint Board, unless such candidate shall be already on the Medical Register.

8.—That a Committee of Reference should be constituted consisting of two from each of the Irish bodies mentioned in Schedule A of the Medical Act co-operating in the Conjoint Scheme; and that it should be the duty of the Committee of Reference—

(*a*) To determine the number of Examiners to be assigned to each subject of examination.

(*b*) To arrange and superintend all matters relating to the examinations, in accordance with regulations approved by the co-operating Medical Authorities.

(*c*) To consider such questions in relation to the examinations as they may think fit, or such as shall be referred to them by any of the co-operating Medical Authorities, and to report their proceedings to all the said authorities.

(*d*) To bring under the notice of any of the co-operating Medical Authorities any dereliction of duty on the part of any Examiner appointed by that body.

9.—That it is the opinion of this Conference that all Medical Students ought to be required to pass an Examination in Arts previous to entering upon their Professional studies.

10.—That no Student should get credit for Medical Studies pursued before he shall have passed a Preliminary Examination in English, Latin, Arithmetic, Algebra, and Geometry; and that no Candidate should be admitted to his First Professional Examination until he shall have also passed in Greek, and the Elements of Physics and Meteorology; but that any Student who so pleases may present himself for examination in all the subjects of the Preliminary Examination previous to the commencement of his Professional studies.

11.—That, in the opinion of this Conference, the appointment of Examiners in Arts should be entrusted to the Universities co-operating in the Conjoint Scheme.

12.—That no Student should be admitted to the final Examination of the Conjoint Board unless he has completed a curriculum of study to be agreed upon by the Universities and Medical Corporations co-operating in the Scheme.

13.—That the Professional Examinations conducted under the Conjoint Scheme should be three in number. The first may be passed at the termination of the Student's second year, but not sooner; the second may be passed at the termination of his third year, but not sooner; and the Final or Pass Examination at the termination of his fourth year of Professional study, but not sooner.

14.—That the subjects for the complete Professional Examinations under the Conjoint Scheme should include Anatomy, Physiology, Chemistry—Theoretical and Practical; Botany, Pharmacy, Pharmaceutical Chemistry and Materia Medica, Medicine, Clinical Medicine, Medical Pathology and Therapeutics, Surgery, Clinical Surgery, Surgical Pathology and Therapeutics, Midwifery, Forensic Medicine and Hygiene.

15.—That in consequence of the communication, dated 17th April, 1872, from the Chancellor of the Queen's University, this University be omitted for the present from the Table of Examiners in Section XI. in the Original Scheme.

16.—That no Member of the Committee of Reference should be qualified to act as an Examiner under the Conjoint Scheme.

17.—That Professors and Lecturers in the Universities and Medical Schools should be eligible for the post of Examiners, under the Conjoint Scheme, but that no person engaged in private tuition should be eligible for any such office.

18.—That the Report just read be adopted, printed, and forwarded to the Universities and Medical Corporations of Ireland, with a request that they will appoint Representatives to a renewed Conference, with the view of carrying out the recommendations of the Report.

Foreign Medical Literature.

CATARRH OF THE BLADDER IN MAN.

By Dr. Kraus, of Vienna.

(Translated for the Medical Press from *Le Mouvement Médical*, by F. M. Luther, M D.)

Effervescing wines, we stated, have a very injurious effect in urinary diseases, and that does not appear to depend upon the carbonic acid, but upon its combinations with mineral substances contained in the wine, since those suffering from vesical and renal maladies bear very well water charged with carbonic acid, which exerts a beneficial influence in assisting the expulsion of phosphates from the kidneys and bladder. Carbonic acid seemingly, is never found in a free state in the bladder; you never see the urine froth or become covered with bubbles, save after contact with atmospheric air.

Champagne not only augments the secretions, but likewise increases the quantity of phosphates in an extraordinary manner, and the conduct of some physicians who prescribe champagne to those suffering from gravel or stone is quite unjustifiable, and irrational. The acicular crystals of the triple phosphates multiply visibly in the urine, and cause severe pain, becoming embedded in the tissues along the course of the urinary passages, more especially at the neck of the bladder. One starts with the idea, that carbonic acid may perhaps exert a certain dissolving action upon concretions already formed; my experience absolutely contradicts this opinion. Carbonic acid acts in provoking a slight exaltation of the tonicity of the contractile elements of the urinary apparatus necessary for the expulsion of foreign bodies. This excitation is perhaps derived from the organic nervous centres. Carbonic acid contributes nothing to the dissolution of the organic or inorganic constituents of the urine.

We know that wine is often submitted to the action of sulphur with a view to preserve it. When this operation reveals itself to the taste, that is to say when the wine contains a great quantity of sulphur, it is injurious, and the chief result is a strong alkaline re-action of the urine, This malign influence upon the urinary passages, and upon the re-action of the urine is shared by all sulphurous waters, and patients suffering from bladder affections are invariably worse, after the use of sulphurous baths, as well as after the exhibition of mineral sulphurous waters.

The same phenomena which are observable after the use of wines rich in tannin, reproduce themselves when one drinks wines impregnated with lead; strangury and hæmaturia are the constant result of imbibing them, and if one should seek by administering metallic astringents to check those hæmorrhages of the uropoïetic system, quite a different result would be arrived at. A great deal of the hæmorrhages of the urethra which follow upon injections with acetate of lead, ought to be set down to the account of this astringent, of which mucous membranes affected with chronic catarrh are particularly intolerant.

We now arrive at the beverage in most common use, to wit, beer, and its action in diseases of the urinary passages. We ought to be cautious how we use it, seeing that it cannot always be procured of irreproachable quality, and that the least alteration in its composition produces injurious results. Old beer causes no inconvenience, but the mucous membrane of the urinary passages becomes exquisitely sensitive in presence of new, bad, or sour beer. Ferments are the most deleterious element of bad beer, they penetrate the epithelium of the urinary mucous membranes, and not only occasion pains in the loins, renal colics, but even affect injuriously the mucous tissues, which in chronic catarrh do not need that to undergo different alteration of texture.

If one examines the urine evacuated by a patient suffering from vesical catarrh immediately after the exhibition of new beer, nothing else is observed than a pronounced alkalescence. If this urine is left for six or eight hours in a warm place, and then examined under the microscope, it will at first sight be thought to be the urine of a diabetic patient; in a drop of it will be seen swimming about little globules which are ferment cells, sporidia of a particular species of confervæ, like those which develop with extreme rapidity in saccharine liquids which commence to ferment. But diabetic urine is distinguished by this characteristic, that, after resting for twenty-four hours, there is formed upon its surface a pellicle, which examined under the microscope is seen to be composed of ovoid corpuscles and little tubes, articulated, simple or branched; these are the buds of a minute alga, the torula cerevisiæ. In the urine which is examined after the ingestion of new beer, the ferments do not attain this development; probably the urine must contain more sugar, and retain it longer for this degree of fermentation to be produced.

Bière anglaise, pale ale, possesses this same noxious quality. Its richness in alcohol, and the quantity of carbonic acid which characterise it are the cause; porter, on the contrary, is very well borne. It is clear that quality and age are to be regarded, and as we rarely draw it from the best sources, I cannot counsel its use. I only want to show that it is innocuous, and to justify the English physicians who allow it in vesical diseases.

Patients suffering from the bladder, even when they have been accustomed to beer for many years, must still give it up completely, and replace it by wine, when the catarrh is obstinate and of years' standing. By so doing, a decided modification will be obtained in the whole ensemble of the disease, and especially the disappearance of alkalescence from the urine. One should never absolutely deprive of alcoholic drinks persons who make daily use of one or other of them, because it would weaken them and diminish the necessary energy of the muscles, of which we have already frequently spoken.

I wish particularly to point out that, in young people, in those cases where the catarrh passes from the acute to the chronic stage, where a depression of muscular energy need not be dreaded, distilled water is the best drink, and even in very old catarrh, where we said wine was useful, the imbibition of a large quantity of distilled water is indispensable to the obtaining of a cure. Baths (*a*) should also be repeated every day till all sediments and alkaline re-action shall have disappeared from the urine. Then only may we talk of a complete cure of vesical catarrh. There remains only for us to speak of the value of some mineral waters so frequently prescribed in diseases of the bladder and kidneys. Upon this subject, let us remark, that we have been accustomed to treat maladies of the urinary passages summarily, and that the practice of the most esteemed clinical students has presented the most manifest contradictions.

We think that we have clearly characterised each form of catarrh in each of the organs of the urinary system, to each of them corresponds a special therapeutic and dietetic regimen. In sending then, a patient to Carlsbad, or prescribing the waters of Preblau or Vichy, simply because he was supposed to labour under disease of the bladder or kidney, as is so often done, ignorance is betrayed of the chemistry of those maladies, which plays a very important part in them, and should be very much taken into account.

Carlsbad and its waters are positively dangerous in all cases where the catarrh is complicated by phosphatic sediments; these are certainly augmented by the use of this spa, and calculi soon form. It is inexcusable to allow a patient to sojourn at Carlsbad in the acute or sub-acute period of vesical catarrh. Professor Häller, director of the pathologic-chemical institute of the hospital, had combatted energetically, but vainly this line of treatment, because his analysis of the urine of persons sent to Carlsbad with chronic catarrh of all kinds and phosphatic sediments, showed him on their return from the spas, an augmentation of sediments in the urine.

What action can the alkalies with which the waters of Carlsbad are saturated, have upon the kidneys or bladder? What reasonable motive can there be for introducing those salts into an organism already overcharged with them.

The waters of Preblau only act in chronic catarrhs without triple phosphate, and their action is not of long duration; the prolongation of their use does not exert any beneficial influence in chronic catarrh; I may say the same of Vichy. As long as the carbonic acid, which predominates as we know in the water of Preblau, continues to act, we remark a greater evacuation of sediments, and the urine becomes acid. But after the first week this phenomenon disappears, and the alkalinity of the urine reappears in an intensified degree, which is equivalent to an aggravation of the malady. Even when patients think that they are seemingly better because the vivifying influence of the carbonic acid makes them feel more comfortable, it is only an artificial state which disappears as soon as the organism gets accustomed to its stimulus.

When the mucous membranes of the urinary passages are altered in their tissues by catarrhs, which have lasted for years, when their epithelium peels away in flakes, tonics are indicated, and experience has taught me that in all the pharmaceutical arsenal one can expect success from steel alone. Carbonate of iron is in such case a remedy that cannot be too much employed, and I have given as much as twenty grains a day without altering in anything the prognosis that I have indicated above. The use of wine, the ingestion of distilled water, and a nutritious diet, agree very well with this drug, as also baths—baths of many hours' duration are quite compatible with the use of iron.

When one commences to take carbonate of iron, the stools become more abundant; but this symptom lasts at farthest for eight days, and things resume their normal course. The black discolouration of the stools is a sign that the steel fulfils its office, and what is superfluous, is expelled by the abdominal passages. It is remarkable, that in cases where steel is not tolerated, the stools do not become black; dyspeptic symptoms then supervene, heart-burn and nausea, and the steel has in consequence to be renounced.

I do not know if it is to the iron or to the common action of baths that one should attribute the positive amelioration that chalybeate baths procure in chronic catarrh, especially those of very old date.

(*a*) Turkish baths.

The ingestion of chalybeates is also very advantageous, so that patients suffering from chronic catarrh with destruction of the mucous membrane, may employ chalybeate baths as a principal means of cure.

I have had occasion to observe recently three remarkable instances of cure by chalybeate spas. The first is that of a Servian physician, who for nine years suffered from the most terrible symptoms of this malady, and who by my advice, employed no other treatment save baths, systematic ingestion of water, and a very nourishing regimen.

I have already pronounced, when speaking of wines, against the use of sulphur in diseases of the urinary passages, and I allude to it here, because the French physicians, Roger in particular, prescribe sulphurous waters, besides Vichy inside and out. I have strongly condemned this treatment; now, whoever will examine a catarrhal urine after the use of those waters, will verify that its alkalinity is augmented, or in other words, that the disease is aggravated. It is just the same as I have already said, with the detestable English method of treating those diseases with lime water, which appears to me unsuitable, however little acquainted one may be with the chemistry of catarrh.

It cannot be denied that vesical catarrh, being very often combined with catarrh of the stomach, the hyperacidity of the gastric juice is a little diminished by the lime and sulphur, and the patients feel themselves visibly better. But experience teaches that the urinary mucous membrane does not participate in this improvement, that the quantity of phosphate of lime in the urinary passages becomes enormous, so that the malady is aggravated.

The cure of urinary catarrh is essentially favoured by securing as much as possible the kidneys from all external influences, which modern garments do not render easy. Flannel girdles are very inconvenient; bandages, however well applied they may be, over the loins become insupportable, and for years I have given to all patients that I have had to treat for diseases of the kidney and bladder, the advice to give to this means of protection the form of a lengthening of the waistband of the pantaloons covering the loins.

This means of protection is excellent, there is nothing peculiar in it; just the trouser reaches the end of the waistcoat, and persons who are accustomed to it, cannot sufficiently extol the beneficent action of this simple method, especially those who have tried bandages of all sorts. For we know that the most ancient authors have with reason attached great importance to having the kidneys kept warm when they are diseased.

I await with confidence the confirmation of all that I advanced upon diseases of the bladder by physicians who will make the trial, and I am convinced that by this method, the study of this disease, which occupies but three or four pages in the best known books of therapeutics, will make rapid progress.

Until now, the essential data of this malady were very confused, so I think I am justified in the publication of my researches, honestly pursued during eighteen years, which are everywhere attracting, I perceive with pleasure, the greatest attention from Medical circles. I wish with all my heart, that all ardent students of our science may contribute to this progress as I am doing for years by my journal and my other works.

◆

Literature.

PRINCIPLES OF ORGANIC LIFE (*a*).

It is difficult to write a serious review of this well-printed volume of over 450 pages, the majority of which are filled with abuse of modern physiology, and modern practitioners of medicine. The author tells us that, when a Medical student be learnt the practice of physic from two hospital physicians, one of whom prescribed only calomel, and the other nothing but sulphate and carbonate of magnesia. But he does not inform us where or how he has studied physiology. At any rate, he appears to have gained strangely distorted views of the present state of this department of science. A few minutes' reading of almost any modern handbook of physiology, or of any of the journals devoted more or less entirely to it, would, we think, convince any candid mind, that the tendencies of the physiologists of the present day are eminently practical, experimental, and *Baconian*, although they may interlard their severe studies with occasional flights of fancy, and ingenious theories. Our author, however, insists strongly upon the dogmatic and theoretical nature of modern physiology. And then proceeds with the most charming *naïveté* to enunciate a dogma of his own, as the basis of the new physiology — a dogma which he considers so important, that lest we should seem to misrepresent him, we quote his words:—

"We have to consider man in connection with all the foregoing rules of having (*sic*) animal and vital life in the highest degree. Not only his capacity of storing manure in his colon, but that this manure, following the laws of his higher organism, is more highly organised itself, and richer in all those gases which make up the sum of his existence.

"Viewing all these matters from first to last, the only conclusion physiology can come to, debasing as it may appear, yet nevertheless true, is, that he owes all his high thoughts and aspirations, and all the wonderful efforts of his great and exalted mind, to his Fæces,' Pp. 118-119. (The capitals are the author's). This is materialism with a vengeance! Can it be true, as we have heard it hinted, that the author is a M.D. of Laputa?' Some such coprophoric philosophy was taught there in Dean Swift's time, if our memory serve us well. At all events, the Doctor is no Mephistopheles, for that worthy's creed was that: "Blut ist ein ganz besondrer saft" (a conclusion, by the way, which harmonizes well with more recent researches than those of Dr. Faustus); but our author does not believe at all in the blood, and takes care to tell us so again and again. Indeed, he is so angry with modern physiologists, that he forgets to write either grammatically or logically. "But which's" and "and which's" occur and recur again and again, in passages which we defy any grammarian to parse or understand.

The author's views on atmospheric pressure (pp. 26-27), and the meanings attached by him to the words *organic* and *inorganic* (page 31), are as peculiar as his physiology. We cordially agree with him, however, when he denounces a routine use of cathartics, and that senseless and persistent purgation which forms so essential an article of faith in the creed of the average Briton and American. And we are one with him in condemning a starvation diet for puerperal women. We must, however, deny *in toto* that either of these errors mars the practice of the majority of the Profession. Before taking leave of our author, we must, however, respectfully remind him that his favourite gases (we need not say these are intestinal) are not quite so neglected by physiologists as he seems to imagine. Magendie, Chevreuil, and Chevillot, as well as Planer and Ruge, at more recent dates, have furnished us with analyses of the gaseous contents of the intestines which, though probably far from absolute accuracy, serve to show that they comprehended the motto of the house of Darnley (*Finem respice!*), although in a somewhat different sense from our author's.

We cannot help believing that the whole book is an elaborate and elongated attempt at jocosity. If it really be intended seriously, we should most strongly recommend the author to consult with some learned pundit of his acquaintance, before venturing on a second edition.

(*a*) "Principles of Organic Life." London: Robert Hardwicke, 192 Piccadilly. 1838.

A SHORT ESSAY ON PRACTICAL EXPERIMENTAL PHILOSOPHY: ITS USE AND ABUSE (*a*).

It was Lamartine, we think, who wrote of his excellent young friend and fellow student, who "put more heart than science into his practice; but it was just that which gave me confidence in him," for said the poet, "in my way of thinking, medicine is rather the wish to cure than the art of curing! Scientific medicine has only its axioms, but the heart is inspired!" We were reminded of this in reading this little pamphlet. The lady who writes it has evidently so good a heart, and writes with such excellent objects, that we lack the heart to point out the errors, and they are numerous, which mark the execution of her plan. Thus it would be easy to show that the gems enumerated in page 35 are not carbonaceous at all, with the exception of the diamond; and that the disappearance or rather solution of recent blood stains in an alkaline fluid is no novelty, and so on—but we forbear. The authoress very laudably made a number of experiments upon the chemistry of domestic life, and one of the objects of her little book is to dissuade laundresses from using disinfectants, such as chloride of lime, in the prodigal manner they so often adopt. Another praiseworthy object is to warn ladies that they incur risks to health in the practical study of chemistry. She says her own health was affected, so that she writes from experience. For ourselves, we have gained an hour's amusement from this little tract, and that is more than can be said for many more ambitious things.

◆

Correspondence.

MONSIEUR HENRY DUNANT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The accompanying statement of the unfortunate embarrassment of M. Henry Dunant speaks for itself. The document has been sent to me by a committee of his friends in Paris with a view to publication; and I need only say that I shall be glad to forward any contributions that may be sent for his benefit. Surely your numerous readers who have of late interested themselves in the international work for the sick and wounded in war, of which M. Dunant was the founder, will now help to relieve him from pecuniary difficulties into which his exertions in that good cause have in a great measure led him.

I am, your obedient servant,
C. A. Gordon,
Deputy Inspector-General.

Dover, 15th May, 1872.

Some friends of Mr. Dunant, founder of the international work in favour of the wounded in war, now make an appeal to the public in his favour.

This important charitable work, in which Mr. Dunant took the initiative eleven years ago, has exhausted all his resources; and while so many victims of war have benefited by his labours, he himself has in promoting this work been reduced to a state of pecuniary difficulty.

The work of Mr. Dunant published soon after the Italian war, and entitled "Un Souvenir de Solferino," pointed out the insufficiency of the means existing after that great battle to meet the requirements of the wounded, and the urgent necessity there was of instituting a system of volunteer helps for similar occasions. That work, translated into almost every European language, may be considered as having given the great stimulus to the various societies since organised under the *Red Cross of Geneva*.

Besides this Mr. Dunant is the promoter of the *Convention of Geneva*. It is to his personal activity, to his perseverance and incessant efforts, to his travels throughout Europe during several years, that can be attributed this first diplomatic treaty in favour of humanity. In fact, it is owing to his own labours and initiative that the societies of the *Red Cross* have been founded in the divers countries of the Continent, in Berlin as well as in Paris, according to the plan he traced in his work.

Since then misfortune has overtaken Mr. Dunant, who possesses now actually nothing, having sacrificed his own private fortune and devoted himself entirely to this work of charity and mercy. A few of his friends have formed themselves into a Committee in Paris, for the purpose of drawing attention to his circumstances, and if possible obtaining the means of relieving his misfortune.

Deputy Inspector-General Dr. Gordon, C.B., Dover, has kindly undertaken to receive and forward contributions, and it is accordingly requested that such friends in England as desire to assist will be pleased to communicate with him. Subscriptions addressed to the undersigned will also be thankfully received by the Baron Dutilh de la Tugue, 2 Rue Mosmier, Place de l'Europe, Paris.

(Signed)
Comte de Flavigny, President of the French Red Cross Society in Favour of Wounded in War.
Elie de Beaumont, Member of the Institute of France, and President of the Universal Alliance of Order and Civilisation.
F. Marbeau, President of the Société des Criches.
The Marquis of Forbin Janson.
Garcin de Fassy, Member of the Institute of France, President of the Asiatic Society in France.
Comte de Honctot.
F. G. Eichhoff, Member of the Institute of France.
L. de Cazenave.
Colonel Staaff, Military Attaché of the Legation of Norway and Sweden.
Fulton Cutting, of New York.
The Baron Dutilh de la Tugue.

N.B.—Her Majesty the Empress Augusta of Germany was the first who gave Mr. Dunant a token of her munificence.

(A true copy.—C. A. Gordon.)

INHALATION OF COMPRESSED AIR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—A young German physician lately arrived in London from Warsaw, for the purpose of learning further information from the English schools, has stated to me, that "pneumatic establishments" exist on the Continent at Berlin, Dresden, and Munich, for the special object of treating prostrated health by inhalation of compressed air, and that he himself has undergone the experiment with extraordinary results. I shall be glad to hear through your columns further particulars of this system, if any of your correspondents can afford it.

Truly yours,
F.R.C.P. Lond.

IN RE THE ROYAL ORTHOPÆDIC HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me a word on this vexed question. Some time ago a section of the Committee and Governors of the Royal Orthopædic Hospital were desirous to increase the Medical staff from four to six members—viz., three surgeons and three assistant-surgeons—with a view to attendance on out-patients every day in the week, and also to give Mr. Brodhurst, who had been over twenty years assistant-surgeon, his promotion. The surgeons, Messrs. Tamplin and Adams, objected to this, and the personal pressure put on by a nobleman connected with the Committee influenced a certain small number of Governors against Mr. Brodhurst in a most unfair manner, and prevented his election. Altogether there seems to us to have been a want of generosity on the part of the senior members of the staff, otherwise, we doubt not that the Profession would never

---

(*a*) "A Short Essay on Practical Experimental Philosophy: Its Use and Abuse." By the Wife of Robert Willis, M.A., F.R.S., &c., &c. London: Longmans, Green, and Co. 1871. Pp. 44.

have heard of this squabble. The effect of the proposed change suggested by the Committee having been overthrown was, that the present members of the assistant-staff were asked to see out-patients thrice a week, because the surgeons had consented to do so. The assistant-surgeons demurred very naturally to this imposition, stating that the surgeons had the selection of cases, and would get *them* to do all the drudgery; and they suggested that daily attendance might be secured in another way. It does seem hard, these being the facts of the case, that other surgeons who have not mixed themselves up with the squabble, should be pressed by Medical etiquette to suffer thereby by resigning.

With regard to Mr. Brodhurst, he certainly seems to have been unfairly treated, and this may be some excuse for his having been so indiscreet as to buy up votes.

Notwithstanding your very strong article, I hope you will allow this note to appear.

Yours, &c.,

AUDI ALTERAM PARTEM.

◆

Medical News.

A Northumberland Poet and his Queen.—Dr. J. C. Reid, of Newbiggin-by-the-Sea, a few days ago, forwarded to the Queen an original ode entitled, "The Prince Prostrate, or the Power of Prayer, with Illustrative Texts," and a "Song of Thanksgiving," and on Saturday last he received a letter from General Sir T. M. Biddulph, informing him that Her Majesty had been graciously pleased to accept the ode. The copy forwarded was beautifully printed in colours, on satin, from the press of Mr. James Burn, Morpeth.

Accouchement of a Giantess.—The Nova Scotian giantess, Mrs. Bates, *née* Miss Anna Swann, has been confined of a still-born girl. It measured from crown to heels twenty-eight inches, weighed eighteen pounds, and had, we have been informed, many of its maternal progenitor's physical peculiarities and facial lineaments.

Anatomy and Physiology in Cambridge University.—Professor Humphry gives notice that the course of Practical Histology will commence on Wednesday, July 3rd, at 12 o'clock, and be continued on Mondays, Wednesdays, and Fridays during July and August. Fee for the course, one guinea. There will be classes for Practical Osteology in July and August. The course of lectures on Practical Anatomy, next term, will commence on Monday, Oct. 7th, at 9 a.m., and be continued daily, with a fortnight's intermission at Christmas, till the end of March. Students desirous of obtaining a certificate for the Royal College of Surgeons will be required to attend during the whole of that period.

Convictions under the Vaccination Act.—A parliamentary return relating to summary convictions under the Vaccination Act shows that in England and Wales there were, during the years 1868, 1869, and 1870, 1,419 summary convictions for neglecting to procure the vaccination of children, and in 13 cases more than one conviction in respect of the same child. There were 65 convictions for disobeying an order of a justice for the vaccination of a child, and in 19 cases more than one conviction in respect of the said child. In Scotland, during the same period there were only two convictions—both for the refusing the vaccination of a child. In Ireland there were 2,859 convictions for not causing children to be vaccinated, but in only 13 cases were there two convictions in respect of the same child, and there were not in any case more than two such convictions.

In the metropolis, last week, 1,268 deaths were registered, being 162 below the average. The deaths referred to diseases of the respiratory organs, including phthisis, were 398, and 11 below the corrected average weekly number.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

M. A. B.—Received with thanks.

S. P. S.—You will find the compound solution of iron as manufactured by Mr. Maugham preferable to the ordinary perchloride in such cases.

DR. NATHAN ALLEN, Massachusetts.—Thanks for your communication, and for your promise to call and make your personal acquaintance when visiting England. If you will send us the works to which you refer, we will give them our best attention.

DYTE *v.* THE ST. PANCRAS GUARDIANS APPEAL FUND.

DR. BATHURST WOODMAN begs thankfully to acknowledge the receipt of the following additional subscriptions to this Fund.

It is earnestly requested that intending contributors will be good enough to forward their subscriptions as early as possible, as the list must be closed at the end of June; when a full statement of receipts and disbursements will be sent to each contributor.

6 Christopher Street, Finsbury Square, E.C.
May, 1872.

	£	*s.*	*d.*
Edwin Bush, Esq., Frome	0	10	0
Dr. Chaldecott, Chertsey	0	10	0
Dr. Drew, Sheffield	0	10	6
Dr. Green, Rawtenstall	0	5	0
Dr. Harley, Saffron Walden	0	10	6
Dr. Frederick Hawthorn, Uttoxeter	0	10	6
Roderick W. Henderson, Esq., Rickmansworth	0	10	6
Dr. Hewitt, Windsor	1	1	0
Henry Horton, Esq., Eardisley	0	10	6
Dennis De Berdt Hovell, Esq., Clapton	1	1	0
Dr. Hughes, Woolwich	0	10	6
Dr. Jackson, Washington	1	0	0
P. A. La Fargue, Esq., Coventry	0	3	6
James Mackie, Esq., Darlington	0	5	0
G. H. Macnamara, Esq., Uxbridge	0	10	0
F. S. Manisty, Esq., Wrexham	0	10	0
Frederick Manning, Esq., Ipswich	0	10	0
William Meadowcroft, Esq., Colchester	0	12	0
James Milward, Esq., Cardiff	0	10	6
Richard B. Nason, Esq., Nuneaton	1	1	0
T. W. Popplewell, Esq., Bolsover	0	5	0
W. E. Porter, Esq., Lindfield	0	10	0
Dr. Ramsbotham, Amwell Street	0	10	6
Thomas Robinson, Esq., Alton Cheadle	0	10	6
Dr. Sinclair, Liverpool	0	5	0
Henry Stear, Esq., Saffron Walden	0	10	6
Dr. Sutro, Finsbury Square	1	1	0
W. F. Teevan, Esq., Portman Square	1	1	0
Dr. Stephen Ward, Finsbury Circus	1	1	0
F. F. Welsh, Esq., Saffron Walden	0	10	6
Dr. Wilson, Newchurch	1	1	0
Dr. Woodward, Worcester	0	2	6
A. B.	1	1	0
A Small Fee	0	2	6

COMMUNICATIONS, Enclosures, &c., have been received from:—Dr. Gairdner, Glasgow. Dr. Dobell, London. Dr. Franks, Seven Oaks. Dr. Bathurst Woodman, London. Dr. Handsel Griffiths, Dublin. Mr. Tichborne, F.C.S., Dublin. Dr. Davidson, Chester. Dr. Pratt, Newtown. Mr. Shaw Stewart, Chairman of the Metropolitan Asylums. Dr. Benedict, Vienna. Dr. Fulton, Toronto. Dr. Nathan Allen, Lowell, U.S.A. Mr. Hooper. Mr. Best. Mr. Messent. Dr. Hughes. Dr. Cory. Dr. Fellowes. Dr. Blackwell, Ballyglass. Dr. Robinson, Armagh. Dr. Wallace, Tipperary. Dr. Jacob, Maryboro'. Dr. Jones, Cork. Mr. Gillon, Leith. Dr. Molony, Cashel. Dr. Hadden, Wexford. Dr. Stephens, Dunkineely. Dr. Thompson, Johnstown. Dr. O'Ryan, Carrick-on-Suir. Dr. Hatch, Ardee. Dr. Petit, Dunshaughlin. Dr. Skipton, Derry. Mr. F. Austin, Liverpool. Dr. Meehan, Holycross. Dr. Malcomson, Cavan. Dr. Taggart, Carrickfergus. Dr. Popham, Cliffoney. Dr. Seward, Templeogue. Dr. Kittson, Nenagh. Dr. Luther, Cappoquin. Dr. Edgeworth, Longford. Dr. Marshall, Limerick. Dr Berry, Mallow. Dr. Alcock, New Ross. Dr. Hanifin, Milltown. Mr. Loverock, General Post Office, Dublin. Dr. Warren, Dublin. Dr. Jameson, Carlow. The Medical Secretary, Garrison Hospital, Portsea. Dr. Pascal, Paris.

THE CENSUS AND ITS RESULTS.

To the Editor of the "Medical Press and Circular."

Sir,—In your notice of my brochure on the "Census and its Results," your reviewer falls into a slight error—viz., that the views which I put forward are antagonistic to Darwin's hypothesis of the "Struggle for Existence." On the contrary, they are in perfect harmony with it. The point at issue is, by what natural law is this struggle regulated?

The results of the Census at least *quo ad* Ireland, prove the real law to demonstration.

Your obedient servant,

Liverpool, May 27, 1872. Ewing Whittle, M.D.

◆

VACANCIES.

Cancer Hospital, Brompton. Surgeon. Honorary. (See advt.)

London Fever Hospital. Resident Medical Officer. Salary £200.

Amersham Union. Medical Officer for the Workhouse, at a Salary of £50, and for the Amersham District. Salary £63 per annum.

Leeds Union. Medical Officer. Salary £300, with residence.

Leominster Union. Medical Officer for the Workhouse at a Salary of £40, and for District No. 1 of the Union. Salary £150.

Ongar Union, Essex. Medical Officer. Salary £105 per annum.

Brompton Consumption Hospital. Resident Clinical Assistant.

Ventnor Consumption Hospital. Resident Medical Officer.

Newport, Mons., Oddfellows' Association. Medical Officer. Salary £60.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday May 29.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, May 30.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, May 31.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, June 1.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, June 3.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, June 4.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Barrett, R., M.D., L.R.C.S.Ed., Medical Officer, &c., for the Kilcullen Dispensary District of the Naas Union, Co. Kildare.

Fenn, E. L., M.B., L.R.C.P.L., Medical Attendant for Out-patients of the Infirmary, Richmond, Surrey.

Jackman, B. H., L.R.C.S.I., Medical Officer, &c., for the Holycross Dispensary District of the Thurles Union, Co. Tipperary.

Jackson, G. E. C., L.R.C.P.Ed., Medical Officer for the Western District of the Westminster Union.

Kerr, W. S., M.D., L.R.C.S., a Surgeon to the Dumfries Infirmary.

Lindsay, J. M., L.F.P. & S.Glas., Medical Officer and Public Vaccinator for the Parish of Kirkmaiden, Wigtonshire.

M'Dowell, C. W., M.B., L.R.C.S.I., Medical Officer, &c., for the Carlow Dispensary District of the Carlow Union.

Nedley, T., M.D., L.K.Q.C.P.I. (Physician to the Lord-Lieutenant, &c.), Medical Attendant at the Training Department of the Commissioners of National Education.

O'Brien, P. C., M.D., Medical Officer, &c., for the Askeaton Dispensary District of the Rathkeale Union, Co. Limerick.

O'Connor, D. W., M.D., L.R.C.S.Ed., Medical Officer, &c., for the Ardmore Dispensary District of the Youghal Union, Co. Cork.

Paterson, W. H., M.D., M.R.C.S.E., Medical Officer and Public Vaccinator for the Broughton District of the Glanford Brigg Union.

Percival, G. H., M.R.C.S., Assistant Medical Officer to the Salop and Montgomery Counties and Wenlock Borough Lunatic Asylum.

Rawson, E. A., M.B., C.M., L.R.C.S.I., Medical Officer to the Carlow Union Fever Infirmary, Carlow.

Rowlands, J. D., M.R.C.S., Visiting Surgeon to the Infirmary, Carmarthen.

Thomson, A., M.D., a Physician to the Dumfries Infirmary.

Turner, J. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Headford Dispensary District of the Tuam Union, Co. Galway.

Watkins, D. R., M.R.C.S., Visiting Surgeon to the Infirmary, Carmarthen.

White, J. G., M.D., Honorary Surgeon to the Bournemouth Cottage Hospital.

White, W., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer for the Celbridge Dispensary District of the Celbridge Union, Co. Kildare.

Wilson, W., M.D., L.K.Q.C.P.I., Medical Officer of the Burt Dispensary District of the Londonderry Union.

◆

Marriages.

Thomson—Finlay.—On the 16th May, at Lochleven Lodge, Trinity, Edinburgh, John W. Thomson, M.D., of Brechin, to Jessie Bannatyne, daughter of William Finlay, M.D., of Trinity.

Wright—Shaw.—On the 18th May, at St. Stephen's, Dublin, Edward Perceval Wright, M.A., M.D., F.R.C.S.I., Professor of Botany in the University of Dublin, to Emily Charlotte, second daughter of Lieut.-Colonel Ponsonby Shaw.

◆

Deaths.

Atkinson.—On the 10th May, at Ballina, R. Atkinson, L.R.C.S.Ed., late Surgeon 17th Regiment, aged 44.

Carse.—On the 10th May, E. A. Carse, L.R.C.P.Ed., of Westonzoyland, aged 32.

Cornwall.—On the 18th May, at Edinburgh, suddenly, James Cornwall, M.D., F.R.C.S. Friends will please accept this intimation.

Fawcus.—On the 15th May, H. R. Fawcus, M.D., of Flodden Lodge, Ford, Northumberland, aged 32.

Hutchinson.—On the 24th May, George S. Hutchinson, M.R.C.S., second son of Dr. C. Hutchinson, of Norwich.

Jackson.—On the 14th May, at Portobello, Edinburgh, P. N. Jackson, M.R.C.S.E., Surgeon Scots Greys, aged 43.

Johnson.—On the 15th April, at Charlottetown, Prince Edward Island, the Hon. Henry A. Johnson, M.D., formerly of Louth, aged 82.

Marshall.—On the 18th April, off Sierra Leone, on board the steamer "Calabar," S. H. Marshall, L.F.P. & S.Glas., late of the 2nd Regiment.

Porter.—On the 15th May, at the Fever Hospital and House of Recovery, Cork Street, Dublin, R. H. Porter, L.A.H.Dub., Resident Medical Officer, aged 24.

◆

We are authorised to state that Dr. Jacob, intending to offer himself as a candidate for the Professorship of Ophthalmic and Aural Surgery in the College of Surgeons in Ireland, and being obliged in compliance with the bye-laws to resign his office of Councillor before doing so, will not present himself to the Fellows as a candidate for re-election at the annual election next Monday.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The annual meeting of the College for the purpose of receiving and discussing the Annual Report of the Council was held in the large room of the College on Monday last at three o'clock, the chair being occupied by the President, Mr. Wharton.

The Council reports that they held forty-one meetings. During the year 1872, 4 candidates were admitted to the Fellowship, and 116 gentlemen received letters testimonial; 14 Licentiates obtained the diploma in midwifery. The entire number on the lists of the College amounts to 374 Fellows, and 2,315 Licentiates.

The propriety of altering the position of names on the voting lists for Council, with the object of placing new candidates on exactly the same footing as the outgoing councillors, was discussed, and a resolution on the subject, moved by Mr. R. P. White, was put from the chair but lost on a poll. The President read a letter from Mr. Fleming, of Dublin, in which he gave expression to his intention to present to the College his valuable collection of Calculi, with the drawings of them. A warm vote of thanks was passed to Mr. Fleming for his gift.

THE ELECTION OF COUNCIL OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

SINCE our last issue Mr. Butcher and Mr. Smyly have announced that they seek to be elected to the Council. In addition to the outgoing Council, all of whom, with the exception of Dr. Jacob and Dr. Denham, seek re-election, the candidates at present in the field are Dr. Kidd, Mr. John Hamilton, Mr. Butcher, Mr. Smyly, Dr. Minchin, and Dr. Quinan.

Dr. Denham has no rival for the Vice-Presidency, and as it seems certain that Mr. Wharton, who has so zealously and ably discharged the Presidential duties, will take Dr. Denham's place, there remains by Dr. Jacob's retirement a vacancy in the rank of the present Council.

PROFESSORSHIP OF OPHTHALMIC AND AURAL SURGERY IN THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

WE have reason to be aware that the Council of the College has adopted a resolution for the erection of a Professorship of Ophthalmic and Aural Surgery in the College. It became necessary that such provision should be made for the special instruction of the students of the College in this subject; because, by a comparatively recent regulation the University of Dublin requires for candidates for its surgical degrees a certificate of attendance on a special course of lectures on Ophthalmic and Aural Surgery, and submits its candidates to a distinct examination on the subject.

Since the resignation of the Chair of Physiology by Dr. Arthur Jacob, ophthalmic surgery has not been the subject of special lectures in the College, and the students who desired to present themselves for the University degree were obliged to seek elsewhere the essential instruction and certificate.

We understand that Dr. Jacob retires from the Council in order to qualify himself to compete for the newly-created chair.

LIVER FAT AND FATTY LIVER.

DR. O. NAUMANN (*Wiener Medicinische Wochenschrift, Half-Yearly Compendium of Med. Sci.*) "finds that the fat from the liver of fishes, birds, and mammalia, is much more readily oxydised than that from other portions of the body, and it seems one of the purposes of the liver to prepare fat which can thus readily be acted upon. Comparative anatomy seems to show that the size and activity of the liver stand in inverse proportion to the activity of the respiratory apparatus. This is illustrated in the large liver of the fœtus compared with that of the child, in the liver of fishes, and of the amphibia. The so-called pathological fatty liver—except in the cases of drunkards and gourmands—has for the body in disease the same signification as for the body in health—that is, it is an effort of nature to supply the deficient aëration of blood, &c., by an increased production of oxydisable fat. Such a condition is particularly observable in chronic diseases of the respiratory organs, as phthisis. The chemical differences of such fat and that in other parts of the economy are not yet understood. Certainly, however, it is much more readily saponified, and also it is clear that albumen plays an important part in its formation."

REDUCTION OF DISLOCATION OF HUMERUS INTO AXILLA.

DR. E. P. BENNETT, of Danbury, Conn., (*Med. Record,*) recommends the following plan, and claims it as original with himself: "I place the patient upon a common chair, I pass around the body, below the arms, a broad strong towel, the ends of which I give to a stout assistant. The next step, and the most important of all, is to firmly fix the scapula. Without this precaution you will be pretty sure to fail, pull as hard and as long as you please. To fix the scapula I direct one intelligent assistant to place the ball of the hand firmly against the acromion process. I then tie a handkerchief around the arm directly above the condyles, and make in it a loop for my right hand, then, with the arm hanging down closely to the body, I pull gently and steadily directly downwards, and, with my left hand on the axilla, the bone slips easily and quickly into place. Now in this dislocation the head of the bone lies under and in contact with the neck of the scapula, and if by any means you can depress the head of the bone to the extent of one-eighth of an inch, or even less, there is nothing to prevent your gliding the bone easily into place, and that, too, without injuring any of the joint structures."

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale o charges is as follows :—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

CANCER HOSPITAL, BROMPTON, and 167 PICCADILLY, W.—Owing to the death of MR. WERDEN COOKE, there is a vacancy in the Surgical Staff of this Hospital. Candidates must be registered Members of the Royal College of Surgeons of England, practising only as Consulting Surgeons. Applications, with testimonials, to be addressed to the Chairman of the Weekly Board, at 167 Piccadilly, to be sent in on or before Tuesday, the 4th of June next.

By Order, H. J. JUPP, Secretary.

Board Room, May 17th, 1872.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN that the next Half-yearly Examination for MATRICULATION in this University will commence on MONDAY the 24th of JUNE, 1872. In addition to the Metropolitan Examination. Provincial Examinations will be held at Owen's College, Manchester; Queen's College, Liverpool; Stonyhurst College; St. Cuthbert's College, Ushaw; Queen's College, Birmingham; St. Mary's College, Donnybrook; and St. Patrick's College, Carlow.

Every Candidate is required to transmit his Certificate of Age to the Registrar (University of London, Burlington Gardens, London, W.) at least fourteen days before the commencement of the Examination.

Candidates who pass the Matriculation Examination are entitled to proceed to the Degrees conferred by the University in Arts, Laws, Science, and Medicine. This Examination is accepted (1) by the Council of Military Education in lieu of the Entrance Examination otherwise imposed on Candidates for admission to the Royal Military College at Sandhurst; and (2) by the College of Surgeons in lieu of the Preliminary Examination otherwise imposed on Candidates for its Fellowship. It is also among those Examinations of which some one must be passed (1) by every Medical Student on commencing his professional studies; and (2) by every person entering upon Articles of Clerkship to an Attorney,—any such person Matriculating in the First Division being entitled to exemption from one year's service.

WILLIAM B. CARPENTER, M.D., Registrar.

May 25th, 1872.

"FIELD'S OZOKERIT CANDLES."

Before you purchase any Surgical, Mathematical, Philosophical, Surveying, or other instruments, send 3 postage stamps for each of Wm. Lawley's separate printed Catalogues of second-hand articles, and by purchasing you will save 40 per cent. A great variety of MICROSCOPES, TELESCOPES, and OPERA GLASSES, MAGIC and DISSOLVING VIEW LANTERNS, PHOTOGRAPHIC APPARATUS, CAMERAS, LENSES, &c., by the best makers. Address--Farringdon-street, City, London. Enlarged and Revised Illustrated Surgical Catalogues forwarded for six stamps.

SYR. FERRI PHOSPH. CO. (AMERICAN.)

PARRISH'S CHEMICAL FOOD,

PREPARED BY PARRISH, OF PHILADELPHIA,

and imported by his **SOLE AGENTS**

P. AND P. W. SQUIRE, 277 OXFORD STREET, LONDON, W

For convenience and security, this preparation is supplied in 4oz, 8oz, and 1lb. bottles.

Each Bottle bears the name SQUIRE on the Seal and Label.

PURE TASTELESS COD-LIVER OIL.

It is this OIL, the use of which is directed by the Medical Council, and which is ordered by the British Pharmacopœia Dr. PEREIRA says, "The Finest Oil is that which is most devoid of Colour, Odour, and Flavour."—

In bottles, price 1s., 1s. 6d., 2s. 6d. and 4s. 6d.

Imported and sold by BEWLEY AND DRAPER, Dublin.

May be had from all respectable Apothecaries in Town and country.

NATURAL MINERAL WATERS OF VALS, VICHY, CARLSBAD,

Seltzer, Kissengen, Homburgh, Pullna, Friedrichshall, &c., direct from the Springs; also the Artificial Mineral Waters prepared by Dr. Struve and Co., at the Royal German Spa, Brighton, and the Natural Bromo-Iodine Water of Woodhall Spa, Lincolnshire.

Agents—W. BEST and SONS, 22, Henrietta-street, Cavendish-square, London, W.

HAMILTON, LONG, and Co.'s COD LIVER OIL

OF 1872.

This Oil, as prepared by them annually since 1850, with the increasing approbation of the Profession and the Public, is extracted from the fresh Livers of the Channel Codfish, on their own Premises, and warranted perfectly pure.

PREPARED BY

HAMILTON, LONG AND CO.,

THE STATE APOTHECARIES,

3 and 4 LOWER SACKVILLE STREET, 107 GRAFTON STREET, DUBLIN;
1 RATHMINES TERRACE, RATHMINES, AND 102 UPPER GEORGE'S STREET, KINGSTOWN.

BOUDAULT'S PEPSINE.

In 1854, after many experiments, **PEPSINE** was obtained in a pure state by **M. BOUDAULT**, Chemist, and Dr. L. Corvisart.

Boudault's **PEPSINE** was honoured with two Reports at the Academy of Medicine, Paris, and with having its formula inserted in the New French Pharmacopœia.

The International Jury of the Universal Exposition, Paris, 1867 awarded to Boudault's **PEPSINE** the only Medal given for **PEPSINE** and its preparations. (Silver Medal, 1868.)

Boudault's **PEPSINE** is the only one that has been furnished to the Hospitals in Paris since 1854.

PEPSINE Wine (Sherry), in bottles, 4s. and 8s. Dose—a tablespoonful before each meal.

PEPSINE Lozenges, in bottles, 4s. Dose—3 before each meal. **PEPSINE** Pills, in bottles, 4s. Dose—3 before each meal

Boudault's **PEPSINE** or Poudre Nutrimentive. Dose—15 grains; sold in 1 oz. bottles.

Boudault's **PEPSINE** is sold in 1oz., 4oz., 8oz., and 16oz. bottles.

HOTTOT BOUDAULT, 7 Avenue Victoria, Paris.

London: A. and M. ZIMMERMANN, 7 Fen Court, E.C.

May be obtained through all Chemists

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 5, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On Some Results of the Introduction of Irritant Fluids within the Peritoneal Cavity; and on a hitherto Unnoticed, but Common Condition of the Posterior Tricuspid Valve of the Heart in Domestic Animals. By (the late) Dr. N. Heckford and Dr. W. Bathurst Woodman 490
Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. IX.—The Coagulation of Blood in the Living Vessels as a Cause of Mortification 490
The French Army Medical Service during War. By Dr. Legouest, Medicin principal, première classe, &c. (Translated, with the Author's approval, for the Medical Press and Circular), (*continued*). 492
Prostitution in Paris and London. By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E. 493

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—
  The Synovial Membranes in Pyæmia 495
  On Some Further Attempts to Cure Large Internal Aneurisms 495

Muriate of Ammonia in Bronchitis, Catarrhal Pneumonia, &c. 495

PAGE

LEADING ARTICLES.

The London Hospital 496
Surgery of the Franco-German War 496

NOTES ON CURRENT TOPICS.

The Postman 498
The Germans in France 498
The Irish School on Tracheotomy and Laryngotomy 498
Royal Medical and Chirurgical Society ... 499
The Effects of Blood-Letting 499
Treatment of Seborrhœa Capitis (Pityriasis Capitis) 499
Adulteration of Drugs 499
London Water 500
Alcoholism 500
Vaccination Statistics 500
Medicine in Spain 501
Statistics of Phthisis Pulmonalis 501
Drunkards made to Sweep the Streets .. 501
The Erbwurst 501
Belgian Pharmacopœia 502
Bread 502
Workers in Cigar Manufactories 502
Estimation of Fat in Milk 502
Royal College of Surgeons of England .. 502
Lady Doctors 502
Union Officers' (Ireland) Superannuation 502
Qualification of Surgeons for Irish County Infirmaries 503
The Army Medical Department 503
The Anti-Tobacco Society 503

PAGE

STUDENTS' COLUMN.

Synoptical Review of the Officinal Preparations of the British Pharmacopœia. By Handsel Griffiths, Ph.D., L.R.C P. L.R.C.S.E., Assistant Librarian, Royal College of Surgeons in Ireland.—Cataplasmata (Poultices). Confectiones (Confections) 505

Medical News 506

GLEANINGS.

Revaccination 507
Metallic Albuminuria 507
Myopia—Treatment 507
Pathology of Consumption 507
Progressive Pernicious Anemia 508
Why Fish are sometimes Poisonous 508
Air in the Veins 508
Gelseminum in Irritable Bladder 508
Iodide a Remedy for the Incontinence of Urine of the Aged 508
A Speedy Cure for Rheumatism 508
Vaccination in Variola 508
Ovariotomy without Clamp or Ligature.. 508
Traumatic Tetanus—Recovery 508
Iodoform and Iron in Neuralgia 508
Conium Maculatum in Soreness of the Mammary Glands 508
Lint Plugging in Epistaxis 508

Notices to Correspondents, &c. 509

Original Communications.

ON SOME RESULTS OF THE

INTRODUCTION OF IRRITANT FLUIDS WITHIN THE PERITONEAL CAVITY;

And on a hitherto Unnoticed, but Common Condition of the Posterior Tricuspid Valve of the Heart in Domestic Animals.

By (the late) Dr. N. Heckford and Dr. W. Bathurst Woodman.

Towards the close of the cholera epidemic of 1866 my friend, Dr. Heckford, and I made a number of experiments upon domestic animals, chiefly dogs and cats, with the intention of throwing some light upon the genesis of cholera, rheumatic fever, pyæmia, peritonitis, and other diseases. The results of the cholera experiments were chiefly negative, because we employed *fresh* cholera dejections, vomit, &c. The few cases in which we succeeded in producing cholera do not possess sufficient novelty to justify their publication, as we were anticipated by Dr. Burdon Sanderson and others. (*See* "Ninth Report of the Medical Officer of the Privy Council, 1866.")

The result of our experiments on the intra-peritoneal injection of lactic acid and other irritants are, however, somewhat noteworthy, both in relation to Dr. B. Ward Richardson's theory of the genesis of endo-carditis by injections of lactic acid, and also by our discovery of (I believe) a common, but hitherto unnoticed condition of the posterior or smaller flap of the tricuspid valve in domestic animals. It was the intention of my friend, Dr. Heckford, to publish these cases, or a portion of them, had he lived, and it is a melancholy pleasure to me, now that he has been so untimely removed from us, to associate my name with his, and to acknowledge, as I gladly do, how much the experiments owed to his skill, enthusiasm, and unwearied diligence in watching and recording the results. As, however, some of the trials recorded involved, of necessity, great pain to the subjects of experiment, let me state, here *in limine*, that not a single experiment was wantonly undertaken. All were carefully and deliberately planned, with a definite object, and with the sole view of elucidating obscure conditions. No operation was done without full anæsthesia having been first induced by either chloroform or ether, and every care and precaution was taken to lessen, as far as possible, the inevitable pain which resulted. Never was a more humane man than the friend I have lost—never one less inclined to the infliction of needless agony upon animals. I do not propose to encumber these pages with a repetition of all the experiments made, as the results were remarkably uniform. I shall, therefore, first summarise the results, and next proceed to mention the singular discovery made by us alluded to in the title.

The fluids injected were diluted lactic acid, diluted sulphuric acid, diluted liquor potassæ, and diluted alcohol.

1st.—In all the cases, the results of these irritant injections were almost identical—the alkalies producing the greatest effect.

2nd.—*Death* resulted in all, in periods varying from twelve to twenty hours, except Case 10.

3rd.—The *peritoneum* was very slightly inflamed, except in cases where a little blood escaped into the peritoneal cavity—a misadventure which could generally be almost completely avoided when the operator was careful.

4th.—The *pericardium* was but slightly affected—slight injection of the vessels only being met with, and it was doubtful if this were not partly due to the prolonged anæsthesia.

5th.—The *endocardium*, and that chiefly of the right heart, and the tricuspid valves (see on) were affected in most of the cases, being swollen, congested, and pulpy, and exhibiting the formation of new vessels, when examined under a low power; but this occurred with dilute liquor potassæ, dilute sulphuric acid, and dilute alcohol, quite equally as with dilute lactic acid.

6th.—Pale, fibrinous clots were found in the *cavities of the heart* in some of the cases, and also in the *aorta and pulmonary arteries*, as well with the alkali and alcohol, as with the acids.

7th.—The principal effects of the irritants were manifested upon the *mucous membrane of the large and small intestines and the stomach*, and, in one or two cases, of the *œsophagus* also. The mucous membrane was swollen, softened, intensely injected, and often infiltrated with blood-discs, and escaped blood colouring.

8th.—The *bladder* was sometimes similarly affected, but the *kidneys*, *liver* and *spleen* were for the most part but little injured, and presented but slight deviations from the normal, except in cases where emboli were formed in the large vessels.

Before narrating the illustrative cases, I may state that we were (very early in our investigations) struck with the fact that the *posterior* or *smaller flap of the tricuspid valves* in both dogs and cats (and I have since verified the observation in rabbits, rats and mice), was not at all uncommonly (indeed, in about half the animals subjected to examination), thickened, villous, pulpy, and much congested. We should, perhaps, in our early experiments, have attributed this result solely to the lactic acid injected into the peritoneal cavity, had we not been saved from the error by observing the same in animals who were killed simply by chloroform or ether, and in one instance by suffocation, or dissected from other purposes without intra-peritoneal injections. We were still further convinced that this (as far as the thickening went), was not an artificial condition, but the result of previous disease, by a careful examination of the valves themselves. In singling out the posterior valve, we mean that it was specially affected, but we found reason to believe that endocarditis and valvular disease were not at all uncommon in domestic animals. The special liability of one (and that the posterior) flap of the valves being so far as we know, a hitherto unnoticed condition apart from artificially induced inflammation. It is obvious that this induces greater caution than ever, in reporting on and recording the genesis of endocarditis by lactic acid or other irritants.

A common sequel of our injections was to slow the pulse and lower the temperature at first, but as chloroform or ether were always employed, it is possible these were the active agents.

Illustrative Cases.

Case I. *Lactic Acid.*—One ounce syrupy lactic acid with one ounce aquæ distillatæ were injected into the peritoneal cavity of a small black and tan terrier dog at 4 P.M. He died in about fifteen hours. *Post-mortem* rigidity extreme. Pupils greatly dilated. *Pericardium* unaffected. Dark clotted blood in all the cavities of the heart. Minute extravasations in the *endocardium* and beneath it. Valves but slightly affected, except apparently old thickening of posterior tricuspid flap ; *kidneys* greatly congested (but anæsthesia was pushed, so as to require artificial respiration). *Mucous membrane of stomach* purplish. That of the *smaller intestines* from the pylorus to the ilio-cæcal valve of an intense plum juice colour, softened, and easily scraped off. Large intestine only slightly injected.

Case VIII. *Lactic Acid.*—One ounce syrupy lactic acid and one ounce distilled water, injected into peritoneal cavity of a small brown dog. Lived twelve hours. *Pericardium* and *endocardium* both healthy. The posterior tricuspid flap alone affected, as described. Mucous membrane of both large and small intestines intensely gorged and softened, of a deep plum juice colour. Other organs healthy.

One or two other cases (young cats) injected with lactic acid gave similar results as to the small and large intestines, but there were evidences of *recent* endocarditis in heads of lymph on the surface of the valves. In these, however, the *tricuspid valves* were chiefly affected.

Case II. *Acetic Acid.*—One ounce and a-half of Beaufoy's acid acetic fort, with an equal quantity of distilled water injected into the peritoneum of a small terrier bitch. Died after fifteen hours. Slight *pericardial* injection. *Tricuspid valves* had pinkish soft nodules of lymph, with new vessels on edges, especially the posterior flap, which was also much thickened. The *mitral, aortic and pulmonary* valves were similarly affected, although in less degree. The *stomach* and *small intestines* had their mucous membrane deeply injected and softened. Similar results followed the same operation in a cat.

Case IV. *Liquor Potassæ.*—A large white bull-terrier dog was treated by injecting 23 liq. potassæ B.P., and 13 aq. distill. He died twelve hours after suddenly. *Pericardium* slightly injected. All tricuspid valves greatly thickened, villous, pulpy, with recent beads of lymph. The *stomach* and mucous membrane of both *small and large intestines* were purplish black, softened, infiltrated with blood-discs and blood-colouring, and all their coats softened, except the peritoneal. The *bladder* was full of albuminous bloody urine ; the *kidneys* only moderately congested.

Case VI. *Liquor Potassæ.*—Six fluid drachms each of liq. potass. and distilled water were injected into the peritoneal cavity of a young cat (male). He took food after the operation. Died about twelve hours after. Pale yellow, firm clots in all the cavities of the heart. Valves healthy, except the mitral which had some apparently old vegetations upon them. The mucous membrane of *the intestines* and *stomach* and even *œsophagus* deeply congested, softened, and eroded, almost ulcerated through at one spot. *Bladder* deeply congested and ecchymosed. Other organs healthy.

Case VII. *Alcohol.*—One ounce absolute alcohol and one ounce water were injected into the peritoneum of a small black dog. He became so drunk and delirious that he had to be tied down. Died twenty-five hours after. Except deep congestion of the membranes of the brain, and effusion into its ventricles, all the other organs were healthy, except the mucous membrane of the *stomach and small intestines*, which were as in the previous cases.

In another experiment with alcohol on a cat, the *endocardium* also was inflamed, as with the lactic acid.

Case X. *Dilute Sulphuric Acid.*—Twelve drachms of dilute sulphuric acid were injected into the peritoneal cavity of a small black terrier dog. He became so unmanageable that he was killed sixty hours after. *Pericardium* and *heart* healthy, except posterior tricuspid valve, which had some apparently recent pinkish nodules on its fine edge. The mucous membrane of the *stomach* and *small intestines* reddened, softened, and already there were numerous ulcerations in various parts. Pyramids of *kidneys* slightly congested. Other organs fairly healthy.

Case XI. *Dilute Sulphuric Acid.*—A similar operation on a large tabby cat was followed by well marked endocarditis, chiefly of the right heart and tricuspid valves.

◆

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

No. IX.—The Coagulation of Blood in the Living Vessels as a Cause of Mortification.

Some substances when introduced into the blood, instead of determining a separation of a fibro-albuminous element or of producing at once a septic action, have the effect of causing all the constituents of the blood to coagulate together. This form of the disease is that in which the vessels are most completely closed, yet it is that in which, perhaps, mortification from the obstruction of large vessels the least frequently occurs. The reason of this appears obvious. The foreign substances introduced are involved in the firm coagulum, and prevented from exercising their injurious influence directly upon the structure of organs.

Coagulation of the blood in a vein may be either a primary or secondary affection—it may be either the cause or effect of the inflammation of the coats of the vein. In the one case the coagulation is determined by a diseased condition of the blood, quite independent of the vessels in which it is contained; in the other it is produced by some impression conveyed through the coats of the vessels. Practically, however, these two classes of cases are not easily distinguished, for it is impossible in any individual case to say how far the blood in a vein may have become directly inflamed by the contents of the *vasa vasorum*, which are poured into it. The blood from the inflamed cellular coat may in this way be directly conveyed to the interior of the vein, and thus be the means by which the impression is produced which causes the coagulation of the blood in the interior of the affected vessel. Or, on the other hand, should the coagulum be first formed, the obstruction of these minute vessels may be the means of producing the characteristic congestion of the venous coats. It is evident then that the vein and its contents may act and react upon each other. A description of the diseased actions in one will, therefore, necessarily involve a consideration of the morbid conditions of the other, and, although for convenience these may be described separately, yet must they be considered as occurring simultaneously in practice.

In phlebitis the cellular coat of the vein is preternaturally vascular, presenting a red appearance of greater or less intensity. It becomes at the same time distended with inflammatory products. These consist of serum, lymph, and pus, according to the kind of inflammation, or these may be mixed together in different proportions. Fluids secreted on the outer surface of a vein readily extend along it, permeating the areolar tissue which connects it with surrounding parts. This may be particularly noticed where a vein is surrounded by a sheath, as is the case with jugular. The circular fibrous coat of the vein becomes also affected and thickened by deposit. The inner coat soon loses its natural transparency, and becomes wrinkled and cracked. It is of a dull opaque, dirty white colour, and stained more or less by the contents of the vein. It will, consequently, in different cases assume every hue of red, violet, or brown, the intensity of the colour following very accurately that of the coagulum with which it is in contact.

Exudation often occurs between the inner and the other coats, and the different layers of the former then become disintegrated, or the lining membrane may be cast off in large portions into the interior of the vessel. All the coats of the vein may under these circumstances be easily detached from each other, or may be separated by serous, fibrinous, or puriform exudation. When these form under the lining membrane they may be seen as patches of various sizes and shapes through the transparent structure so long as this retains its consistency. Afterwards they may be poured together with the fragments of the disintegrated membrane into the cavity of the vein. The inflammatory exudation into the different coats of the vein destroy its natural pliability, so that, when divided, it will remain open like an artery. When irritating substances are introduced into the veins they must expend their injurious influence either upon parts with which they first come in contact, or upon some more distant vessels or upon the system generally. If the morbid matter can be maintained in the vessel into which it is first introduced a local disease only is produced, and the constitution is spared. To effect this is in many cases obviously the design of nature. A part is sacrificed for the good of the whole. But in this, as in every other remedial action, the object may be carried out more or less perfectly. The original intention may not quite succeed. The deleterious agent may not be arrested at once in its course, but a portion of it may be conveyed to some distant part of the vascular system. The presence of the morbid matter will then produce irritation in the veins in which it is contained, and will give rise to inflammation. The essential character of the disease will be the same in both cases, and the same morbid alterations will take place in the stagnant blood. Primary and secondary phlebitis are therefore essentially the same disease; the latter being so much more dangerous in its results on account of the greater importance of the organs usually attacked, and on account of the general mass of the blood having usually become more or less infected. When the blood coagulates in one of the larger veins on the surface of the body the affection is recognised by the cord-like induration of the vessels. There is at first no swelling nor tenderness of the limb, and no constitutional irritation. The subsequent changes depend very much upon the nature of the coagulum which has formed. When the coagulum is composed of vitiated blood, the coagulum will become a source of irritation, and its presence will give rise to the symptoms of acute inflammation of the vein in which it is contained. The parts of the venous system in which stagnation of vitiated blood is most likely to take place is in the veins connected with the part originally injured, for here any vitiated fluid acts with the greatest intensity, and here also generally some of the veins are mechanically injured, and, therefore, offer a mechanical impediment to the circulation. For this reason, when any of the larger veins of a limb have been interfered with, the distal veins become distended, and are more liable than others to be injuriously influenced. We have thus the solution of the fact observed by Hunter, but not explained either by him or by subsequent writers, viz., the tendency that inflammation of a vein so frequently manifests to spread in a course opposite to that of the circulation. The next most frequent situation for the stagnation of vitiated blood is in the smaller vessels of parts at a distance from the original source of injury. In returning to the heart the different currents of blood uniting, increase the velocity of the stream, and it seldom happens that any obstruction occurs when a rapid motion of the blood is maintained. But as soon as it is separated again into small portions and its motion retarded by the increased aggregate dimensions of the vascular channels, the tendency to coagulate may again come into operation. This fully accounts for those dark patches of congestion so frequently observed in the skin and in the structure of internal parts. All the changes which take place in inflammation of one of the larger veins may take place in such secondary affections. The coagulum may be dissolved in the smaller as in the larger veins, and, together with any extraneous matters that it may contain, may be removed to some other part of the body, or, the coagulum remaining, it may lose its colouring matter (*a*) and become part of the organised structure of the part. Should the coagulum consist of irritating fluids in conjunction with the blood, inflammation will be set up in the immediate neighbourhood of the obstructed vessels, lymph will be deposited, and will add to the induration which previously existed, and the circulation through the part will be still further obstructed. At this stage of the disease it is not at all uncommon for portions of the affected part to mortify when the skin is affected. This is probably the most frequent termination of secondary affections of the skin.

In the lungs, which are supplied with blood from both sides of the heart, the vitality of which is of greater importance to the system, mortification is less seldom observed, and in the spleen and liver it scarcely ever takes place; but in these organs the structure becomes broken down and softened in a manner which much more resembles the effects of softening or decomposition than inflammation. Should the part not pass into a state of mortification, then the following changes generally occur:—The centre of the indurated mass becomes softened and converted into puriform fluid, this fluid is often of a dirty brown colour as though some blood or small portion of the organ had de-

---

(*a*) It is probably this discolourised blood that M. Dance observed in the centre of the coagulated masses, and supposed to be pus deposited there in substance.

composed in it. It is not contained like an abscess in a distinct cyst, but surrounded by the purple induration caused by the effused lymph mixed with the stagnant blood. By degrees the affected portions lose their consistency and become broken down. The softening takes place from the centre towards the circumfluence of each discoloured spot till they become converted into so many distinct abscesses. When a coagulum forms in an artery, coldness of the part and loss of power in the muscles supplied are prominent symptoms. Extreme pain is also a characteristic of an obstructed artery. But, for the reasons already mentioned, it is probable that before such a disease can produce mortification a portion of coagulum must be dissolved, and carried to or formed in the structure of some organ.

The effects of eating bad black wheat or spurred rye should, perhaps, be classed under the head of mortification from a diseased tendency in the blood to coagulate. The following description of this disease is given by Professor Tiedemann:—

"In the year 1630 dry gangrene appeared in several provinces in the south of France. Perrault informed the French Academy that in a journey undertaken in 1672 into Sologne, a noted district for the prevalence of the disorder, he had seen several persons with gangrenous extremities. Dodart communicated reports on the gangrene which prevailed in the district of Montargis in the year 1674. It was preceded by numbness in the limbs, which then became painful and sometimes swelled, without presenting, however, any external phenomena of inflammation. Gradually the skin became cold and of a dark blue colour, the limbs lost altogether their sensibility, died, were shrivelled and became hard like wood. In many cases the affection was accompanied with malignant fever and delirium. Thuillier attributed the occurrence of this sort of gangrene to the use of spurred rye, which in that moist year had been abundant in the crops. Many cases of this gangrene Saviard observed in the year 1694 in the Hôtel Dieu at Orleans. Both superior and inferior extremities became mummified and perished. At the beginning of the 18th century this form of gangrene was observed in the Schwarzwald by Conrad Brunner, and Rudolp Jakob Kammerer. In the years 1709 and 1710, when failure of the crops took place, an epidemic of gangrene raged at Orleans and Blesois. Noel, surgeon at the Hôtel Dieu at Orleans, treated more than fifty patients, adults and children, who suffered from dry gangrene. The disease uniformly commenced at the toes, which became black and dry, and then spread over the foot and leg, and sometimes to the thigh. In one patient only was gangrene found in the hand; several patients lost gangrenous limbs. Four or five patients, on whom amputation was performed, died in consequence of gangrene attacking the stump. In the year 1709, dry gangrene appeared in the canton of Lucerne, and in the years 1715 and 1716, it was observed in Zurich and Bern. According to Lang the disease began with great weakness, without febrile action; then great coldness took place in the extremities which became numb, pale, and wrinkled, and lost their sensibility. In the interior of the limbs the patients felt pricking pains, which were aggravated by external warmth; then the toes or fingers became black, dry, and gangrenous, and the gangrene spread to the foot, leg, and thigh; or the hand, forearm, and arm which dropped off; then arose fever, profuse sweating, disturbed sleep, and death followed. Du Hamel has described a gangrenous epidemic in Sologne in the year 1747 immediately after harvest, and in which the upper and lower extremities dropped off without hæmorrhage. Salerne, a physician at Orleans, presented to the French Academy a report on the gangrenous epidemic prevailing at Orleans in the same year, which was caused by spurred rye. One half more males were attacked than females. The mummy-like dried limbs dropped off. He saw a child, æt. 10, in whom the gangrened lower extremities dropped off from the acetabulum. His brother, æt. 14, lost the leg and thigh of one side, and the leg of the other side. Both died twenty-eight days after the commencement of the disease. All in whom amputation was performed in the living parts, five or six inches above the gangrened parts, died, and, indeed, sooner than those on whom the operation had not been performed. Of more than 120 patients not more than four or five remained alive. In the month of August, 1764, the dry gangrene caused great ravages in the district of Arras and Douai. The disease evinced itself, according to Read, by very violent pains in the limbs with some swelling, yet without manifest inflammation of the skin, but with fever. This state continued from ten to fifteen days; then, in general, the pains ceased, and there followed numbness in the feet or hands, with great coldness; this lasted from eight to ten days. In the third period appeared phlyctænæ, and the toes or fingers were mortified. The gangrene made rapid progress, and the limbs usually separated at the joints. The powers of the patients speedily failed, and death followed. That this species of mortification really is caused by the use of bread which contains spurred rye (and this many physicians have long doubted) was proved by the experiments of Thuillier, Salerne, and Tessier on living animals, which were fed on spurred rye, and to which these animals evinced a great dislike. In these animals gangrene attacked the feet and ears, which then dropped off; gangrenous spots were found also in the bowels and on the liver. On the condition of the blood-vessels in the bodies of persons who have died of this sort of dry gangrene there are, unfortunately, no anatomical researches, and, hence, on the detrimental effects of the spurred rye we are confined to conjectures alone. Some sought for the cause in an altered morbid condition of the blood, because Salerne found the blood drawn from the veins, dark red in colour, viscid, and very tough. Tissot thought that spurred rye caused by means of nervous irritation, a spasmodic contraction and closure of the arteries. Thomson considered the impediment to the motion of the blood to the parts as the cause of gangrene. Roche asserts that spurred rye excites inflammation of the arteries, and causes thereby obliteration of the arteries, and gangrene (a).

For reasons already given I cannot agree with the opinion that inflammation of the arteries can in any way be regarded as the cause of this disease. The "very violent pains in the limbs, the numbness in the feet and hands with great coldness," the condition in which Salerne is said to have found the blood drawn from the veins, "dark red in colour, viscid, and very tough," all tend to point to an obstructed circulation dependent upon an altered condition of the blood, and agree with the symptoms observed when the same condition has been produced from other causes.

◆

THE FRENCH ARMY MEDICAL SERVICE DURING WAR.

By Dr. Legouest,

Medicin principal, première classe, &c.

(Translated, with the Author's approval, for the Medical Press and Circular.)

(*Continued from page 472.*)

Civilian Aid to Wounded, and the Geneva Convention.—Such is a summary of the *Service de Santé* in the field; but it would be incomplete without an allusion to the assistance of civilians to the wounded soldiers. Old as war, civil assistance to sick and wounded in the army seems for some time past to exhibit a wish to develop and regularise itself. It was in a small confederation of provinces, namely, Switzerland, where this charitable agitation first rose, which to-day moves so many generous

---

a) Ed. "Med. Cher. Journal."

hearts. A Geneva tourist, Mr. Henry Dunant, pastor of the reformed church, having *assisted* in the rear of the Franco-Sardinian armies at the battle of Solferino, saw the wounded arrive at Castiglione and attended to with the greatest care. He was so much affected by this sight that he thought he would publish his impression under the title of "A Souvenir of Solferino." It will suffice, to give an idea of the historical value of this pamphlet, written in good faith, no doubt, to quote a passage from the volume. Mr. Dunant relates that he has seen two surgeons faint at the sight of the numerous amputations they would have to perform, and another surgeon was so tired after those he had done that his arms had to be held up whilst he practised afresh. M. Legouest begs his readers to believe that French army surgeons do not faint so easily as M. Dunant imagines, but asks if they are of his opinion that his story about the surgeons whose arms had to be held up to operate resembles too much, to be really true, that of Joshua causing the sun to remain still whilst the defeat of the Amalekites was being accomplished. Be it as it may, the pamphlet ends by a proposition of the highest interest. Convincing us of the insufficiency of the administration and of the milltary *Service de Santé* in the field, it solicits for the public welfare the formation of committees destined to prepare in time of peace every means to help the wounded in war. Formulated in accordance with exaggerated misrepresentations, for the administration of all the military powers, this proposition was at first received only in a mediocre spirit, but, sustained by a most respectable society, the Geneva society for public utility propagated notwithstanding, and ended by asking Governments, in the name of charity and humanity, to take it into consideration.

Conferences took place in Geneva, at which delegates were sent from all the great European powers, except Russia and Austria, to consider the best means of putting the proposition of M. Dunant into execution. These assemblies voted resolutions which constituted an international society for help to the wounded, having in each country a central committee, commissioned to form particular committees, and to connect them with each other. A convention was signed in 1864, by the plenipotentiaries of different Governments, to alleviate in a degree the wounded in battle, and on the 11th March, 1865, a French central committee was founded, for succour to the sick and wounded in battle-fields, in ambulances and hospitals. The French central committee, presided over by Marshal Randon, had amongst its members representatives of the highest Parisian society, and great personages connected with the State. A singular coincidence is that no ecclesiastics figure in it. During the Universal Exposition the delegates of all the national committees collected in Paris, and in October, 1867, the Government plenipotentiaries, were again sent to Geneva.

The Convention of 1864 admits of the neutralisation, asked by the Conference of Geneva in 1863, for ambulances and hospitals for a staff of sanitary officials, voluntary hospital attendants, for the inhabitants of the country which sends help to the wounded, and for the wounded themselves, on condition that details of execution should be regulated by the commander-in-chiefs of the belligerent armies. The principle of neutralisation was extended to marines, at the meeting of plenipotentiaries on the 20th of October. The last clause of the Convention renders it useless to offer an opinion on the neutralisation of all that concerns men and things, and civil succour to wounded soldiers. M. Legouest quotes some of the articles of the International Conference of Geneva, relating to the committees and their agents.

Article 2.—Each Committee should place itself in correspondence with the Government of its country, in order that its offers of assistance, in case of need, may be accepted.

Article 4.—In time of peace the Committees occupy themselves in becoming really useful in time of war, especially in preparing material help of every kind, and in seeking to train and instruct volunteer hospital attendants.

Article 5.—In the event of war the Committees of the belligerent nations shall furnish relief to their respective armies in proportion to their resources; in particular, they shall organise and place the volunteer nurses on an active footing, and, in conjunction with the military authorities, they shall arrange places for the reception of the wounded. They shall solicit the assistance of the Committees belonging to neutral nations.

Article 6.—On the demand, and with the concurrence of the military authority, the Committee will send volunteer infirmeries to the battle field. These shall be placed under the direction of military chiefs.

Article 7.—The volunteer infiermries employed with armies, shall be provided by their respective Committees with everything necessary for their maintenance.

The United States did not wait for the resolutions of Geneva, to give civil assistance to the wounded in the field. Since 1864 they had Committees of Succour, working extensively, and without doubt stimulating the European Committees; and, since 1864, the enterprise of Prussia and Austria with Schleswig-Holstein, has furnished them with an opportunity of playing their part. The Geneva Committee sent to the field of hostilities a delegate, who gave an account of his mission in a Report, which was subsequently published.

Of the 157 nurses who were employed in Schleswig, 39 were men, one of whom was a layman, and 118 women, three of whom were laywomen. M. Legouest had been struck by the frequent *rapprochements* established by the Geneva delegate with the services rendered, or to be rendered by the religious Catholic corporations, and by Protestant corporations. It appears to him that a constant desire to place them both on the same footing reigns throughout his Report. He does not wish to find fault with this; enough blood, he observes, has been shed by religious wars for the rival religious sects to wish to put a stop to them; but if the staff of nurses should be composed of nuns or students, we should not be at a loss for them, and, M. Legouest adds, we do not wish to have Committees for training them.

Those who make war should admit only of one complete unity of direction in the army, and the same rule and description should be imposed on all; but what is called volunteer service is often indiscipline and lukewarm zeal, and in a campaign of long duration civil assistance requires itself to be assisted by military colleagues. If the Committees of Succour were to limit themselves to providing resources for temporary hospitals, under the direction of the administratian of the army, they would thus be suitably engaged. They should remit into the hands of the commandant and military commissariat the gifts in kind and in money received, which without this precaution would soon be misspent. As to civil assistance to the wounded on the field of battle, the author thinks it will never require regulations. It will be like the sisters of mercy represented by painters as giving help and consolation to the wounded in the thickest of the confusion.

PROSTITUTION IN PARIS AND LONDON(a).

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.

This work of 416 pages small octavo, is a most interesting *résumé* of all the facts relating to prostitution in Paris. It may be had from Baillière, Tindall, and Cox, 20 King William Street, London, W.C. In 1789, according to M. Lecour (who is Chief of the first division of the Parisian Prefecture of Police), the first medical visitation of prostitutes took place in Paris, and only those women who submitted to it voluntarily were examined. In 1802, the police ordained the present system of periodical examination.

With regard to the amount of venereal disease in Paris at present, Lecour tells us that, in 1868, the Hôp. du Midi had 3,185 cases; the Lourcine, 1,024; the St. Lazare, 1,649; and the Val-de-Grâce, 1,907 cases. He calculates that the other Parisian hospitals together had 1,551 similar cases, and collecting these cyphers, he thinks that some 9,500 venereal patients went to hospitals in 1868. Giving five times this number as the cypher, which may approach the real number of cases seen by all practitioners in Paris, he thinks that some 47,500 cases existed in Paris of venereal diseases in 1868. This he thinks far below the truth.

(a) Extracts from, and Observations on, M. Lecour's last Edition of "Prostitution in Paris and London."

He is terribly dissatisfied with the actual state of prostitution in Paris, which has become almost unmanageable by his subalterns. Clandestine prostitution is augmenting, and the inscription of women is falling off. Thus, whilst in 1855, there were 611 inscribed on these terrible lists of what M. Auzias Turenne called "nègres blanches," in 1869, only 370 could be caught, tamed, and enrolled. Whilst, in 1855, there were 244 *tolerated houses* (those horrible places where women are treated just like animals by a villanous female accomplice of the Parisian police, the *Dame de Maison*), Lecour laments that, in 1869, there were only 152 such "hells," and, whilst, again in 1855 there were 1,935 unfortunate *white slaves* in such houses, these fell to 1,206 in 1869. MM. Lecour and Lefort, both lament that some French women will not consent to be sacrificed for the good of a pack of libidinous husbands or other males, who, forsooth, are not content with the love of their wives or of other honest women, but must have prostitutes kept for them by a paternal government. Lefort, however, mentions (letter to *Lancet*, 1870), that such unreasonable women scarcely ever get married or settled in life, *i.e.*, that they are ruined for life to please these silly and thoughtless men, whose idea of life is alcohol, tobacco, prostitutes, and what they please to call liberty. Verily, these women are most obstinate. The isolated women who go to the dispensary to be examined, are now more numerous in proportion to those in the houses than formerly; there were 1,935 of such from 1855-60, and in 1869 the number was 2,525. Notwithstanding all the charms of police tyranny, we see the women of Paris don't seem quite to relish being the only ones to suffer from the present chaos of ideas as to social justice, and will not go up for St. Lazare or other rewards of obedience, whilst the noble men who use them are allowed to go about for any number of years and infect them at their own sweet will. Here, again, M. Lecour is aghast, for in 1855 there were 4,277 inscribed prostitutes; whilst in 1869, there were but 3,731. As if all this talk about the rights of men and women were to end in nothing. We should like to know, for instance, whether the nisus generativus is not quite as strong in adult wealthy females as in males, and whether the former have not quite as much right as the latter to ask the State to provide them Tolerated Houses of young and poor males? The French police system has had its day, a cruel and barbarous day it has been; *requiescat in pace!*

The only good thing Lecour has to say of Paris, with regard to prostitution is, that it has 950 beds devoted to the treatment of venereal disease. All honour to that city for this act of humanity and common sense. As yet we are far enough from such a result in this strange land of Puritanism and a thousand contradictions. But we must say that *something* has been done in London of late, and our friend, Mr. Hornibrook, of the Homes of Hope, tells us that sick prostitutes, or males with venereal disease, can now always legally *claim immediate admission* into the Workhouse Infirmaries under Mr. Hardy's Act of 1867. In our provincial cities, alas! sad and solemn asceticism reigns yet supreme, and it is a dangerous thing to be born one of the female sex and poor. May better times be at hand for the unfortunate of that sex ere long.

In this, his last edition, M. Lecour has to narrate how the Parisian "Bureau des Mœurs" got on in the dismal days of the siege and the Commune. About 250 prostitutes were sent off to Rennes and Rouen at the commencement of the siege, and, whereas on the 1st July, 1870, there were about 196,000 occupants of furnished hotels on October 1st, there remained only about 102,361, showing that many prostitutes had (among others), quitted Paris at the "invitation" of the police.

Some of the wonderfully virtuous Parisian males, however, who, doubtless, at ordinary times considered *tolerated houses* quite a respectable thing for themselves or their relations, kept constantly writing anonymous letters to the police during the siege, to suggest that some 86,000 *single women* should be sent out of Paris, at a time when there were it seems 600,000 men under arms, and when the tolerated houses were in such request by the unfortunate males of Paris, that Lecour states that the customers entered them as persons enter theatres in Paris in long rows.

There seems to have been much venereal infection during the siege (who wonders at it after this), and the great M. Nélaton advised razzias being made on the houses in the neighbourhood of the barracks, but there were no beds for the poor diseased women to go to, so that some humane military Frenchman recommended that the sick women should be chased (probably by bayonets), as far as the Prussian lines. The Prussians, it seems, also, established a dispensary at St. Denis, and threatened (in the brutal manner, alas! not rare in Germany to women), that those who did not attend examinations, should be beaten with sticks as in Berlin (vide Lecour).

When the Communists got possession of Paris, we find, as we might have foreseen, that the Bureau des Mœurs was abolished almost entirely. With all its numerous faults, the Commune could not have existed an hour, had it not, to a certain extent, enlisted the sympathies of the generous minded youth of the year 1871. Now, there can be no doubt that, among the democracy and youth of this era, there is a decided tendency towards doing away with unnecessary aristocracy of all sorts, and among others, with unjust privileges of the aristocracy of sex. Accordingly, one of the first decrees of the Commune says, Article 1. "The so-called Tolerated Houses shall immediately be closed throughout the whole of the XIth arondissement and seals appended to the doors."

M. Lecour speaks of the next decree as "full of inflated language and sentiments foreign to the question." In it the delegates of the XIth arondissement say that: "Considering that society is responsible for and a sharer in the disorders engendered by prostitution; that, in fact, want of education and of work, the general cause of the fall of the majority of women, are doubtless to be imputed to a social organisation, which is essentially vicious; that in consequence, the new society, fruit of the communal revolutions, ought to endeavour to heal the wounds caused by monarchical institutions, and considering that the intelligent organisation of labour among women is the sole remedy for prostitution, and that attention is now being paid to this subject. Decree that walking the streets is absolutely forbidden to prostitutes throughout the whole of the XIth arondissement." A committee decreed that the office of the Bureau des Mœurs should be abolished, but this was not done.

M. Lecour mentions that terrible irregularities went on in the prison hospital, St. Lazare, during the reign of the Commune. "The director and his friends turned the place into a kind of casino; the Federal National Guards went about to the tolerated houses, demanded drink, and delivered themselves up to debauchery. The histories of notable women of the demi-monde were abstracted from the Bureau des Mœurs, in order to obtain money by threats of exposure from respectable men who had consorted with them. We learn that M. Clerc and the Medical staff, employed under the police, gave in their resignation to the Commune, and how a set of pretended doctors played at examinations and stole the instruments, until, at length the prostitutes, and others among the insurgents set fire to the hated Prefecture of Police, which, however, immediately revived its dispensary in a building hard by.

M. Lecour finishes his most interesting little work by a history of the English Acts of 1866-69, which he hails with all the enthusiasm of a devotee, when he sees the object of his worship recognised by a neighbour. As, however, the Parisian system, after eighty years of trial, is becoming unworkable, we think it will not be likely that persons speaking the English language will adopt such a trashy system, in an age when the enfranchisement of women is seriously discussed, and their emancipation anticipated by persons of sober minds and scientific knowledge of sociology.

◆

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 14th, 1872.

George Critchett, Esq., Vice-President, in the Chair.

THE SYNOVIAL MEMBRANES IN PYÆMIA.

By Robert Hamilton, F.R.C.S., Liverpool.

After a brief account of the views at present held by the majority of writers on pyæmia as to the origin of the morbid changes found in this disease, the author dwelt upon the fact of the synovial membranes being generally attacked in pyæmia. This circumstance had not hitherto attracted sufficient attention, though it was extremely probable that the first step in those forms of surgical pyæmia commonly met with in hospital practice was to be found there. All the cases occurring at the Liverpool Southern Hospital for the last thirteen years, of which particulars had been kept, had some joint-affection. In some the pathological changes in the joint were slight, in others most extensive. That the disease observable in the joints began in the synovial membrane, was rendered probable from the character of the pain, and from the appearances found after death. The poison of pyæmia, as observed in hospital practice, was *sui generis*. Whether generated in the system from a combination of constitutional and surrounding conditions, or entering as a specific germ through a wound, it had a special affinity for certain structures, and to these it passed at once. The structures were assumed to be the synovial membranes. In what this affinity or attractiveness consisted we were as yet ignorant, and could but illustrate it by what took place in other diseases, such as the cholera poison, and the scarlatinal poison, or the producer of tetanus; whether it were a something evolved within the system, or introduced from without, it went at once to certain nerve-tissues, and in them created changes which set up other morbid action. Many drugs illustrated the same fact. Strychnia when swallowed, or when subcutaneously injected, had but one form of action—it affected nerve tissue only. The strong analogy between pyæmia at the commencement, and acute rheumatism, had often been observed. In both there were the rigors, the fever, the rapid pulse, the profuse sweating; but, above all, there were the pain and swelling of one or more joints. It seemed probable that in both an entity had entered the system whose habitat is the joints. It was not known in what consisted the difference of the two poisons, so that the one as a rule eventuated in recovery, and the other in a train of pathological changes whose termination was death. In both cases the tissue first affected was the synovial membrane. The abnormal action induced in it led to an increased secretion of synovia, probably unaltered in its character and constituents in rheumatism, but abnormal in pyæmia. In the case of the synovial fluids there was in most joints a limit to its quantity; so tightly was the synovial sac compressed by the yielding tissues that an amount of tension quickly ensued, which led to a forced absorption of some of the effused fluid, and then ensued in acute rheumatism, and probably, as a necessary sequence, an extension of the disease to other synovial sacs, and often to the pericardium, a serous membrane, but closely allied in its nature to a synovial membrane. This augmented synovial fluid in rheumatism was bland and innocuous—a mere increase of the natural secretion; but in pyæmia it was in a decomposing state, developing rapidly germs of a lower organisation; and when such a fluid had been absorbed, and in its course reached the minute capillaries of the lungs, some of its morbid cells coagulated the fibrine of the blood there, and became arrested, and thus were formed the nuclei with which the lungs were studded, around which more fibrine was deposited, and the pathological changes followed, as described by Virchow and others. In conclusion, the author stated that in limiting the paper to a consideration of the fact of the synovial membranes being the tissues first affected in many forms of pyæmia, he had not lost sight of the probability of many other phases of pyæmia having their beginnings in one or other of the serous membranes, these two membranes being closely allied in their microscopic characters.

Mr. Hulke said that some consideration would be required before accepting Mr. Hamilton's theory of the origin of pyæmia. When the distension of the joint was sufficient to balance the blood-pressure, there would be a stasis, which would be unfavourable to absorption. He hesitated to accept the author's explanation, because in many cases of pyæmia there was no joint affection whatever.

Mr. John Wood asked how Mr. Hamilton explained the formation of the fluid in the joint in the first place. He could not understand how the parts manufactured the poison; and could not see what connection there was between pyæmia and the structure of the serous and synovial membranes.

Mr. Hamilton, in reply, said that he had seen cases of pyæmia where there was no pus in the joints; but in these the disease originated in the serous membranes.

ON SOME FURTHER ATTEMPTS TO CURE LARGE INTERNAL ANEURISMS.

By William Murray, M.D., Newcastle.

(Communicated by E. Symes Thompson, M.D.)

This was an account of some attempts to cure internal aneurisms by the insertion of foreign bodies with a view to the formation of clots in the interior of the sac. Some of these bodies were introduced and again withdrawn (needles), and their introduction was repeated at intervals with manifest thickening of the aneurismal walls on each occasion; others were of a material the presence of which would be as harmless as possible (carbolised catgut), and they were used because of the hope that their absorption might take place after the work of coagulation was completed. Lastly, wire was tried, as in Mr. Moore's case, and with more favourable results as regarded the preservation of the patient's life, he having laid more than three weeks with twenty-four feet of wire in him. Although none of these efforts were actually successful in curing the patient, they marked out a line of practice which might some day be perfectly safe and successful.

◆

MURIATE OF AMMONIA IN BRONCHITIS, CATARRHAL PNEUMONIA, &c.

In obstinate acute bronchitis after the first intense stage, in catarrhal pneumonia both of children and adults, in bronchorrhœa, and also in ordinary chronic bronchitis, the learned editor of *New Remedies* says he has obtained more apparent good from the use of muriate of ammonia than any other remedy. Of course, other secondary measures are to be vigorously used—counter irritants, poultices, support or diminution of food supply, &c., &c., as the case may call for. The best formula for giving the muriate is as follows:—

Take of ammonia muriat, ʒij.; extr. glycyrrhiz, ʒj.; mucil. acaciæ, aqua, āā f ℥iij. M. S. Tablespoonful for an adult every two hours—teaspoonful for a child a year old, every three hours.

Sometimes, however, the patients object to the mixture of sweet and salt, preferring the following:—

Take of ammonia muriat, ʒij.; aqua, f ℥vi. Dose as before.

Where the cough is very annoying, 1-20th of a grain of sulphate of morphia, or 10 to 15 minims of tincture of hyoscyamus, may be added to each dose.

In bronchorrhœa, the following may at the same time be used by inhalation twice or thrice daily:—

Take of sat. solution of alum, ℥vj.; tr. hyoscyam, ʒss. M.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
" IF PAID IN ADVANCE 1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR. BUTLER, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 5, 1872.

THE LONDON HOSPITAL.

THE recent numbers of this journal have contained editorial remarks upon transactions that have of late occurred at the Orthopædic Hospital, and upon certain dark pages of its early history. In commenting upon these events we have been compelled to bring upon the stage certain members of our Profession, and to prove that the parts they have performed have tended to lower the standard of that high and honourable body to which they belong. As it may be thought by some of our readers that our remarks have been rather personal and severe, and as in the performance of our editorial duties we feel it impossible to omit all notice of another and yet more serious scandal that has recently occurred at one of our metropolitan hospitals, it may not be out of place if we preface our introduction of the second case by a few remarks upon the attitude which a Medical journal is called upon to take upon such occasions. There is no function that the Medical press has to perform that requires to be approached in a spirit of more disinterested firmness than questions appertaining to ethics. Its manifest duty, in the interest of the Profession, whose guide it aspires to be, is to watch with jealousy every departure from a high moral standard. It is especially in the working of our Hospital system that a laxity of tone is liable to occur. When the functions of each authority are properly subordinated to the others, and the lay committee, the Medical staff, and the students each fit into their right place for the benefit of the suffering poor, instruction is diffused, science is promoted, and the benevolent intentions of the founders are carried out, and the result may fairly justify a feeling of pride; but when any of these great institutions are warped from their high function to serve the purpose of individual ambition, or to gratify personal spite or envy, a serious blow is struck at the entire system, and that which in the aggregate is a great national honour is liable to be brought into discredit by the conduct of a few black sheep. The relations that subsist between the different members of a Medical staff to a hospital are so delicate, in regard to each other, to the committee under which they work, the students they instruct, and the inmates to whose diseases they minister, that there is a constant temptation to obtain a little short-lived popularity, or imaginary kudos, or undue promotion at the expense of a colleague, and it is only by the exercise of great self-control and circumspection, and by giving full play to those high and honourable feelings that should be the distinguishing mark and badge of our Profession, that the various elements and diverse talents of which such a body is made up can be brought into harmonious and active operation. It is upon men occupying such responsible posts that the eyes of the Profession generally are fixed; they give the cue, and any shortcomings on their part lower the standard of the entire body. It becomes, therefore, the duty of the Medical journalist to watch with jealous care every sign of departure from a high tone of Medical ethics, and to make a public protest against it. Much as they regret the necessity for canvassing with severity the conduct of individuals, they feel that the evil would be far greater if such departures from high principle and right conduct were allowed to pass unnoticed and uncensured. It is only too evident that there have been serious departures from the rules of professional etiquette in the case of the Orthopædic Hospital; it will, we fear, be found, equally manifest that in the recent events at the London Hospital the laws of Medical ethics have been grossly violated. This latter scandal has been brought so prominently into notice that we feel called upon to make a few observations upon it in our next number.

◆

SURGERY OF THE FRANCO-GERMAN WAR.

II.

Face.—A soldier was wounded by a bullet fired at 600 metres. It struck the face at the union of the left ala of the nose, fractured the upper maxilla and two teeth, injuring at the same time the hard palate, although it did not itself lodge. Inflammation set in, and continued for twelve days, the face being greatly tumefied, but without constitutional disturbance; fragments of the jaw, face, and hard palate were brought away; the reparative process set in; the patient, admitted on 15th October, was discharged on 4th December, the wound healing favourably, and without the employment of any other means than detersive lotions and simple dressing.

A marine received a bullet through the left cheek without fracture; succeeding inflammation and disturbance ran high; the patient was bled to 300 grammes (9 oz.); he was admitted on 19th October, and discharged on 28th November, with the wound healed.

A naval lieutenant was wounded in the left cheek by a fragment of a shell, the wound being slight and only implicating the soft parts. Two days after admission he proceeded to his family, but it was ascertained that some time subsequently he was admitted into the ambulance of the *Théâtre Français*, where he died of pyæmia.

A marine was wounded by a rifle bullet on 21st Dec., the missile causing a *double* comminutive fracture of the lower jaw, at the angles formed by the rami, injuring the tongue in its progress. The mouth was widely open, the saliva issuing from it freely. An apparatus of gutta percha was moulded on under the chin, detersive lotions used, liquid nourishment given; the fragments of the jaw were in adaptation, and he was progressing favourably. On the 15th of January he became attacked with broncho-pneumonia; on the 17th arterial hæmorrhage occurred from the wound in the tongue; absorbents and perchloride of iron were supplied, and the hæmorrhage arrested, but the patient was much debilitated, expectoration was impossible, and he died the same day.

Another marine was wounded almost precisely in a similar manner on the same date, the bullet entering at the left angle of the lower jaw, fracturing it, then passing across through the under portion of the tongue, fracturing the corresponding part on the right side and escaping near the corner of the mouth; great swelling of the tongue succeeded, it protruded from the mouth, and there was a profuse escape of saliva. An apparatus of gutta percha was applied, and kept the fragments in position, detersive gargles were used, liquids given as food; the progress of the case was satisfactory, and on 15th February the patient was discharged to complete his recovery at home.

The Trunk.—15 cases treated, namely, 9 inflicted by bullets, of whom 1 died and 8 recovered; by shell, 5, of whom 1 died and 4 recovered; and by diverse cause, 1, recovery. Arranging as far as practicable the more interesting according to position, they follow thus, namely—

Chest.—A sailor, of the *Claymore*, was wounded on 23rd September, 1870. A bullet entered his chest immediately below the left clavicle at the union of its outer and middle third, and passing through the chest in a downward direction, it lodged under the skin at the spinal edge of the scapula, whence it was afterwards extracted. When admitted, blood was freely expectorated, and escaped by the wound. From the depressed condition in which he was at first, reaction soon set in with acute fever, and at the end of two days suppuration was established in the wound, but after five more the inflammation which implicated the lungs decreased in severity. Early in October the left arm became the seat of acute pain and swelling, the wound in the chest continued to discharge pus freely; cicatrisation advanced slowly, being often interrupted by the escape of foreign matters, such as fragments of hair and linen from the hammocks behind which the man was protected when he received his wound. Until the 11th of that month the frequency of the pulse was 100 to 110, the pains in the arm was intense, the patient was seldom able to sleep. The arm was now placed in a swinging *gouttiere* of wire; some spiculæ of bone were extracted from the posterior wound. From 14th to 20th active hæmorrhage took place from it, the flow being from time to time checked by means of hæmostatics, absorbents, compression, and position. Debility now became very great, and emaciation was extreme; towards the end of November the suppuration decreased in abundance, the pains in the arm became less intense, strength began to return, and the pulse to grow fuller in volume; the arm, although sensitive to the touch, was powerless. It was rolled up in charpie. In December, faradisation applied failed to produce the slightest movement; at the end of that month the pains in the limb had much decreased, the wound in the chest had cicatrised, strength was restored, and slight movement of the fingers was practicable, the respiratory sounds were becoming natural, and the patient was discharged convalescent. The treatment consisted at first of soups, simple dressings to the wound; quinine, aconite and opium internally; bismuth when diarrhœa was present, as it sometimes was; perchloride of iron internally for the hæmorrhage, and latterly food at his desire, tonics, and frictions with oils and chloroform to the affected arm.

Abdomen.—A soldier of infantry of marine was wounded in the abdomen on 15th October, the bullet entering about the middle of the right hypochondrium. On admission there was slight inflammation of the abdomen, the pulse was very rapid, stupor, vomiting, difficulty in voiding urine, and great anxiety. *Traumatic peritonitis* soon set in, with involuntary evacuations, and the patient died on the 21st. The precise tissues injured are not stated. The *treatment* consisted of opium, mercurial frictions, ice, and *collodion riciné* to the abdomen.

A *sergeant* of infantry was wounded on the 15th October by a bullet which struck and broke the crest of the right ilium. He appeared to be progressing favourably till the 25th, when he had an attack of shivering followed by fever; pain and swelling occurred in the corresponding thigh, suppuration of the wound, and tumefaction in the loin, the constitution at the same time suffering severely. On the 22nd December the abscess which had formed in the lumbar region was opened, and 300 grammes of offensive pus evacuated, after which recovery gradually set in, the patient being sent convalescent to his friends on the 16th. The *treatment* consisted in tonics of all kinds given generally, barley water, decoction of quinquina, with a few drops of tincture of iodine, being used as injection to the wound.

Genital Organs.—An officer was wounded by a shell on 4th January, a small fragment striking the glans penis, besides several others which wounded him in the thigh, lodging in the tissues, without injuring the femur. For some days there was great swelling of the genital organs, but it subsided gradually, urine flowed naturally by the canal, and the progress of the injuries in the thigh being also favourable, the patient was discharged convalescent on the 15th of the same month.

Superior Extremity.—Twenty cases, three deaths—all in men wounded by shell.

Shoulder.—A sailor was wounded in two places on 23rd September, one bullet striking him in the right thigh and inflicting a simple wound, which healed in a few days; another upon the right shoulder, entering by the lower edge the acromion process, and being lost in the tissues. The shoulder speedily became greatly swollen and painful. Free incisions were made for the extraction of the missile, but it could not be found. After a few days the inflammatory action subsided, the wounds gradually healed, and on the 30th October the patient was discharged, the bullet unextracted. On the 15th of December he returned to have it withdrawn. It could then be felt under the skin at the inner edge of the scapula, and its presence impeded the movement of the limb. An incision of three or four centimetres in length permitted the extraction of a fragment of what proved to be a *Dreyse* bullet weighing 2 grammes 30 centigrammes. On the 2nd January the patient was discharged well, but the other portion of the bullet still undiscovered.

Notes on Current Topics.

The Postman.

Amongst our friends and acquaintances, to the coming of none do we look more hopefully than to the expected visit of our letter-carriers. Even at times when we momentarily dread the delivery, by our local and adhesive friend, of a missive fraught with news the most frigoric, cheerless, hopeless, and bad, the sound of his foot-tread on our doorstep, and the "What news?" performed by him on our knocker, cast over our senses a hopeful ray. As a rule, our adhesive friends look blithe and merry, are light of foot, and of pleasing manners. A few "surly hounds" may be found amongst them, but they are the universally acknowledged curs of the pack, and are not of it. Yet our adhesive friends have little cause for heartiness of soul in the brilliant prospects the arduous occupations they follow offer to them, either present or prospective. Their wage is small, progresses with a snail-like pace, and culminates in slipshod, and a small pension should life be spared to a useless state of bodily powers for other employment, and no call arise to call for prior dismissal. The hours in which they are daily engaged in connection with their calling are viciously too long, bearing in mind its perambulatory, its zigzag, and up-and-down-doorstep character. Ten or twelve hours daily devoted to the public service by our letter-carriers, crippling the agile, putting old heads on young shoulders, and consigning those of mature and middle ages very frequently to premature graves. These things the public, and we of it, do not hold with; and most earnestly do we ask of the present progressive, highly-intellectual, and common-sense postal Board, on behalf of our adhesive friends, increase of pay, increase of numbers, increase of opportunity for advancement, and decrease in the number of hours for labour. Heart and lung diseases, rheumatism, and premature decay from many causes are not the exception amongst our letter-carriers, and few Medical practitioners in London and its environs but know this fact right well, far better than the Post Office Medical authorities, for obvious reasons. We submit a simple remedy—and a cheap one, after all—to lessen these evils, and to stamp out that growing one, discontent.

The Germans in France.

During the late war it was the cue of some of our contemporaries to extol the conduct of the Germans and turn a deaf ear to all accounts of their cruelties. The special correspondent of the *Times*—a journal of the strongest German bias—has, however, last week furnished the following story of the reprisals taken for a shot by a *franc-tireur* near Mezières. It speaks for itself.

> "The shot did not even take effect, but the bare idea of there being any of the at once despised and dreaded *franc-tireurs* about seems to have worked the Germans up to a pitch of irrational frenzy. They had just been exasperated and alarmed by one of Gambetta's wild proclamations that rather than the war should be discontinued it ought to be carried on with daggers, knives, or whatever weapon first came to hand. They consisted of the Landwehr, a body under less discipline and more prone to panic than regular troops. They had no evidence whatever that the villagers were in any way responsible for the shot, or knew who fired it. They must have been perfectly aware that *franc-tireurs* occasionally lurked near a village without the villagers even suspecting, at any rate for a time, their dangerous vicinity. The *franc-tireurs* had, in fact, sometimes not more occasion to hide themselves from the Germans than from the French, among whom some spy or timid proprietor was always tempted by dread of German reprisals to betray them to the enemy. However, the Landwehr in their furious panic would not or could not believe the protestations of the villagers that they knew not who fired the shot, and they proceeded to take what I presume they considered justifiable reprisals. They tied the Maire, an old man of 79, to a horse, and on its being urged forward he was thrown violently down, dragged along the ground some yards, and received a severe blow from the horse's hoofs on the head. Notwithstanding this, he was tied and soundly beaten with a stick. He was then ordered to point out his house, and told that it would be burnt to the ground if he did not in a quarter of an hour pay them 2,000 francs. He begged for an hour's delay, urging that in less time he could not possibly procure the money, but his request was peremptorily rejected, and at the end of the quarter of an hour the house was fired, and about 10,000f. worth of property destroyed. The priest of the parish, a man of 75, was rolled in the mud and otherwise maltreated, though not severely hurt. The Adjoint was thrown on the ground and received twenty-five blows with a thick rod to "make him tell" who fired the shot. On his then persisting that he could not tell, he was given twenty-five more, condemned to death, and advised to "say his prayers" as his last hour was at hand. After being kept, however, some hours bareheaded in the pelting rain he was allowed to "ransom his life" by paying 1,000f. himself, and raising over 2,000f. among his friends. The village paid altogether for that one shot 8,000f. or nearly £320. While its head men were being thus maltreated, the rest of the men were driven off to the church, even one man sick in bed with small-pox being forced to accompany them; and it is the firm belief of the principal witnesses that many of the women of the village thus left defenceless were insulted, and two of them even violated; but on this point there is no direct evidence, the women themselves refusing to appear before the Judicial Committee officially appointed to inquire into the circumstances."

The Irish School on Tracheotomy and Laryngotomy.

Our columns have lately exemplified the interest felt by Irish surgeons in this subject, and we are not sorry to see that a London contemporary has felt obliged to take notice of it, and in doing so has paid a just tribute to the qualities of the Irish School of Medicine, placing it on a level with the French and English. This is the more satisfactory, as our contemporary, *The Doctor*, is accustomed to assign the major part of its monthly issue to continental medical literature. We had much pleasure in acceding to a polite request for the use of the woodcuts that adorned Dr. Hughes's paper. These, like all other matters, are duly acknowledged, an example we commend to other London papers. This is the estimate formed by *The Doctor* of the Irish School:—

> "The several operations for opening the air-tube have lately been the subject of much discussion. In our February number we mentioned several cases in which the wind-pipe was opened for the removal of foreign bodies, and also analysed some other articles on "Diseases of the Throat." At the same time we spoke of Mr. Prescott Hewitt's lecture on "Bronchotomy," a word intended to include all operations for opening the air-tube. In April we gave a lengthy summary of Professor Wood's lecture on "Tracheotomy," and in other numbers, to say nothing of Croup and Diphtheria, which have often been spoken of, our pages have borne witness to the amount of literature in reference to diseases and injuries of the air-tube. Still we must return to the subject, for it has, during the month, been very fully elucidated by both the French and Irish Schools. Both of these claim an attentive hearing. The latter especially claims our respect in this department of surgery in which the name of the late Professor Porter

stands pre-eminent. It is pleasing to see that his mantle has fallen on worthy shoulders, and that the Irish School well supports the reputation it has so justly obtained. We are led into these remarks by the valuable papers on our subject that have appeared this month in the *Medical Press*—the only paper that gives any information respecting medicine and surgery in Ireland. One is by Professor Stannus Hughes, of the Royal College of Surgeons of Ireland; another by Dr. McDowell, of Mercer's Hospital, and was the occasion of a full discussion at the Surgical Society of Ireland."

Royal Medical and Chirurgical Society.

On the 20th ult., a paper was communicated by Sir W. Gull and Dr. H. G. Sutton on "Chronic Bright's Disease, with contracted Kidney." The authors controverted some of the views of Dr. Johnson, and a discussion took place. The microscopical speciments illustrating the paper will be exhibited at the conversazione of the society on the 7th inst., and probably Dr. Johnson will also exhibit his own specimens on that occasion. Thus there will be much interest in the gathering.

The Effects of Blood-Letting.

The influence of bleeding upon the nourishment of the organism was investigated by Panum ("Experimentelle Untersuchungen über die Veränderungen des Mengen-Verhältn. des Blutes und seiner Bestandth. durch die Inanition." Virch. *Archiv*, Bd. xxix., 1864), and Tolmatshoff ("Medicinisch-Chemische Untersuchungen;" herausgegeben von Hoppe-Seyler, 3 Heft, Berlin, 1868) In later times Bernstein ("Centralbl. f. Med. Wissen., 1867, No. 1) and Nawrotzky ("Ueber den Einfluss des Druckes auf das Centrum der Nervi Vagi." Warschauer *Universitäts-Nachrichten*, 1870) made experiments upon the effect of bleeding upon the heart's beat and the blood pressure. The influence on the lateral pressure was first investigated by Dr. R. Gatzuck and Prof. J. Dogiel, who made some new experiments upon the influence of blood-letting upon the rapidity of the blood stream, upon the lateral pressure, and upon the temperature. These experiments were published in his "Russian Dissertation," and the results have been stated in various journals. The experiments were made upon dogs; the measure of the central blood's rapidity, the central lateral pressure, and the number of the pulsations were measured by Prof. Dogiel's method (*Die Ausmessung der strömenden Blutvolumina; Arbeiten aus der physiol. Anstalt zu Leipzig*, 1867). The apparatus was generally connected with the carotid, and the bleeding was from a vein or artery in the upper or lower extremity. The results were:—

1. Bleeding slows the central rapidity in the blood stream in the carotid and femoral artery.

2. An arterial or venous bleeding from the upper extremity has more influence on the rapidity of the blood current than a similar bleeding from the hind legs.

3. The amount of lessening depends upon the amount of blood drawn.

4. The central lateral pressure sinks under the influence of bleeding, although there are cases where it remains unaltered or even rises. This difference depends as well upon the amount as the rapidity of the bleeding.

F. Nawrotzky observed in his experiments upon rabbits a distinct ascent of the blood pressure through bleeding, and explained it by cerebral anæmia.

I. Narvalichin (*Ueber die Wirkung des Verm. Blutzufl. zum Gehirn*, u. s. w., *Centralbl. f. d. Md. Wissensch.*, 1870, No. 31) witnessed a very marked ascent of blood pressure in the crural artery of a cat, upon pressure on the carotid. He explained this by irritation of the vaso-motor centres, which produced contraction of the capillaries of the body. When Dr. G. made experiments upon dogs, there was distinct rising of the lateral pressure during and after free arterial bleeding; still it was not so great as Nawrotzky saw, was of short duration, and always followed by lessened arterial pressure.

After the bleeding the alterations of the lateral pressure and the rapidity soon subside into the normal state.

6. With the lowering of pressure and rapidity there is commonly an increase in the number of the pulse.

7. In the course of and after the bleeding, one perceives a lowering of the bodily temperature, which in my experiments amounted to 1° to 2° C.

Treatment of Seborrhœa Capitis (Pityriasis Capitis).

Dr. Louis A. Duhring says, in the *Philadelphia Medical Times*, that the first thing to be done in these cases is to remove the masses of desiccated sebum and epidermis. This is accomplished by saturating the hair with olive oil, retaining it on the head over night, and then washing thoroughly with the following: ℞ Saponis viridis, ℥iv.; Alcoholis, f℥ij. Misce. This preparation is known as *spiritus saponis kalinus.*

If the amount of secretion be not great, the use of oil may be dispensed with. The way of applying the preparation is to take a small flannel rag, wring it out in hot water, and pour upon it about a teaspoonful of the spirit, which is to be rubbed into the head, adding a small quantity of warm water from time to time, so as to form a lather. This "shampooing" process to be continued for ten minutes, when the head may be washed with pure water and thoroughly dried.

The application is to be made morning and evening, and may have to be continued for some time. When the scales have been entirely removed, some such mixture as the following oil must be ordered: ℞ Acid. carbolici, ʒss.; ol. ricini, alcoholis, āā f℥ij. Misce. Sig.—Apply after washing.

The object of this application is to relieve the dryness and contraction of the skin and hairs resulting from the use of the spiritus saponis kalinus.

Adulteration of Drugs.

The Committee of the American Pharmaceutical Association on Adulteration and Sophistication have issued a report which reveals on the most unquestionable authority a condition in the pharmaceutical trade of complete commercial demoralisation. They state that—

> "Certain wholesale drug-houses have rooms set apart for the purpose of mixing powders, and they were informed of a regularly organised adulterating department in a house in Cincinnati, with a foreman (no doubt of large experience) to superintend this special branch.
>
> "Spices, on account of their widely extended use, are of all powders most largely adulterated. Woody fibre, 'veritable powder of post,' sawdust, musty ship crackers, are all in demand. A Yankee friend, on paying a visit to

a spice mill recently, heard a suspicious rattling in a tin box close by, and being of an inquisitive turn of mind, seized an opportunity to gratify his ruling passing, and discovered roasted peas being worked up into no doubt *pure* ground pepper.

"The subject of adulteration in assafœtida has been brought prominently forward. An analysis by Prof. Maisch of five samples, showed the presence of 57, 44, 15, 51, and 62 per cent. of impurities; average, 45 per cent. The impurity consisted chiefly of sulphate of lime.

"To show the spirit actuating some in the trade, one of the largest wholesale druggists in the country (on being questioned about this very lot of assafœtida, as he was about negotiating for the purchase), said that 'he did not care if it was all brickbats, if he could make fifteen cents per pound on it.'

"*Attar of Rose.*—A clumsy but frequent adulteration by the wholesale druggist here is to make a mixture of alcohol and castor-oil, half and half; and dilute the attar according to price wanted. This can, of course, be detected by putting a drop on a slip of white bibulous paper, and noticing whether the stain entirely disappears.

"*Burgundy Pitch.*—There is so little of the true in the market that it seems as if the best the pharmacist can do now is to see that he gets a good fictitious article.

"*Barks.* — Samples representing several hundred ceroons have been tested, and found to contain no quinine at all.

"*Cochineal.*—Finely-powdered sulphate of baryta is fixed upon cochineal by some glutinous material.

"*Copaiba.*—Your committee have information that a firm doing business in a town in Indiana make a good-looking fictitious copaiba from castor-oil, rosin, and old copaiba. They ship it to New York, and it is there disposed of.

"*Jalap.*—Dr. Squibb describes a jalap that yielded but 3·3 per cent. of resin, and had every appearance of being soaked in alcohol in Mexico previous to shipment. Such a jalap would make a fine-looking powder, and, no doubt, was made use of in that way. Jalap is so easily assayed that there really seems but little excuse left for the pharmacist. The moral effects of say eight or ten pharmacists rejecting a sample of powdered jalap after carefully assaying it, and throwing it back on the hands of the wholesale dealer, would be much more deeply felt than many notices in an adulteration report."

London Water.

Dr. Bristowe, the Medical officer of health for Camberwell, the examiner in Medicine to the University of London, and the lecturer on pathology at St. Thomas's Hospital, has reported to his vestry on the waters supplied by the Kent, the Southwark and Vauxhall, and the Lambeth water companies. He condemns in very forcible language the sentimentalism of Dr. Frankland, with regard to "*living organisms*" and "*previous sewage contamination.*"

Alcoholism.

In reference to the Bill for the repression of drunkenness, the National Assembly of France has adopted the following articles:—

"Art. 1. There shall be punished with a fine of from one to five francs those who shall be found drunk in streets, roads, squares, cafés, pot-houses, or other public places. The articles 474 and 483 of the Penal Code shall be applicable to persons contravening the indication in the following paragraph.

"Art. 2. (Amendment of M. Bienvenue.) In case of relapse, that is, for the third fact of public drunkenness, if there is another return to it in the 12 months following the second condemnation, the accused shall be brought up before the tribunal of correctional police, and punished with imprisonment for from six days to a month, and fined from 16 to 300 francs. Whoever, having been condemned by the correctional police for drunkenness, within a year shall again have committed the same offence, shall be condemned to the maximum of the penalties indicated in the preceding paragraphs, which may be raised to double.

"Art. 3. All persons who shall have been condemned twice by the correctional police for the fault of manifest drunkenness, conformably to the preceding article, shall be declared by the second judgment incapable of exercising the following rights: 1. Of voting or election; 2. Of eligibility; 3. Of being called or nominated to public functions or to administrative employments, or to exercise these functions or employments; 4. To carry arms for two years from the day when the condemnation shall have been irrevocable.

"Articles 4 and 5 have been sent for discussion, and the Commission continues to hold its sittings."

Republican France is determined to make its citizens virtuous. As Socrates said at his dying hour, the best method of making a State wealthy and powerful is to make its inhabitants virtuous. Alcoholism and tobacco, doubtless, tend to lower public virtue, and hence the Republic sets its face against them.

Vaccination Statistics.

Dr. Ballard, of University College, London, in a recent essay on vaccination, gives the following statistics:—

1. As regards the decreased mortality from small-pox since the introduction of vaccination.

In London, from 1750 to 1800, 9·6 of all deaths were from small-pox. They decreased as follows:—From 1810 to 1820, 4·2 per cent.; 1820 to 1830, 3·2 per cent.; 1830 to 1840, 2·3 per cent.; 1840 to 1850, 1·8 per cent.; 1850 to 1860, 1·2 per cent.

2. As regards the comparative fatality when small-pox attacks those who have been vaccinated and those who have not:—

Place and Time of Observation.	No. of Cases Observed.	Percentage of Cases terminating in Death. Among the Unprotected.	Among Vaccinated.
France, 1818-41 - - -	16,397	16	1
Cant. Vaud., 1825-9 - -	5,838	24	2
Milan, 1830-51 - - -	10,240	38½	71 1-3
Carinthia, 1831-5 - - -	1,626	14½	½
Lower Austria, 1835- -	2,288	26	11½
Bohemia, 1835-55- - -	15,640	30	5
London Small-pox Hospital, 1836-56 - - -	9,000	35	7
Vienna Hospital, 1837-56	6,213	30	5
Wirtemberg (no date given) - - - - -	6,258	39	3½
Malta (no date) - - -	7,570	21	4

3. As regards Vaccination.—In Wirtemberg, in five years, among 84,248 re-vaccinated adults, there were but two cases of small-pox, while among 363,298 having been vaccinated in infancy only, there were 1,058 cases. One successful re-vaccination at or after puberty is all that is required to supplement the infantile vaccination. This is attested by the experience of many physicians, and many statistics too scattered to be quoted here. The cicatrix should be well marked.

4. As regards the Communication of other Diseases by

Vaccination.—Numerous English, French, and German physicians, some of whom have vaccinated over 40,000 children each, testify that they have never known a case of such communication. A few physicians testify to a few isolated cases of the contrary. If they exist, therefore, they must be extremely rare. But there is reason to suppose that in these cases the disease has been communicated otherwise, for certain French and German physicians have tried to communicate syphilis and scrofula in this way, and have failed in every case.

Medicine in Spain.

Some time ago, says the *Siglo Medico*, the English journal, the *Lancet*, spoke with great contempt of our Spanish medicine. The Medical Press in reply, spoke of the way in which the *Pabellon Medico* and other papers had raised the tone of the Profession in Spain. To show that the truth lies not with the *Lancet*, a quotation is given from a German, Dr. Ullersberger, who says (*Aert. Intelligenz Bl.*) "Although the schools of Spain are not in the highest state of perfection, they possess, without doubt, treasures very considerable, as in their amphitheatres, for the study of the human organisation; their anatomical museums and pathological collections; their laboratories of physics and chemistry, and cabinets of natural history, which afford the principal remedies in therapeutics; large hospitals too; books always open to Medical observation, fountains not yet closed by envious schools; places in short, where the effects of new remedies are submitted to the touchstone of experience. At this time, indeed, in view of the German school which shines by its microscopical investigations and organo-chemical investigations, of that of Paris, which is distinguished in the field of anatomy and physiological experiment; of that of Montpellier, the preserver of the spirit of the Hippocratic doctrine; of the Italian, which collects the fruits of its galvano-electric discoveries; of the English, which is distinguished by its profound practicality; and, finally before the American, which is supreme in its heroic surgery, the Spanish school remains true to a moderate Hippocratism; and is always disposed to make the tendencies of the traditional school symmetrical with those newly won."

The names of Dr. Nieto, Dr. Pedro Mata, Dr. Gallego, Dr. Trullas, and Dr. Vazquez, are spoken of as entitled to great respect. Also Drs. Rubio, Sauchez, Palacios, Moreno, Ibanez, Calmarza, Peset, and Higineo del Campo, Molina, Blanco, and of the oculists, Carvera, Delgado Hugo, and Romero, are mentioned as worthy of note. Well then, let us hope that medicine may tend to regenerate Spain, and to add another nation to the list of those pressing onwards in the race towards human virtue and happiness.

Statistics of Phthisis Pulmonalis.

Dr. Poulet (*La France Médicale*, May 18) examines the question of whether phthisis is contagious from the husband to the wife, &c. He is a country doctor at Plancher-les-Mines in France. After citing ten cases in which conception took place before a husband died of consumption, he shows that only twice were the widows attacked by consumption, one thirteen years later, the other, four years after, which precludes the idea that they were affected by the husbands. His statistics have not furnished any result favouring this idea of contagion, "for we have seen that, even in women who have conceived during the course of the phthisis of their husbands, the proportion of widows become phthisical is not higher than that of the deaths from phthisis in the female sex in general. Whereas, if infection by the product of conception were a truth, it ought to be, as we may say, certain to occur." In large towns like Paris, the deaths from phthisis are, in general, twice; and in the case of women, thrice as great as at Plancher-les-Mines (at Paris, of 100 deaths, in general there are 13·4 of women from consumption; at Plancher-les-Mines only 4·8). Dr. Poulet's experience does not then permit him to admit the contagiosity of tuberculosis. More of the physicians of towns than of country parts, are disposed to be contagionists. Facts the most patent and irrefutable, have forced him to recognise the contagion of cholera, and that of typhoid fever. If he rejects the transmissibility of phthisis, it is because nothing before him appears to authorise such a hypothesis.

Drunkards made to Sweep the Streets.

Under the heading "Hacen Muy bien," or "Well done," the *Progreso Medico* tells us (1st May) that in Russia, persons found drunk in the public streets, of whatever social position, are punished on the following day by being made street-sweepers during the whole of the working day. Strangers are not excepted from this law.

The Erbwurst.

Dr. C. Maury (*Repertoire de Pharmacie*) tells us that the *erbwurst* so famous in the late war, is constituted from pea flour, with which is associated meat or pork fat; the whole is strongly condensed, and contained in an external envelope, under the form of the ordinary sausage of the shops. There are two qualities; the one is finer for the officers, the other coarser destined for the common soldier. The two varieties only differ in some details of preparation. The first, enveloped in a leaf of tinfoil, presents a more intimate mixture of the constituent principles; we cannot perceive in the midst of the mass, the pieces of meat and lard. These are, on the contrary, more apparent in the quality destined for the soldiers, and this latter is enclosed in a parchment envelope. Beyond this difference, which is entirely external, the composition of the two varieties is sensibly the same as their analysis proves. We cannot give any details as to the preparation. Fabricated at the royal manufactory of Berlin, which furnishes all the alimentay conserve used by the army, the method of fabrication has been carefully hidden. M. Lavirrière, in the note which he has just presented on this subject to the Society of Agriculture, gives some information which he has been able to procure. The peas, he says, are firstly stripped of their epidermic follicle. Before being crushing by machinery, the meat is freed from all the tissues, and all those which surround the muscular fibres. Thus purified and cooked, this meat is introduced along with the pea flour into a rotatory apparatus when mixture takes places. We are inclined to believe that it is in the form of pea soup already cooked and then strongly dried, that the peas are mingled with the meat and the lard. The prompt preparation of soup, with the *erbwurst*, shows that all the substances composing it are already cooked. It does not require more than eight or ten minutes to prepare, with this pea sausage, an excellent and very nutritious soup. A certain quantity of water is heated; and when boiling, the sausage is merely rubbed down on a grater above the pot, the mixture is allowed to boil a few seconds and the soup is ready. Its taste is very agreeable. There are plenty of condiments in the sausage. Each sausage weighs a pound; and soldiers receive one to every three men for each meal. It is preserved well in all temperatures. The *erbwurst* has completely dethroned Liebig's extract of meat, which is not at all nutritive.

Belgian Pharmacopœia.

By a Decree of the King of the Belgians, dated 27th February, a Commission has been instituted of professors of the Medical sciences to revise the official code of that country, and the Drs. Crocq, Chandelon, Depaise, Gille, and Lesebre, have been named as members of the committee.

Bread.

In the *Restaur. Farm.*, which would be a credit to Spain, if it were printed on rather better paper, there is an excellent paper (April 21) by D. Casemero Losarcos, Licentiado en Farmacia, on "The Adulterations of Bread and Milk." It gives us great pleasure to see that some persons in Spain are devoted to the useful and beneficent acts of medicine and pharmacy, to counteract the eternal political unruliness of that strange land.

Workers in Cigar Manufactories.

Dr. Kostral, physician to the Royal Factor of Tobacco of Iglan (*Ann. d'Hyg.*, pub. 1871, and *La Salute*, April, 14), has brought before the Medical Society of Vienna his statistics with regard to workers in the factory. There are 1,942 of them from 13 to 56 years of age. They are examined when they enter, and only taken if likely to live in the factory for 20 years. The workshops are well arranged, but generally the workpeople are ill-lodged and nourished. During their 10 hours of work the operators are exposed to an atmosphere charged with a dust of tobacco and the vapour of nicotine, this is especially hurtful to young workpeople recently entered, or to those lately confined or sick. The greater part of the deaths among the children and the work girls in the first month is attributable to poisoning from nicotine. Of 100 young boys from 12 to 16 recently entering the works 72 became ill within the first six months. The sickness lasted from 2 to 28 days, and consisted especially in cerebral congestion, diverse neuroses, pericardial pains, palpitations, anæmic phenomena, inflammation of the stomach, intestines, conjunctiva, general weariness, fever, cold sweats, insomnia, and anorexia. In some cases nicotine was detected in the urine.

Some kinds of tobacco, rich in nicotine, are especially hurtful, such as Havannah or Hungerian. Some of the symptoms may be caused from overcrowding of the workrooms, others are clearly due to poisoning by nicotine. Ulcers on the limbs favour such poisonings. Old workers have a yellowish hue and white gums, with the colouration of the tongue, described by Erlenmeyer as peculiar to smokers. A kind of palsy of the hand similar to that of Scriveners' is noticed among the cigar-rollers. There is anæsthesia of the fingers. The workgirls often have perturbations in their menstruation and are easily made chlorotic. Among the nurses there is often noticed inflammation of the mammary glands, the milk has a most marked odour of tobacco, although nicotine has not been chemically proved to exist in it. Abortions are frequently noticed. Of 506 births which took place in three years, Dr. Kostral found 221 boys and 236 girls, of whom 11 were born dead, 5 were twins; 206 children had died, of whom 101 cases died of brain disease with convulsions; 9 were cases of meningitis, 3 of hydrocephalus; 110 died in the first 3 months, 160 in the first 6, 181 in the first year. The major part of these deaths took place from two to four months, at the time when their mothers began again to work and gave their infants a milk impregnated with nicotine. These are grave accusations for smokers and those who love tobacco to hear. They are not the last.

Estimation of Fat in Milk.

A. Schukoffsky mixes 20 cc. milk, 20 cc. ether, and 30 strong alcohol, and sets the mixture aside for twenty-four hours; milk sugar crystallises out and casein is precipitated in flocks, and may be readily washed in a filter with ether and water.

Royal College of Surgeons of England.

A special meeting of the Council of the College of Surgeons was held last week to take into consideration the recommendations of the Conjoint Committee of the Royal College of Physicians of London and the Royal College of Surgeons of England, on the mode of carrying out the scheme for a Conjoint Examining Board for England. This scheme embraces four distinct heads—viz.: 1. The Committee of Reference. 2. The Board of Examiners. 3. The subjects of Study. 4. The Examinations.

Lady Doctors.

Mr. Walter Thomson, of Shahadab, has forwarded to the "Committee for Securing a Complete Medical Education to Women" the sum of £100 in aid of the funds of the Committee, and as a protest against the conduct of "some of the professors and students of the Edinburgh University." The Mahometan Nawab of Rampoor presented to the Bareilly mission a large building for the female Medical students.

Union Officers' (Ireland) Superannuation.

The Bill brought in by the Marquis of Hartington and the Attorney-General for Ireland to amend the Act providing superannuation allowances to officers of unions in Ireland, has just been issued. It sets forth that "Whereas it is expedient that the Act of the twenty-eighth year of the reign of her present Majesty, chapter twenty-six, providing superannuation for officers of unions in Ireland, should be amended: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—This Act and the recited Act may be cited together for all purposes as 'The Union Officers' (Ireland) Superannuation Acts 1866 and 1872." The superintendent registrar of births, deaths, and marriages appointed in any union in Ireland shall be deemed an officer within the operation of the recited Act, and in computing the salary of any officer of a union under the recited Act, and this Act, the amount of the emoluments of his office on the average of the three years concluded in the last preceding quarter may be taken into calculation by the guardians and charged upon the rates of the union at large."

This measure, insignificant as it looks, bears within it a very gross injustice to the Poor-law Medical officers of Ireland, and one which must be set right if the influence of the Profession can avail. The Bill, as will be observed, extends to the superintendent registrars—who are, as a rule, the clerks of unions—the benefits of superannuation. So far so good. But it also decrees that "the emoluments of his office on an average of three years, may be taken into calculation." In other words, the superannuation is to be assessed, not, as at present, by a percentage on the salary, but by a percentage on all fees and emoluments in addition. This is quite as it should be, for the intention of Parliament is obviously that a retiring officer should receive a fair proportion of his gross income. But this Bill is framed so as totally to exclude Medical officers from the benefit of this act of justice. It says, "This Act and the recited Act (28 Vic., cap. 26) will be cited together as the Union Officers' Superannuation Act;" and as no mention whatever is made of the Medical Officers' Superannuation Act it is plain that the provisions of the Bill will not include it. We believe that this view of the Bill is a perfectly sound one; and as it appears plain that the Poor-law Medical officers have been intentionally excluded from the benefit of its principle, it behoves them to take active and immediate steps to remedy the omission or defeat the Bill.

Qualification of Surgeons for Irish County Infirmaries.

A MEETING of the Governors of County Kerry Infirmary was held last week, when after some conversation the following resolution was unanimously adopted:—"Whereas at a meeting of the Governors of the county infirmary, held on 28th July, Dr. Alton was elected surgeon thereto by the casting vote of the chairman of the meeting, Dr. Lawlor being in a majority over Dr. Fitzmaurice, the other candidate at said election, and it appearing by the decision of the Court of Queen's Bench, on the motion of William Hillard Lawlor, Esq., surgeon and M.D., that such vote of the chairman was illegal and *ultra vires*, and it also appearing by the decision of the Court of Queen's Bench that Dr. Alton did not possess 'letters testimonial' qualifying him to be surgeon of the County of Kerry Infirmary, and the Court having intimated that William Hillard Lawlor, Esq., surgeon and M.D., was duly qualified in that behalf and ought to have been elected: Resolved—"That we, the Governors of the county infirmary, request our secretary to place on our minutes the orders of the Court of Queen's Bench referring to the order of the Court, and we request William Hillard Lawlor, Esq., surgeon and M.D., to take charge of this institution as surgeon thereof."

The Army Medical Department.

INSPECTOR-GENERAL of Army Hospitals R. Lawson is about to retire from the service, and the *United Service Gazette* understands that the succession is to be determined, as it very rightly ought always to be for the highest ranks in the department, by selection, tempered, of course, by seniority when claims are irresistible. The names of Messrs. O'Flaherty, Innes, and Longmore are positively mentioned for promotion.

The Anti-Tobacco Society.

AN annual meeting of the British Anti-Tobacco Society was held recently at Exeter Hall. Dr. Ellis occupied the Chair. The Secretary, Mr. Reynolds, read the Report for the year 1871, which showed that the Society was nearly solvent, and mentioned that the question was being taken up by Medical men in America, Germany, France, and elsewhere. Dr. Ellis spoke of the evil effects on the health of smoking in early youth, and said that the habit often led to idleness and many other misfortunes. Dr. C. R. Drysdale corroborated the statement that the effects of tobacco were now being very seriously investigated in France, in Italy, in Germany, and in the United States of America. The two great evils of modern civilisation, as compared with that of Greece and Rome, consisted in the fact that the distillation of spirits from wine was a discovery of the Arabians in the early centuries, and that tobacco was introduced into Europe by the followers of Columbus about the beginning of the sixteenth century (1525). Spirit-drinking was so much more deadly than smoking, that the efforts of physicians had hitherto been confined to pointing out the terrible diseases caused by alcohol; but the diseases caused by smoking were no less palpable to any person with ordinary powers of observation and of clinical or hospital experience. To sum up, he knew of no more common cause of chronic disease in males than smoking was. It injured the teeth, congested the fauces, disposed to great suffering from dyspepsia, constipation, or diarrhœa, led to great nervous prostration, to amaurosis in some cases, to palsy in others, and, as German authorities said, to insanity in many instances, associated with general paralysis. It was injurious to the health of future generations, and a cause of great loss of work to the countries which most favoured its use. He did hope that when women got the franchise they desired, they might show a better use of their newly-acquired liberties than to imitate men in such unhygienic habits. After speeches by Mr. Wheeler and Dr. Wainewright, two ladies addressed the meeting against tobacco. The first of these, Miss Vickery, was, it seems, a student of medicine. That lady observed that from all the evidence she could collect from Medical works, there seemed to her no clear reason why she, as a student of materia medica and therapeutics, should advise any member of her own sex to use tobacco, either as a medicine or as a daily article of stimulation. It appeared to her that tobacco was not useful as a remedy in any disease, except, perhaps, in asthma; but here, again, stramonium was much preferable. She could not but look upon tobacco as a hurtful and useless article of consumption, and from all the evidence laid before them by Medical observers, she was inclined to say that it should be abandoned by all sensible persons who valued their health of body and intellect.

THE Baroness Bainy has bequeathed the whole of her fortune to the hospitals of Paris.

The Infant Life Protection Bill has become law.

The Sanitary Committee of Bradford have resolved to reorganise the sanitary staff of the town.

Mr. R. Sleman, near Tavistock, Devon, is a candidate for the vacant appointment of coroner of his district.

A Wingfield Convalescent Home is to be built near Oxford in connexion with the Radcliffe Infirmary.

The Public Health (Scotland) Bill has passed the third reading in the House of Commons.

The deaths in the Metropolitan district last week were 1,205, being 200 below the average of the last 10 years.

At the dinner in aid of the funds of the Metropolitan Free Hospital the subscriptions amounting to nearly £5,000 were announced.

Dr. Bence Jones, in consequence of ill-health, has resigned his seat in the Council of the Royal College of Physicians of London.

Dr. William Rutherford, F.R.S., has been appointed Fullerian Professor of Physiology to the Royal Institution of Great Britain.

The report that scarlatina is epidemic in Cashel Barracks is untrue; one soldier died on the 15th of May, but no other case has since occurred.

The Health Committee of Liverpool have resolved to consider and frame amendments in the Public Health Bill.

By the will of the late Mr. Harris, of Longwood, Yorks, Bradford Fever Hospital receives a legacy of £500, and the Leeds Infirmary £100.

The Dutch Society of Science in Haarlem has awarded the great gold Boerhaave Medal to Mr. H. C. Sorby, F.R.S., and elected him a foreign member.

Smallpox has broken out at Leicester with considerable severity. About five hundred cases are under treatment, and the deaths number twelve weekly.

The *Boston Medical and Surgical Journal* announces that Dr. Brown-Séquard will return to Boston in September, and deliver his course of lectures at the Medical School.

The Lectures for the present year at the Royal College of Surgeons of England were resumed on Monday by Professor Timothy Holmes, F.R.C.S., who commenced on that day six lectures on "The Surgical Treatment of Aneurism in its various Forms." Dr. G. M. Humphry, F.R.S., Professor of Anatomy in the University of Cambridge, will also deliver, on the 17th, 19th, and 21st of June next, three lectures on "Human Myology."

Dr. J. M. DaCosta has been elected to the Chair of Theory and Practice of Medicine in Jefferson Medical College, Philadelphia, in place of Prof. Samuel H. Dickson, deceased.

Measures are being taken to establish a special hospital for diseases of women in Vienna. Twelve thousand florins have already been subscribed, and a suitable building has been secured.

An official report on the neglect of the vestry of Horsford, near Leeds, to provide sewers, has been made by Mr. Morgan, Inspector of the Local Government Board. Mr. Morgan reports that the default of the vestry has been fully proved.

ELECTION OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Fellows assembled on Monday to elect the President, Vice President and Council. 109 Fellows voted, and the following gentlemen were elected:—

President:—Frederick Kirkpatrick.

Vice-President:—John Denham.

Secretary to the College:—William Colles.

Council.

William Hargrave.
Robert Adams.
William Colles.
Hans Irvine.
Rawdon Macnamara.
James H. Wharton.
George H. Porter.
Hamilton Labatt.
Benjamin M'Dowel.
Edward Ledwich.
William Jameson.
Alexander Carte.
George W. Hatchell.
Albert J. Walsh.
Richard G. H. Butcher.
William A. Elliott.
John Morgan.
Edward Hamilton.
Robert McDonnell.
George H. Kidd.
Philip Crampton Smyly.

It will be perceived that Dr. Kidd, Mr. Butcher, and Mr. Smyly obtained seats on the Council instead of Drs. Jameson and Labatt, and in place of Dr. Jacob, who had resigned in order that he might be entitled to compete for the recently established Professorship of Ophthalmic and Aural Surgery.

ANNUAL MEETING OF THE IRISH MEDICAL ASSOCIATION.

The meeting of the Association on Monday last was a very successful one, and the occasion brought together the leading practitioners from the Irish provinces. The Chairman of Council, Dr. Smith, of Rathdowney, entertained at breakfast the members of the Association who had notified their intention of being present at the meeting, and received among his guests the President and Vice-President of the Royal College of Surgeons, and most of the leading members of the Profession in the Metropolis.

The meeting of the day was held at 12 o'clock at the Royal College of Surgeons. The chair was occupied by Dr. Evory Kennedy, the President, who opened the proceedings with an address. Dr. Quinan, the hon. secretary, then read the report, which we publish *in extenso* in the Irish Medical Journal. Dr. Smith, of Rathdowney, proposed the adoption, which was seconded by Dr. Hynes, of Kinvara. In the course of the meeting resolutions were adopted on the subjects of interest to the Profession.

The late hour at which the proceedings terminated compels us to withhold the report until our next issue.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By HANDSEL GRIFFITHS, Ph.D., LRCP., LRCSE.,
Assistant Librarian, Royal College of Surgeons in Ireland.

CATAPLASMATA (POULTICES).

These are:—

1. **Cataplasma Carbonis.**
2. **Cataplasma Conii.**
3. **Cataplasma Fermenti.**
4. **Cataplasma Lini.**
5. **Cataplasma Sinapis.**
6. **Cataplasma Sodæ Chloratæ.**

A poultice consists of three parts namely, the "liquor" (the fluid part), the "corpus" (the basis or bulk of the poultice), and the accessorium" the active medicinal ingredient). In the following table of the cataplasms the substances which constitute these parts respectively will be seen:—

	"Liquor."	"Corpus."	"Accessorium."	Directions for Preparation.
Cataplasma Fermenti.	Water at 100° F. (6 ounces).	Flour (14 ounces).	Beer Yeast (6 ounces).	Mix the yeast with the water, and stir in the flour. Place the mass near the fire till it rises.
Cataplasma Carbonis.	Boiling water (10 ounces).	Bread (2 ounces). Linseed Meal (1½ ounce).	Wood Charcoal (½ ounce).	Soak the bread in the water near the fire, and, while stirring, add the linseed meal and then half the charcoal. Sprinkle the remainder of the charcoal over the surface.
Cataplasma Conii.	Boiling water (10 ounces).	Linseed Meal (3 ounces).	Powdered Hemlock leaf. (1 ounce).	Mix the hemlock and linseed meal and add them to the water, constantly stirring.
Cataplasma Sinapis.	Boiling water (10 ounces).	Linseed Meal (2½ ounces).	Mustard (2½ ounces).	Mix the linseed meal gradually with water and add the remaining ingredient, constantly stirring.
Cataplasma Lini.	Boiling water (10 ounces).	Linseed Meal (4 ounces). Olive Oil (½ ounce).		
Cataplasma Sodæ Chloratæ.	Boiling water (8 ounces).	Linseed Meal (4 ounces).	Solution of Chlorinated Soda (2 ounces).	

On reference to the above table it will be noticed that in every case, except in *C. Fermenti*, *boiling* water is the "liquor" used. If water at a higer temperature than 100° were employed in the preparation of *C. Fermenti* the catalytic process which takes place would be materially interfered with. It will also be seen that, except in *C. Fermenti* and *C. Sodæ Chloratæ*, the quantity of water used is 10 ounces.

The "Corpus" in the case of *C. Fermenti* is flour; in *C. Carbonis* it is bread and linseed meal; and in every other case it is linseed meal only. In *C. Lini* olive oil is used to replace the natural oil which is lost in the preparation of the meal.

The following are the strengths of the Cataplasms:—

C. Fermenti, 1 in 4½.
C. Sinapis, 1 in 6.
C. Lini, 1 in 3½.
C. Sodæ Chloratæ, 1 in 7.
C. Conii, 1 in 14.
C. Carbonis, 1 in 28.

It will be observed that the strength of each of the last three poultices is half that of the preceding one.

CONFECTIONES (CONFECTIONS).

There are eight of these in the Pharmacopœia,—*viz.*—

1. **Confectio Opii.**
2. **Confectio Piperis.**
3. **Confectio Rosæ Caninæ.**
4. **Confectio Rosæ Gallicæ.**
5. **Confectio Scammonii.**
6. **Confectio Sennæ.**
7. **Confectio Sulphuris.**
8. **Confectio Terebinthinæ.**

Confections are preparations of the consistence of a soft solid in which medicinal substances are incorporated with saccharine matter with a view either to their preservation or more convenient administration.

The ingredients, strength, and directions for preparation of the officinal confections are here tabulated—

	Ingredients.		Strength.	Directions for Preparation.
Confectio Opii.	Compound Powder of Opium Syrup	192 grains 1 ounce	1 (of compound powder of Opium) in 40	Mix.
Confectio Piperis.	Powdered Black Pepper Powdered Carraway Clarified Honey	3 ounces 3 ounces 15 ounces	1 in 10	Triturate well together in a mortar.
Confectio Rosæ Caninæ.	Hips (deprived of seeds) Refined Sugar	1 pound 2 pounds	1 in 3	Beat the hips to a pulp in a stone mortar, rub the pulp through a sieve, add the sugar, and rub well together.
Confectio Rosæ Gallicæ.	Red Rose Petals (fresh) Refined Sugar	1 pound 3 pounds	1 in 4	Beat the petals to a pulp in a stone mortar, add the sugar, and rub well together.
Confectio Sulphuris.	Sublimed Sulphur Acid Tartrate of Potash Syrup of Orange Peel	4 ounces 1 ounce 4 ounces	1 in 2¼	Triturate well together in a mortar.
Confectio Scammonii.	Powdered Scammony Powdered Ginger Oil of Carraway Oil of Cloves Syrup Clarified Honey	3 ounces 1½ ounce 1 drachm ½ drachm 3 ounces 1½ ounce	1 in 3	Rub the powders with the syrup and honey, add the oils, and mix.
Confectio Sennæ.	Powdered Senna Powdered Coriander Figs Prunes Tamarind Cassia Pulp Extract of Liquorice Refined Sugar Distilled Water	7 ounces 3 ounces 12 ounces 6 ounces 9 ounces 9 ounces 3½ ounce 30 ounces 24 ounces	1 in 11 nearly	Boil the figs and the prunes gently for four hours with 24 ounces of water, add the tamarinds and cassia pulp; digest for two hours, and press the pulp through a hair sieve; dissolve the sugar and liquorice in the pulped product by a gentle heat, and add the senna and coriander. The result should weigh 75 ounces.
Confectio Terebinthinæ.	Oil of Turpentine Powdered Liquorice Root Clarified Honey	1 ounce 1 ounce 2 ounces	1 in 4	Rub the oil of turpentine with the liquorice root, add the honey, and mix.

Confectio Piperis is intended as a substitute for "Wards Paste." *Confectio Rosæ Caninæ* enters into the composition of Pilula Quiniæ, and *Confectio Rosæ Gallicæ* into that of the following pill-masses:—Aloes Barbadensis, Aloes Socotrinæ, Aloes et Assafœtidæ, Aloes et Ferri, Aloes et Myrrhæ, Ferri Carbonatis, Hydragyri, and Plumbi cum Opio.

Medical News.

Hospital for Consumption and Diseases of the Chest Brompton.—The annual court of the governors of this charity was held in the board-room of the hospital on Thursday, the Earl of Derby, president of the corporation, in the chair, supported by the Duke of Norfolk. After the usual preliminary business the Thirty-first Annual Report of the Committee of Management was read by the secretary. The report stated that 1,153 in-patients had been treated in 1871, of whom 858 were discharged, many greatly benefited, 93 had died, and 202 remained in the hospital on the 31st December. The mortality during the past year had diminished 43 per cent., compared with that in 1870; this result was doubtless due to the present system of making a more careful selection of cases, so as to admit as in-patients only those likely to derive benefit from treatment in the hospital. 11,725 new out-patients had been treated and supplied with medicines, and the books recorded no less than 68,922 actual attendances in this department. The income had been £21,860 17s. 8d.; expenditure, £14,030. Bequests to the amount of between £10,000 and £11,000 were announced. Special reference was made to the large interest which the hospital acquired under the will of the late Miss Cordelia A. Read—a lady well known in Stamford Street, Blackfriars, and for many years a subscriber to this charity—who had bequeathed to it all her property that it could legally take by will. This was confined to personalty only; as to her leasehold and freehold property, which was of considerable value, Miss Read had died intestate, and it passed accordingly to her heir-at-law and other distant connections. Under this will, now in course of being administered, the committee had every reason to believe that the amount coming to the hospital would fall little short of £100,000. A donation of £1,000 had been received, under the initials "C.N.D.," being the third of a like amount from an anonymous benefactor, to whom the committee could only offer thus indirectly their acknowledgments. The report was adopted on the motion of the Earl of Derby, the committee of management, and the auditors for the ensuing year were appointed; and his Grace the Duke of Norfolk was elected a vice-president of the corporation. The proceedings were closed by a cordial vote of thanks to the noble chairman.

University of Glasgow.—The following gentlemen have had degrees in Medicine and Surgery conferred upon them during the Session 1871-1872 :—*Doctors of Medicine and Masters in Surgery.*—James Caithness, Scotland ; John P. Macintyre, West Indies. *Doctors of Medicine.*—John H. Arbuckle, Scotland ; Hugh Arthur, Scotland ; Samuel Biggart, Ireland ; John Booth, England ; John E. Brodie, Scotland ; Murdoch Cameron, Scotland ; Neil Carmichael, Scotland ; William Crawford, Scotland ; Girdharlal Ratanlal Daphtary, India ; William Dougan, Scotland ; Frederick B. Fisher, England ; Robert Forsyth, Scotland ; William W. Fulton, Ireland ; James Galloway, Scotland ; John Gardner, Scotland ; James St. Clair Gray, Scotland ; Robert Hamilton, Scotland ; James P. Heeney, Ireland ; John Percival Hunt, England ; W. Goodfellow Laidlaw, Scotland ; John Lonie, Scotland ; Thomas Lyle, Ireland ; James M'Connochie, Ireland ; Alex. Wm. M'Farlane, England ; William M'Lachlan, Scotland ; Robert Ayre Smith, England ; Peter Stewart, Scotland ; Robert D. Taylor, Scotland ; Archibald Templeton, Scotland ; William Wyllie, Scotland. *Bachelors of Medicine and Masters in Surgery.*—John Adams, Scotland ; William S. Anderson, Scotland ; Thomas Arthur, Scotland ; John Banks, Scotland ; George Calderwood, Scotland ; Edward E. Campbell, Scotland ; John Caskie, Scotland ; James Cathcart, Ireland ; William Clark, Scotland ; William Clements, Ireland ; John Craig, Scotland ; James Diamond, Scotland ; Henry H. Dunbar, Scotland ; Samson Gemmell, Scotland ; William Haldane, Scotland ; John W. Herd, Scotland ; John Josiah Jones, Wales ; James Kennedy, Ireland ; David N. Knox, Scotland ; Thomas M'C. Lees, Scotland ; William Leith, Scotland ; John C. Maddever, Scotland ; John Miller, Scotland ; Andrew Black Morrison, Scotland ; Robert Murdoch, Scotland ; Charles MacBride, Scotland ; John D. Macdonald, Scotland ; Thomas Scotland, Scotland ; Peter Stewart, Scotland ; John Strang, Scotland ; Robert Turner, Scotland ; David Young, Scotland. *Bachelors of Medicine.*—Zalnoor Allee Ahmed, Assam ; William B. Allin, England ; James C. Burnett, England ; William L. Cunningham, England ; William J. Fleming, Scotland ; David G. Kennedy, Ireland ; George Ronald, Scotland ; Christopher Strang, Scotland. *Masters in Surgery.*—William Gardiner, England ; William Marshall, Scotland ; Peter H. M'Kellar, Scotland ; John Harris Ross, England.

The Medical Club.—The opening house dinner of this season was held at the Club on Tuesday, May 28th, on which occasion the chair was occupied by J. Brady, Esq., M.P., and a very agreeable evening was the result. Amongst the company present were the Right Hon. the Lord Chief Baron, the Hon. Smee Ayrton, M.P., Mr. Roger Eykyn, M.P., Mr. Maguire, M.P., Mr. Mitchell Henry, M.P., Sir Charles Locock, Sir William Fergusson, Mr. Edward Cock, Mr. Erasmus Wilson, Mr. Teevan, &c., &c. On Thursday, the 3rd instant, an extraordinary general meeting was held at the Club, to take into consideration and decide upon the course to be adopted in consequence of the retirement of the present hon. secretary, Dr. Lory Marsh. There was a large attendance of members. A letter was read to the meeting from Captain Valpy, a member, offering to "purchase the Club," and requesting to be proposed as the future proprietor. It was ultimately unanimously resolved that the Club should be continued on the proprietary principle.

The Sea-side.—Among the loungers at the sea-side there is a broad distinction to be drawn between those who are taking whole holidays and those who are only taking half-holidays. Those who mix up pleasure with their work have to mix up work with their pleasure. If business, books, and papers are not absent from their minds, they only catch fearful, because fugitive joys. To many what sensations of delight and unalloyed pleasure are recalled by the words—"at Ilfracombe." There still remain the reinvigorated constitution, and many happy memories of freshening breezes, dashing seas, and a rock-bound coast. In the great palace by the shore there one meets with what is so much wanted at the sea-side—cheerful society. You hear all that is going on, the various places to pic-nic, boat, ride, drive, or walk along the picturesque shore. There is a reading-room for the politically inclined, billiards for those whose legs are not tired after the day's excursion, a noble salle-a-manger in which appetites may be appeased, and a delightful drawing-room, with the charms of conversation and music, varied with an occasional dance. In fine, a visitor to the Ilfracombe Hotel will have many a souvenir on which to dwell with grateful and pleasing remembrance.—*Post*, May 29th.—[*Advt.*]

Gleanings.

Revaccination.

Dr. O. H. Battson, of Claremont, Ill., in a history of an epidemic of small-pox in that section (*Med. and Surg. Reporter*) gives the following instructive case of Dr. Lowry, who, "Fearing that he might carry the contagion to his wife and child, remained most of his time in the infected neighbourhood. I found the doctor in the same room with one of his patients, four others being in the rooms below. With the help of an attentive and experienced nurse, I treated him through as grave confluent variola as I remember to have ever seen. It is worth while to mention the doctor's case, for he had repeatedly tested his insusceptibility to the vaccine disease in his childhood, and while in the army. During his attendance on the disease, I inserted, as he occasionally came to the office, six separate parcels of fresh vaccine crust in his arm, but without perceptible effect. During the decline of the variolous eruption, it was now noticed that the vaccine vesicles also had matured and begun their regular decline. Some hidden influence evidently awoke the dormant vaccine disease, about the time the variolous eruption made its appearance."

Metallic Albuminuria.

By this term certain French writers designate the condition of the renal secretion resulting from the administration of a number of metallic salts. It is found that the introduction into the stomach or veins of cats, rats, and other animals, of the acetates of cadmium, uranium, &c., produces this condition. The same is said of gold, silver, and lead. A paper on this subject was read before the French Academy of Sciences by M. Rabuteau (*Gaz. Hebdom.*), in which also the effects of alkaline chlorides on the urine were minutely described. Those of sodium, potassium, and magnesium increased the excretion of urea, stimulated nutrition, and elevated the animal heat. But, while the chlorides of sodium and ammonium excited the circulation, that of potassium reduced it. Chloride of potassium, therefore, has a double action—as a chloride it excites nutrition—as a salt of potassium it reduces the circulation. Its action on nutrition is explained by the augmentation of the quantity and acidity of the gastric secretion, and the increase in the number of red globules in the blood.—*Pacific Med. and Sur. Jour.*

Myopia—Treatment.

According to Donders (*Blætter f. Heilwissen, Indiana Med. Journ.*) the following is of bad influence upon myopic eyes :—"Pressure of the muscles upon the eye-ball, when the axis of vision is very convergent, then increased intra-ocular pressure and congestion of the posterior parts of the eye. Blood-letting was recommended ; but Dobrowalsky proved theoretically and practically that instillation of atropia (one part to one hundred and twenty of water, once or twice a day) has the best effect on myopia. Spasm of accommodation of the eyes preceded the myopia ; this is curable by atropia. Every myopic young person under this treatment, for eight or fourteen days, once or twice a year, can preserve good sight."

Pathology of Consumption.

Dr. Battson, of Claremont, Ill., in a letter to the *Philadelphia Reporter*, discussing Dr. Logan's recent work on consumption, says :—

"I cannot agree with Niemeyer that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of *lime* in the blood is necessary for the production of tubercle.

"Louis' fatty liver of consumptives will help us to the explanation. I regard 'phthisis' as much more frequently affecting the intellectual—the large brained, the nerve temperament. I am guessing, as you may think, but it seems to me, as *cholesterine* is the normal waste of brain and nerve tissue (*Reporter*), so is tubercle the morbid waste, or detritus of brain and nerve tissue. Tubercle is essentially granular, composed of a plastic or retrograde cells with nuclei enclosed. An excess of phosphorised fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle. Last year I saw an old gentleman die of brain tubercle, (sixty years old), who in early life had pulmonary tubercle. He was dying nearly a whole summer. The very best Medical scholars of Richland county agreed with me in that. Crude tubercle, you know, has even been found in the blood, co-existent with that deposit in the lungs.

"I have the very best authority for saying that the rural population of France are vegetarian in diet, and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so I am told, the water used in New England for drinking purposes and cooking is *soft* and not limestone, as it ought to be."

Progressive Pernicious Anemia.

In the *Medicinishe Central Zeitung*, Feb. 28, Prof. Biemer, of Zurich, calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a hydræmo-anæmic appearance, loss of appetite, but not of fat, anæmic sounds in the arteries, capillary hæmorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The *post-mortems* showed fatty degeneration of the heart and muscles.

Why Fish are Sometimes Poisonous.

This question was recently discussed before the Medical Society of Königsberg, Prussia, by Dr. Schiefferdecker. It is well known that prawn, rock fish, oysters, &c., are at certain seasons, unwholesome articles of food, and even poisonous. This does not arise from decomposition, nor from any observable change, as Dr. Schiefferdecker proves. He concludes that it depends upon a change in the blood, connected with the process of spawning.

Air in the Veins.

M. Trelat related, at a meeting of the Société de Chirurgie of Paris, on February 21st, an important case in which sudden death occurred in a patient from whom he was proceeding to remove a sub-maxillary tumour. The patient changed colour and the heart sounds ceased suddenly. Artificial respiration and electrisation of the phrenic nerve induced some respirations and a slight return of colour after fifteen minutes, but ineffectually. At the necropsy, a small vein opening into the external jugular, was found to have been partially divided; in the jugular was a long clot, segmented by air-blebs, and other bubbles of air were found in one of the mediastinal veins and the posterior cardiac vein. and a very notable quantity of air in the right cardiac cavities. The question raised was, whether the death was due to this cause, or to the action of the chloroform? M. Perrin and M. Marc Sée attributed the death to chloroform; and M. Giraldès believed that the entrance of air in the veins acted with the chloroform in producing the fatal result. He stated that, in three cases of death from chloroform, he had found gases in the heart, in the vena cava, and even in the veins of the pelvis. Roux had made a similar observation. But M. Depaul pointed out that the air in this case occupied only the veins going to the heart and the wounded vein. M. Perrin and M. Depaul were much in favour of artificial respiration by a tracheal catheter and bellows.

Gelseminum in Irritable Bladder.

Dr. W. Scott Hill, of Augusta, Maine (*Am. Jour. Med. Science*) relates five cases of irritable bladder which were relieved by the administration of Tilden's fluid extract of gelseminum.—*The Medical Record.*

Iodide a Remedy for the Incontinence of Urine of the Aged.

By Dr. John B. Schmidt.

Dr. Schmidt, after referring to the treatment adopted by Oppolzer in this affection when dependent on debility of the sphincter vesicæ, viz., the application of astringents, as rhatany, tannin, and iron, relates two cases, one in a woman, æt. 80, and another in a man, æt. 74, in which a rapid cure was effected by the use of this remedy; but when it had once been given, it could not be dropped without a recurrence of the affection, and it had consequently to be continued till death occurred. The quantity given was a drop of the tincture every two hours; at a later period it was given from two to six times a day, and in addition one-tenth of a grain of iodide was given in pills.—*Practitioner*, Oct., 1870; *from Allg. Med. Zeit.*, 1870, No. 18.—*Richmond and Louisville Medical Journal.*

A Speedy Cure for Rheumatism.

Dr. R. H. Boyd states that he cures inflammatory rheumatism in from three to seven days by the following method: He gives first a full emetic dose of ant. et potass. tart., and when this has operated, five drops tinct. opii and five drops tinct. colchici every three or four hours, and a teaspoonful of a half pint mixture, containing dr. iv. potass. acet. every hour. When the patient becomes very hungry, and is quite free from pain, having fasted several days, he allows two teaspoonfuls of milk or one oyster three times a day, increasing the quantity gradully each day.—*Michigan University Medical Journal.*—*Pacific Medical and Surgical Journal.*

Vaccination in Variola.

Tyndale in the *Medical Record*, strongly recommends vaccination in small-pox previous to the exacerbation of the fever on the third day. He maintains that it will cut short the disease by relieving the general symptoms of small-pox, and causing a well-marked eruption on the spot vaccinated. The progress of the vesicle is very rapid, owing, he supposes, to the increased activity of the capillary circulation. The above idea is not new to the Profession; but is one which has not received that attention which it merits.

Ovariotomy without Clamp or Ligature.

Dr. J. F. Miner, of the *Buffalo Medical and Surgical Journal*, describes a *new method* of operating in the removal of ovarian tumours by *enucleation*, without ligature, clamp, or cautery. The process of enucleation of the tumour at its pedicle in the cases recorded by him, was attended with very little hæmorrhage—not any more than occurred in the breaking up of the adhesions elsewhere, and the operation was easily performed, the pedicle being as readily separated as the adhesions to the peritoneum, omentum, and other parts.

Traumatic Tetanus—Recovery.

A case of traumatic tetanus is reported by Dr. Cushing in the *Pacific Medical and Surgical Journal*, March 7th. The wound was situated in the calf of the leg. Symptoms of tetanus supervened about two weeks after the receipt of the injury. Calabar bean, 1-12th grain of the English extract, and 15 grains chloral hydrate were administered every two hours. Enemata of brandy and morphine were also ordered. Under this combination of remedies the patient slowly recovered.

Iodoform and Iron in Neuralgia.

Dr. A. G. Coleman (*Leavensworth Medical Herald*), advises iodoform and iron in the treatment of neuralgia, and gives a case to explain. He writes "I at once ordered the pil. iodoform et ferri. Before she had taken one hundred of the pills she experienced such relief as to convince her that a remedy *had* been found suitable to her case. I advised her to take two hundred of the pills, which she complied with, on my assuring her that in so doing she would prevent all future attacks. It is now more than a year that she has remained entirely well, and fully able to attend to all her household duties.—*Half-Yearly Compendium of Medical Science.*

Conium Maculatum in Soreness of the Mammary Glands.

The extract of conium maculatum has been recently recommended in soreness of the mammary glands, in general when the secretion of milk is abundant and painful, and when it leads to inflammation, or when the milk canals are obstructed. The dose is from a half to about two grains four or six times a day. It is an old remedy known to Pliny. Suppuration requires other treatment.—*Wein. Med. Press.*—*Indiana Journal of Medicine.*

Lint Plugging in Epistaxis.

At a Society meeting reported in the Boston *Medical and Surgical Journal*, July 13, 1871, Dr. Galloupe reported a case. A man had been out in the cold, came in and sat by a hot stove, when he was attacked with profuse epistaxis, losing three pints of blood within thirty minutes. Liquor ferri persulph. was applied locally, and the nostrils were plugged with narrow strips of cloth soaked with persulphate, introduced one at a time, by means of a probe, until the nasal cavity was firmly packed. The strips were of sufficient length to extend from the anterior nares to the pharynx. The bleeding persisted for a week, occurring whenever the plug became loosened by shrinking. The plugging was renewed daily for eight days, when the patient finally recovered. Dr. Galloupe has employed this method in four cases, and finds it much easier than ordinary plugging, and less terrifying to the patient.

Surgery.

The *Clinic* for February 3rd contains an abstract of a report on the surgery of the late Franco-Prussian war, by Prof. Pirogoff. We select from this abstract some of its most interesting features. Penetrating wounds of the head did not meet with encouraging results, and trephining was not practised. Penetrating wounds of the chest were treated on the expectant plan, with brilliant results. This was partly owing to the small size and the form of the Chassepot projectile. In two cases recovery ensued after hernia of the lung. The extensive practice of primary amputation has been abandoned, because statistics prove that, in gun-shot wounds of the upper extremity, secondary amputation is as favourable as primary. The attempt to save the limb is not, therefore, made at the risk of life. In dangerous wounds of the lower extremity, requiring amputation, the statistics are equally unfavourable to both primary and secondary operations. Immovable bandages have enabled the conservative surgeon to meet with success where he would otherwise have failed. The method of their present application is as follows: A drainage tube is first introduced into the wound. This is covered with charpie, when the whole limb, from above downward, is bandaged and covered with plaster. The surgeon next takes a large piece of gauze-wire, such as the sieve makers use, cuts windows in it, beats out its borders smooth, bends over the sharp ends, and then envelops the limb with it over the plaster bandage. This is now, in turn, covered with plaster, and this again, finally, with a bandage saturated in the same material. When the plaster sets, the substance covering the windows is cut out with a scalpel. The method for removal and re-application is as follows: A flannel bandage is accurately applied to the injured limb. This bandage is uniformly smeared with a paste made of one pound of boiled starch, and one and a half to two beer-glassfuls of powdered gypsum. Several pasteboard splints, plastered with this mixture on both sides, are then adjusted upon the bandage and fastened with a linen binder, which is again covered with the starch and gypsum paste. This application dries in from six to eight hours. The whole bandage is then split through in its length, and painted with cabinet-maker's varnish. In its re-application, a band is pasted along the divided edges, and the whole is fastened to the limb with five or six bandages. As to the inclined plane, in the treatment of gun-shot wounds of the thigh, Pirogoff cannot speak in its praise. The ligation of large arteries, as well as amputations and resections, seem to have been very unfavourable in their results. Prof. Pirogoff's observations in this respect do not seem, however, to have been sufficiently extensive to justify any general conclusions. It is to the honour of modern surgery, he says, that but few amputations of the upper extremity were made.

A Speedy Cure for Gonorrhœa,

Dr. Thomas F. Betton writes to the Philadelphia *Medical Times*, October 16, 1871:—

I think it cannot be too deeply impressed on the minds of Medical men that the practice of dosing the unfortunate victim of the complaint with copaiba, cubebs, and various other remedies (whose name is legion), with a strong probability and, indeed, almost certainty of deranging his stomach and digestive organs, to say nothing of the nauseous character of the drugs, is useless and unwise in the extreme. An ordinary uncomplicated gonorrhœa is as purely a local disease as a common "cold in the head" or inflammation of any other mucous membrane. Its natural tendency is to recovery, even without treatment; and if any be pursued, it should be of the mildest character, such as weak injections of acetate of lead or sulphate of zinc, never exceeding two or three grains to the ounce of water. I prefer rose-water to the ordinary distilled water, as it is itself slightly astringent. This or some other injection equally simple, for which the doctor has a fancy (and we all have our pet remedies), assisted by a cold sitz bath morning and evening, or, if that be impracticable, by affusions of cold water, will generally effect a cure in a short time, without the risk of upsetting the stomach, destroying the appetite, and, what to some men is worst of all, the liability of detection and exposure to their friends or acquaintances.

Such are the views which have governed me for many years in the treatment of this affection, and I have not yet seen any good reason to depart from them Of course, any complication that may supervene, such as swollen testicle, or inflammation of the bladder or prostate gland, requires remedies suitable for such conditions; but a simple clap is always amenable to mild measures.—*Half-Yearly Compendium of Medical Science*,—Jan. 1872.

Treatment of Whooping Cough with Compressed Air.

Dr. Freud observes that whooping cough was well described by Willis in 1862, that it is probably contagious, and that the probable carrier of the contagion is the expectorated mucus. Many pathologists admit lesion of the pneumogastric nerve as a cause of the disease, because it has sometimes been found reddened. He considers the division of the stages of the disease into the precursory or catarrhal, the convulsive and the convalescent, to be advantageous. No treatment has hitherto been found materially to shorten the duration of an attack, though belladonna, opium, extract of hemp, hyoscyamus, lactuca, pulsatilla, moschus, castoreum, cochineal, emetics and metallic antispasmodics have been tried; change of air, however, proves of service. Inhalations of the gases in special chambers have been recommended, and were stated to have been very effective, but have now almost become obsolete. More recently chloral hydrate and peroxide of hydrogen have been employed. Now, however, the effects of compressed air are stated by M. Freud to be a valuable method of treatment. It was first recommended by M. Bertin, of Montpellier, and then by Dr. Sandahl, of Stockholm, who reports no less than 102 cases rapidly cured by this means. M. Freud has also tried it and obtained extremely favourable results from its use. —(See Virchow's *Jahresbericht Jahrgang*, 5, Band ii., Heft 1, p. 128).—*Boston Medical and Surgical Journal.*

Treatment of Chronic Trachoma with Sulphate of Quinia.

Dr. Bader, of Guy's Hospital, having recently recommended quinine in the treatment of granular lids, and having published cases in which it had been successfully employed, I was induced to test its virtues in one dozen persons, taken indiscriminately from a number of chronic cases of this disease. In seven, a severe chill followed by fever, great photophobia, and increased severity of all the symptoms followed the first application, and these were aggravated by subsequent applications. In three cases a purulent discharge was excited, but without any perceptible curative results. In the two remaining cases, no effect was observed beyond a burning and pricking sensation, lasting for two or three hours. In no instance did there follow dilatation of the pupil, diminution in the granulations or any of the beneficial effects claimed by Dr. Bader to have been observed in the cases under his treatment. The applications in my cases were made every other day for one month; a small portion of quinine, probably one grain, being placed on the inner side of the lower lid, excepting in those cases where the salt caused evident injury. By the way, I have noticed an increased body heat in many cases of trachoma, which is relieved by quinine and cod-liver oil internally.—*Indiana Journal of Medicine.*

Sulpho-Carbolate of Soda in Scarlatina.

Dr. J. B. Crawford, of Wilkesbarre, states (*Trans. of Med. Soc. of Pennsylvania*): "Scarlatina occurred in almost every section of Luzerne county, varying much in severity in different cases and localities, but seldom evincing a marked malignancy of character. In addition to the better-known remedies the sulpho-carbolate of soda has been used with very satisfactory results in the treatment. I take this occasion to strongly recommend its use to those practitioners who have not yet tested its efficacy in the treatment of this disease. In about thirty cases of scarlatina of average severity, I have relied almost exclusively upon this article, and have been highly gratified with the results. To a child of three years of age I would give one and a half to three grains every two hours during the continuance of the more severe symptoms of the disease. It is generally readily taken by the patient and well tolerated by the stomach when thus prepared:

℞. Sodæ sulpho-carbolat, ʒ ij.;
Aquæ puræ, f ʒ iv.;
Syr. aurant. cort., f ℥ ij. M.

Sig. A teaspoonful to be given once in two to four hours."

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from e author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States e charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE BAKER BROWN FUND.

THIS fund is being raised on behalf of Mr. Isaac Baker Brown, who is paralyzed, and in great pecuniary distress.

FURTHER LIST OF SUBSCRIPTIONS.

	£	s.	d.
Amount previously advertised	846	14	0
British Medical Benevolent Fund	20	0	0
Dr. Warburton Begbie (Edinburgh)	5	5	0
Dr. Marion Sims (New York)	5	5	0
Mr. Winchester (Maidenhead)	2	2	0
Mr. Derbyshire	1	0	0
Dr. Smith (Weymouth)	1	1	0
Dr. Moorhead (Weymouth)	1	1	0
Dr. Collum (Surbiton)	2	2	0
Mr. Lord (Hampstead)	1	1	0
Dr. Jelly (Madrid)	1	1	0
Mr. William Pretty (Lower Norwood)	0	10	6

Treasurer and Trustee, Dr. Forbes Winslow, 23 Cavendish Square, London, to whom subscriptions may be sent.

◆

VACANCIES.

Liverpool Northern Hospital. House-Surgeon. Salary £100, with board.

Leeds Union. Medical Officer. Salary £300, with residence.

Leominster Union. Medical Officer for the Workhouse at a Salary of £40, and for District No. 1 of the Union. Salary £150.

Amersham Union. Medical Officer for the Workhouse, at a Salary of £50, and for the Amersham District. Salary £63 per annum.

East London Hospital. Visiting Physician.

Derbyshire General Infirmary. Assistant House-Surgeon. Renumeration. Board and residence only. Also a Dispenser. Salary 30 guineas, with board.

Shropshire Friendly Societies, Shrewsbury. Medical Attendant. Salary £200 per annum, with unfurnished residence.

Thingoe Union, Bury St. Edmunds'. Medical Officer. Salary £84.

Oughterard District of the Oughterard Union, Galway. Medical Officer. Salary £100 per annum.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Guide to Trefriw and the Vale of Conway Spa. By J. W. Hayward, M.D.

On Affections of the Heart. By Horace Dobell, M.D. London: H. K. Lewis.

As Regards Protoplasm. By J. H. Stirling, F.R.C.S. London: Longmans.

Annual Report of the Royal Edinburgh Asylum.

Report of the Stockwell Fever and Small-pox Hospitals.

Annual Report of the Broadmoor Lunatic Asylum.

The Detroit Review of Medicine; La Presse Médicale Belge; Canada Lancet; Wiener Medizinische Zeitung; St. Louis Medical Journal, The Medical Archives; Indian Medical Gazette; Glasgow Medical Journal.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, June 5.—ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M. Prof. Timothy Holmes, "On the Surgical Treatment of Aneurism in its various forms."

OBSTETRICAL SOCIETY OF LONDON, 8 P.M. Dr. Matthews Duncan, "On long delay of Labour after Discharge of Liquor Amnii."—Dr. Aveling, "On Post-mortem Delivery."—And other papers.

ROYAL MICROSCOPICAL SOCIETY, 8 P.M. Mr. Chas. Cubitt: "Remarks on the Homological Position of the Members constituting the Thecated Section of the Rotatoria."—Mr. Isaac Roberts, "On a Micro-Pantograph."

Thursday, June 6.—ROYAL INSTITUTION, 3 P.M. Prof. Tyndall, "On Heat and Light."

Friday, June 7.—ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M. Prof. Timothy Holmes, "On the Surgical Treatment of Aneurism in its various forms."

QUEKETT MICROSCOPICAL CLUB, 8 P.M.

ROYAL INSTITUTION, 9 P.M. Dr. Odling, "On the History of Ozone."

Saturday, June 7.—ROYAL INSTITUTION, 3 P.M. Prof. Roscoe, "On the Chemical Action of Light."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY June 5.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1¼ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, June 6.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, June 7.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, June 8.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, June 10.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, June 11.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

◆

APPOINTMENTS.

ELLIOTT, T., M.B., Resident Medical Officer to the Isle of Man General Hospital and Dispensary, Douglas.

GIBSON, J. B., M.D., Medical Officer to the Bideford Dispensary.

HILL, J. D., F.R.C.S.E., Surgeon to the Royal Orthopædic Hospital.

HUGHES, H. R. G., L.R.C.P.Ed., L.M., M.R.C.S.E., Resident Physician to the Royal Infirmary, Edinburgh.

KIDD, G. H., M.D., F.R.C.S.I., Medical Officer to the Masonic Female Orphan School, Dublin.

LEACH, MATTHEW, M.R.C.S., Medical Officer and Public Vaccinator for the South District of the Sheffield Union.

POZEY, C., L.R.C.P.L., M.R.C.S., Consulting Surgeon for the Liverpool District of the London and North-Western Railway Company.

RAYNER, H., M.D., M.R.C.S., Medical Superintendent of the Male Department of the Middlesex Lunatic Asylum, Hanwell.

REID, J., L.R.C.P., Medical Officer to the Odd Fellows Lodge, Troon.

RITCHIE, A. R., M.D., L.R.C.P.Ed., Parochial Medical Officer for Monifieth, and Medical Officer to the Fort, Broughty-ferry, Forfarshire.

ROBERTSON, Mr. G. J., House-Surgeon to the Ashton-under-Lyne District Infirmary.

◆

Marriages.

SMITH—FROGGATT.—On the 30th May, at St. John's, Croydon, W. H. M. Smith, L.R.C.P., M.R.C.S., to Margaret, daughter of the late T. Froggatt, Esq.

SKEFFINGTON—BIRD.—On the 30th May, at St. George's, Bloomsbury, C. N. Skeffington, Esq., of Oporto, to Ada Alice, second daughter of the late Dr Golding Bird F.R.S.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

We ask the earnest attention of the Poor-law Medical Officers of Ireland to the remarks on the Union Officers' Superannuation Bill, which will be found in the Medical Press and Circular of this week.

ANNUAL REPORT
OF THE
IRISH MEDICAL ASSOCIATION.

[Presented at the Meeting of the Association, held in the Royal College of Surgeons on Monday last.]

In submitting their Annual Report your Council have pleasure to be able to testify to a continued increase in the number of the members of the Association, and of the County Associations in immediate connection with the Parent Society. The Rathdown and other Unions have been in active operation, setting examples well deserving of commendable attention.

Your Council have held fourteen meetings during the year—a vast amount of business having been caused by the Sanitary Commissioners' Report and the Bills founded upon it. Soon after the last annual meeting your Council had their attention directed to this Report, and to the high testimony borne in it to the fitness of Poor-law Medical Officers for larger sanitary work than they now discharge, viz.: "That they are all fully qualified Medical Practitioners intimately acquainted with the poorer classes." And again, that "They are (speaking generally) sensible, humane, and well-informed men:" and although little or no evidence was taken by the Commissioners of the Sanitary condition of Ireland, yet your Council convened a special meeting of such members of the society as could attend, to take into consideration the best steps to assist in forwarding the proposed sanitary improvements, and having them adapted to meet the circumstance of this country.

At this meeting your council adopted the following Report prepared by the Sub-Committee appointed to summarise the evidence given before the Sanitary Commission:—

The Sub-Committee begs to report that it held a meeting on the 10th February, and had before it the Report of the Royal Sanitary Commission, and that they, thereon, proceeded to consider the propriety of the proposition, that the Irish Medical Association should petition the Executive, or take other steps, in favour of an extension to Ireland of the Public Health and Local Government Bill now before Parliament, modified as the circumstances of the public, sanitary, and Medical services may require.

The Sub-Committee, without pledging itself to any approval of all the details of the Bill, is of opinion that it aims at public objects which are, in the highest degree, worthy of the support of the Medical Profession, and that, inasmuch as the members of the Poor-law Medical Service are intended to be selected as the Officers of Health for the proposed system, it would be proper that, on their part, readiness and anxiety should be expressed to co-operate in any scheme for the extension to this country, and the effectual carrying out of the objects which are deemed, in the highest degree desirable.

The Sub-Committee considers that it is very important that the proposed Medical Officers of Health should be, within proper limits, independent of local control in the discharge of duties which, while of paramount importance to the public health, cannot be discharged independently of personal interests; and the Sub-Committee, therefore, heartily approves of the suggestion of the Royal Commission, to whom the Sanitary organization of a district should be confided ought to be responsible for the efficient discharge of his sanitary duties only to a Central Authority competent to protect and strengthen him in the carrying out of the matters confided to him, and independent of all considerations which might interfere with the perfect attainment of the desired objects.

The Sub-Committee, therefore, recommends to the Council that a Statement be circulated amongst the Poor-law Medical Officers of Ireland, setting forth the present intentions of Government as to Sanitary legislation, together with a form of Petition, in favour of the extension of that legislation to Ireland, and that a deputation of the Association be appointed to communicate on the subject with the Chief Secretary, and, if considered desirable, with the Poor-law Commissioners.

It was then resolved—"That in any Public Health Bill affecting Ireland, this Council do take immediate steps to ascertain the nature of that Bill, and to secure proper remuneration for the Poor-law and Dispensary Medical Officers for any duties that may be likely to be imposed on them. And that this Council do form a deputation to call upon the Under-Secretary, and to obtain from him information on the Bill."

Mr. Stansfeld and Sir Charles Adderley having each obtained leave to introduce a Sanitary Bill, copies of these, as well as of the Local Government Bill for Ireland, introduced by Lord Hartington were procured. Your Council was of opinion that, although not directly affecting the interests of the Poor-law and Dispensary Medical Officers, this last Bill, nevertheless, was preparatory to new sanitary measures so much required for this country, and with the desire to have it amended so as to adapt it for sanitary improvements, they resolved to send a deputation to confer with the Attorney-General, whose name was attached to the Bill, for the purpose of having the 11th and 13th clauses of Mr. Stansfeld's Sanitary Bill introduced into it; accordingly, your President, accompanied by Dr. Mapother and your Secretary, had a long interview with the Attorney-General, explained the wishes and views of your Council to him, when he promised to give the subject his best attention, and to submit our proposal to his colleagues.

The changes made by the heads of the Army Department in the arrangements for training the Irish Militia, being thought likely to have a serious effect upon the income of the Militia Surgeons, the Secretary was requested to ascertain if, in case the proposed changes would really so affect them, was it the intention of the Government to give compensation. The question was accordingly asked, and the reply given that nothing of the kind had been thought of as likely to occur, but that any gentleman so injured might have his case brought under consideration by making application in the usual way to the proper authorities.

Your Council have had interviews with the Registrar-General, and also with Mr. Wilkie, in reference to the inadequate remuneration made to the Registrars of Births, Deaths, and Marriages in Ireland, with the view of having it increased to the amount paid for similar duties in England and Scotland. Both Mr. Donnelly and Mr. Wilkie gave the subject much attention, but explained that as the fees were regulated by the Act, alterations in their amount could only be made by Parliament; but that as the tendency of the present time was rather to curtail official expenses than increase them, they did not think there was any probability of our success just now.

Your Council, aware that the fees paid to the Registrars in England for performing exactly the same duties are higher than our Registrars receive, feel assured that continued agitation on this apparent injustice will in the end be attended with success.

Your Council have to deplore the death of the late Dr. Thomas Edward Beatty, who had been intimately connected with the society since its earliest formation, and who, as President and Vice-President of the Association, and of the Colleges of Physicians and Surgeons, had always used his influence in our favour and given us his best support. A kind and warm-hearted friend, he was always ready, in times of difficulty and danger, to give that counsel and advice which his great wisdom, long experience, and high position so well enabled him to do. His loss will be long and severely felt by the entire Profession. At the meeting next following his death your Council unanimously passed the following resolution:—

"That the Council of the Irish Medical Association having learned of the lamented death of Dr. Thomas Edward Beatty, a former President and lately Vice-President of the Association, desires to express the feeling of heartfelt regret which is felt by the Members of the Irish Medical Association in common with the entire Profession in Ireland, in regard to the loss which they have sustained by his deeply regretted death; and this Council, thereupon, expresses its earnest sympathy with Dr. Beatty's family in their heavy bereavement."

Although but little has been effected during the year in reference to the schemes for making provision for the Widows and Orphans of Medical men, submitted to the members by circulars, as also at our last meeting, still your Council have not lost sight of the matter, but desire again to bring it forward, and would most strongly urge upon this meeting, and the Profession, the duty that devolves upon all not to allow this subject to be thrown aside. From the calculations already gone into, imperfect though they be, it is clear that but a very small per centage from the salary of each Medical officer will be required to afford sufficient to give moderate annuities for the widows and orphan children of those of our brethren who may die without having made provision for them. A resolution on this subject will, therefore, be again submitted to the meeting.

The Local Government Bill having been read a second time without any alteration in its provisions, your Council had an interview with the Poor-law Commissioners upon the subject. Dr. Mapother explained most clearly the wishes of your Council, and the necessity there was for making improvements in sanitary laws now in force here. Mr. Power and Dr. M'Donnell entered fully into the subject with your deputation, and explained that the Local Government Bill, being merely intended to make changes in the administrative department of the Poor and Sanitary laws, any such provisions as we proposed would be foreign to its intention, and could not be made in it.

Your Council having been thus foiled in their endeavours to have the Bills now before Parliament modified to suit the views of the Association to the circumstances of this country, and dreading the extension of either Mr. Stanfield's or Sir Charles Adderly's Bills, in their present form, to Ireland, passed the following resolution:—

Proposed by Dr. Darby and seconded by Dr. Jacob,

"That this Council having considered the provisions of the Bill recently introduced to the House of Commons by the Chief Secretary for Ireland, and found them to be unsatisfactory, deem it advisable to memorial the Lord Lieutenant, urging his Excellency to assist this Council in obtaining a Royal Commission to inquire into the state of Public Health, the Sanitary condition of Ireland, and the working of the Poor-laws and Medical Charities services, and that legislation be deferred until said Commission shall have reported on the subject; and that the Council do apply to the Colleges of Physicians and Surgeons for the purpose of obtaining the co-operation of these Bodies in furtherance of this object."

The College of Physicians, and the Council of the College of Surgeons, having readily promised their co-operation and assistance, a deputation consisting of the Presidents and Vice-Presidents of these bodies, accompanied the President of our Association with the following Memorial, which was presented to His Excellency by our President, Dr. Evory Kennedy:—

The Memorial of the President and Council of the Irish Medical Association

Sheweth—

That the state of Public Health in Ireland is not satisfactory.

That existing Sanitary Laws are complex, and to some extent inoperative.

That comprehensive legislation is much needed.

That in the opinion of Memorialists, a searching inquiry into the Sanitary condition of Ireland is necessary, and eminently calculated to form a sound basis for future legislation.

That Memorialists hope your Excellency may feel it to be consistent with your duty to recommend Her Majesty's advisers to cause a Royal Commission to issue, under which a full and exhaustive inquiry may be had into the state of Public Health in Ireland, and your Memorialists, as in duty bound, will ever pray.

(Signed),
Evory Kennedy, *President.*
E. J. Quinan, *Hon. Sec.*

His Excellency admitted the necessity for the amendment of the Sanitary Laws of the country, and stated that the Marquis of Hartington was quite prepared to bring in a Bill for the purpose, and only waited till Mr. Stansfeld's Bill should become law to introduce it; under such circumstances a Royal Commission would have the effect of delaying for a considerable time those very needful improvements, would not, he now thought, be advisable; but if legislation should unfortunately be delayed this session, and should further information be required, Government would then consider whether an inquiry such as we asked should not take place.

Your Council hope that thus we may have an opportunity of bringing the whole subject of the Sanitary state of the country—the working of the Medical Charities—the Vaccination and Registration of Births and Deaths Acts—before Commissioners sitting in Dublin, and that such evidence will be given of the disproportion of the Medical Offiecrs' pay to their labour as will convince the authorities of the necessity of amending the laws in this respect, and they are of opinion that it will only require energetic and united action to achieve this important object.

◆

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 25th May,* 1872; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 25TH MAY, 1872.														
								NUMBER OF DEATHS FROM									
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN	9,745	310,565	30	172	178	21	35	36	2	4	..	1	4	1	2	...	52
BELFAST	20,687	182,214	27	149	93	18	13	3	...	...	...	2	3	...	...	...	23
CORK	13,816	90,851	76	30	132	12	18	78	...	2	...	6	5	...	...	...	78
LIMERICK	8,509	44,547	20	26	17	3	9	...	...	...	...	...	1	...	...	...	8
LONDONDERRY	21,865	30,893	15	14	9	...	4	...	...	...	...	...	...	...	...	...	1
WATERFORD	17,209	30,838	52	27	31	4	9	...	...	...	...	1	2	...	...	...	7
GALWAY	21,358	19,713	32	25	12	1	3	...	...	...	...	...	...	...	1	1	...
SLIGO	30,835	17,175	21	9	7	1	2	...	...	...	...	...	1	..	...	...	...

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Oughterard ...	Oughterard ...	£100	£9 12 0	231	218	69,633	6,070	June 11	Galway, 14 m.

◆

BELFAST BOARD OF GUARDIANS.

ON Monday week, the usual weekly meeting of the guardians of this union was held in the board-room of the workhouse. There were present:—David Taylor, Esq., J.P. (in the chair); Messrs. James Thompson, J.P., Dr. M'Gee, J.P., H. Harrison, J.P., Thomas Valentine, J.P., William Carlisle, David Macrory, Joseph Biggar, James Entwistle, &c., &c.

SALARIES OF THE MEDICAL OFFICERS.

The Chairman said they were called specially for the consideration of the following paragraph in the report of Mr. O'Brien, inspector:—

"Having now adverted to the several points connected with the various dispensaries to which it appeared to me to be either necessary or a matter of interest that I should specially draw your attention, there remains one further subject which I think I should not be discharging my duty if I closed this, I fear, too lengthened report without bringing under your notice. I refer to the entirely inadequate compensation at present assigned to the six Medical officers of the city districts connected with the Barrack Street and Great George's Street Stations—viz., £75 each for duties involving the attendance, on an average, of nearly 3,400 cases per annum each, about a third or rather more of this number having to be attended at the houses of the patients.

"When the question of increasing the existing scale of salaries for these officers was last under the consideration of the board, the union was not under my charge; but the argument which most influenced the adverse resolution then come to was, I believe, that, though the salaries were admittedly small, they were supplemented by emoluments derivable under the provisions of the Registration and Vaccination Acts by the Medical officers.

"It is, however, to be observed, with reference to this, that, even if they had not out of these emoluments to provide for the payment of the deputy-registrars, rendered necessary by sec. 26, 26 Vic., chap II, the Legislature, in prescribing them, has simply provided what appeared to be barely sufficient compensation for the specific duties imposed by these enactments, and that it would be as much opposed to the spirit of the law to apply the profits thereby insured, in reduction of the salaries allowed for duties performed under the Medical Charities' Act, as to apply in that way the earnings yielded by the private practice of the Medical officers.

"The true measure of the salaries to be paid to the dispensary Medical officers should be—1st, the nature and extent of the work to be done; and 2nd, the general practice of the country, as illustrated by what is done in other places, analogous in general circumstances.

"As to the first of these points, and the manner in which the duty is discharged, enough has been already stated in the course of this report, and as regards the second, it will be found that the facts are equally and unanswerably in favour of the claims of the Belfast officers to a more liberal consideration than their services have yet received.

"Belfast is now very considerably the second largest city in Ireland, and the five principal unions, exclusive of this, are Dublin (North and South), Cork, Limerick, and Waterford.

"For the purpose of comparison on the present occasion, I have obtained from the statistical department of the office a return of the salaries at present paid to the Medical officers in the city districts, and I find them to be as follows, viz.:—

"Dublin, North—Number of officers, six; average salary of each, £125; also three apothecaries.

"Dublin, South—Number of officers, eight; average salary of each, £125; also four apothecaries.

"Cork—Number of officers, nine; salary of each £101; also two apothecaries.

"Limerick—Number of officers, four; salary of each, £100; also one apothecary.

"Waterford—Number of officers, two; salary of each, £110.

"From this return it will be observed that the salaries assigned to the city Medical officers of Belfast are £50 a year below those of the two Dublin unions, and £25 under Limerick, which appears to be the lowest of the five unions quoted.

"The duties at Belfast are certainly not less arduous than in any one of the places named, and I trust that upon a calm and reasonable consideration of the facts, the guardians will not hesitate to mark their sense of the faithful and efficient services they have enjoyed at the hands of these Medical officers, by at least raising them to the minimum paid in any one of the other principal cities of the country."

Mr. Entwistle inquired how much the medical officers got as fees independent of their salaries.

Mr. Teirney said the following was the amounts they received for everything:—

	Registration.			Vaccination.			Salary.	Total.		
2 th March, 1871.	£.	s.	d.	£	s.	d.	£	£	s.	d.
Dr. Rea	97	13	0	72	13	0	75	245	6	0
Dr. M'Crea ...	64	14	6	51	2	0	75	190	16	6
Dr. Martin ...	89	11	6	83	19	0	75	247	10	6
Dr. Smyth ...	55	2	6	86	13	0	75	217	15	6
Dr. Brown ...	65	3	0	32	10	0	75	172	13	0
Dr. Spedding Dr. H. P. Rea	125	14	6	60	14	0	75	262	8	6
Total ...	498	19	0	386	11	0	450	1,335	10	0

The salaries, Mr. Teirney continued to say, were nothing, but look at the tremendous sums they received from other sources. He would move that the salaries remain as they are.

Mr. Kavanagh was in favour of an increase being given, and said that all those fees do not go into the hands of the Medical gentlemen, as they have to give part of it to deputies

Dr. M'Gee, J.P., moved an amendment to the effect, that it was the opinion of this joint committee that the salaries of the six Medical officers of Belfast were inadequate.

And added that this was an important point. The entire increase to the six officers would be (if each was raised to £100) only £150, of which the half, or £75, would be paid out of the Consolidated Fund.

The amendment of Dr. M'Gee on being put to the meeting was rejected.

CARLOW UNION.

Mr. Jameson said he had been requested by the auditor to read the following report:—

"A practice prevails in this (Mr. Lewis's) district which is open to very grave objections. It appears that the provisional relief afforded by the relieving officer is administered altogether under the direction of the Medical officers of dispensary districts. The cases to whom that species of relief is given are, for the most part, indeed almost invariably, dispensary patients, or patients on whom the dispensary Medical officer is in attendance, and the first notice the relieving officer appears to receive of the case is a document partly in the form of a certificate, and partly a prescription signed by the Medical-officer, stating that the patient is unable to be removed to the infirmary, and that he or she requires beef, tea, sugar, bread, brandy, wine, milk, or punch, as the case may be. In many of these certificates the quantity of the article or stimulant ordered is set forth, and the issue of these documents is continued so long as the patient remains under treatment. The relieving officer states that he regards these prescriptions, so to speak, as mandatory, and he immediately procures what is ordered or recommended, and charges the cost as provisional relief.

"It is unnecessary to point out that the power of giving provisional relief under the 7th section of 10 Vic., cap. 31, is restricted to the relieving officer, and that the Medical officers of dispensary districts are in no way authorised to direct his action. It must be obvious that the issues of such documents I have described are calculated to embarrass him, and there can be no doubt that they more or less interfere with his discretion in the discharge of an important duty, for which he, and he alone, is responsible.

"It is only when called upon by the guardians, or the committee of management, or the relieving officer, that the Medical officers are authorised to give certificates as to the fitness or unfitness of any dispensary patient to be removed to any union hospital, and in volunteering certificates such as I have described, the Medical officers are certainly doing what they are in no way authorised to do by the Commissioners' regulations.

"I observe that the practice is confined to Mr. Lewis's district, and that the form of certificate in use is not used elsewhere. It is difficult to understand how this form (a private one) came to be in the possession of the Medical officers. However that may be, its use is obviously embarrassing to the relieving officer, and I would suggest that the Medical officers should be required to discontinue using it, unless when called upon to certify the condition of a dispensary patient, in conformity with Article 21, sec. 4, of the dispensary regulation.

"Wm. M'Dermott, Auditor.

"28th May, 1872."

◆

TO THE EDITOR.

Sir,—Would it not be advantageous to the community if the Poor-law Commissioners were to select, after careful examination, a model sick van or ambulance cart, and to direct each union to procure from some central depot one such for each dispensary district! The existing abominations resemble bread carts, are heavy, cumbrous, and ill hung, have in fact but one advantage, that of allowing the patient to recline—a very essential point in any dangerous illness. The poor people detest them. Dispensing committees or doctors are hardly competent to devise suitable vehicles.

Francis M. Luther, M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 12, 1872.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Clinical Notes and Observations. By Henry Lee, Surgeon to St. George's Hospital. No. X.—Influence of the Nerves in Producing Mortification, and Mortification from Local Effects of Animal Poisons 511

American Medical Association—

President's Address 513
Reminiscences of Philadelphia 513
Medical Education........................ 514

HOSPITAL REPORTS.

Meath Hospital, Dublin—

Cases under the care of Mr. L. H. Ormsby, Surgeon to the Meath Hospital, Demonstrator of Anatomy in the School of Surgery, Royal College of Surgeons in Ireland. (Reported by Mr. Samuel Morris.) Case I.—Gonorrhœal Ophthalmia—Recovery. Case II.—Dislocation of both Bones outwards at Ankle-joint—Recovery. Case III.—Dislocation of the Head of Femur on the Dorsum Illii.—Recovery. Case IV.—Abscess of Labia—Recovery. Case V.—Compound Comminuted Fracture of both Bones below the Knee—Death........................ 516

PAGE

Glasgow Fever Hospital—

Small-pox treated by Xylol, &c. Dr. Russell's Clinic 516

TRANSACTIONS OF SOCIETIES.

Medical Society of the College of Physicians—

On the Application of Gases as a Means of Destroying Contagion...... 518

Cambridge Philosophical Society—

On some of the Symptoms produced by Uræmic-Poisoning in Chronic Disease of the Kidney 520

LEADING ARTICLES.

The London Hospital 521
Surgery of the Franco-German War 522

NOTES ON CURRENT TOPICS.

Royal Medical and Chirurgical Society ... 523
Ammonia in the Urine 523
The Dublin Convalescent Home 524
The Action of Antimony 524
The Scotch Joint Examinations 524
The Treatment of Goitre 524
County Officers (Ireland) Bill............ 525
The Cultivation of Fungi.................. 525
Election of Council of the Royal College of Surgeons in Ireland 526
Excretion of Phosphates by the Kidneys 526
Quack Hospital Governors.................. 526

PAGE

Royal College of Surgeons of England ... 526
Lymphatic New-formation after Diphtheria 526
The Irish Medical Baronetcy......... 526
A New Preparation of Mercury............. 526
Fees on Medical Contract 526
London Poor-law Association 527
The Medical Profession in Russia 527
Bequests to Hospitals 527
The Royal Orthopædic Hospital 527
New French Medical Works 527

CORRESPONDENCE.

Is Insanity Epidemic? By Francis M. Luther, M.D. 528
Coroners' (Medical !) Witnesses. By Piscator 528

LITERATURE.

An Essay on the Principle of Population: or a View of its Past and Present Effects on Human Happiness, with an Inquiry into our Prospects respecting the Future Removal, or Mitigation of the Evils which it Occasions. By the Rev. T. R. Malthus, A.M., F.R.S., &c. 529

New Inventions 529
Medical News 530
Notices to Correspondents 530
Vacancies 531
Appointments 531
Marriages, &c. 531

Original Communications.

CLINICAL NOTES AND OBSERVATIONS.

By Henry Lee,

Surgeon to St. George's Hospital.

No. X.—Influence of the Nerves in Producing Mortification, and Mortification from Local Effects of Animal Poisons.

The Influence of the Nerves in Producing Mortification.—Every part of an animal body is endued with sensation which serves to give intimation of the presence of any injurious influence. This sensation varies according to the necessities of different parts, and in degree, may often be taken as a test of the delicacy of an organ. The extreme sensitiveness of the conjunctiva of the eye bears a relation to the importance of the structures which it covers, and the very slight causes by which they may be injured. The intolerance of a particle of dust in the eye acts as a salutary notice of the injurious effects that would follow if allowed to remain. Much stress has been laid upon Magendie's experiments, in which he found an opacity follow in the cornea after a division of the fifth nerve. In his experiments, however, a very different degree of opacity followed in different cases, and it may be a question, if the eye of an animal could be kept open and fixed in the same way without the division of the fifth nerve, as with it, whether the same amount of opacity might not be produced. When sensation in the eye is destroyed any irritating particles that come in contact with it remain undisturbed. The eye is neither rolled in its socket, nor swept by the lids for the purpose of clearing its surface, and under any circumstances it is likely enough that the cornea of an eye so situated would become opaque, and might perhaps slough. Long continued irritation may, however, produce a condition of tolerance when the eye becomes no longer irritated by being keep in one position, and by the contact of any particles that may accidentally come upon its surface. Then its nutrition will continue as before, although quite deprived of sentient nervous influence.

In a case elsewhere published by the author, although the paralysis of the nerves of the face was at first followed by opacity of the cornea yet fifteen years afterwards the nutrition of that part appeared to be carried on without difficulty, and the previous opacity had in great measure disappeared. Again, in cases where sloughing occurs in paraplegia, the parts affected are kept exactly in the same position with the same amount of pressure, unrelieved by any shifting of the body, or action of the muscles of the part. Now, long continued pressure has a tendency to cause stagnation of blood and it may be a question if the same amount of pressure continued for the same time, and unrelieved by any motion could be maintained, whether sloughing would not be induced when the nervous influence was unimpaired. Certain it is that, in cases of paraplegia, if great care be taken to distribute the pressure and occasionally to relieve the most prominent parts, that the cases may reach their natural termination without any sloughing occurring.

Some years ago the author was called to see a country lad who had received a cut down to the bone close to the axilla, from a chaff-cutting machine. The axillary artery was severed where it became brachial and all the nerves which supply the arm were divided—the arm ever afterwards being without voluntary motion or sensation, but no appearance of sloughing ever occurred.

Such considerations have induced the author to believe that want of nervous influence has occupied too prominent a place among the causes of mortification.

Mortification from Local Effects of Animal Poisons.—Mortification produced by the direct influence of animal poison may occur in every degree of intensity. The mildest form in which this manifests itself is perhaps that which succeeds to vaccination. The severest forms, those which occur after the bites of serpents and in malignant pustule or charbon. There appear to be two ways in which these poisons affect a patient's system. Firstly, the result of the poisonous action permeates the cellular tissue, and continues the disease wherever it goes; and secondly, by impregnating the blood of the part.

In the Abbé Fontana's experiments, he usually found the blood coagulated in the veins of animals that had been bitten by the viper.

In a case related by Sir B. Brodie, on the contrary the disease appeared to spread exclusively in the subterraneous cellular membrane.

In this case the man lingered for nearly three weeks and then died. At the time of his death there was extensive mortification of the skin of the forearm, and the whole of the cellular membrane, from the bitten finger up to the shoulder, was in a state of slough. From the appearance in the beginning there could be no doubt that the sloughing process of the cellular membrane had begun immediately after the injury was received. The skin itself seemed to have mortified only because it lay over the dead cellular membrane, and what is curious the muscles underneath were not at all affected. The poison seems to act, as far as its local operation is concerned, especially on the cellular membrane. Not only was this proved by this particular tissue sloughing so extensively, but it was also proved by this circumstance, that within an hour after the bite extravasations of blood (ecchymoses) might be traced in the cellular membrane as high as the shoulder, thence downwards on the side of the chest as low as the false ribs, presenting altogether a very singular appearance. The poison, indeed, seemed to operate on the cellular membrane, neither in the direction of the nerves, nor in that of the absorbents, nor in that of the blood-vessel.

The natives of Malta appeared 1800 years ago to have recognised then two modes of action of poisons, for it is mentioned, on the occasion of St. Paul being bitten, that "they looked when he should have swollen or fallen down suddenly." In the case of the propagation of the disease from cell to cell in the areolar tissue the extension of the mischief may be prevented by the application of a ligature round the limb above the bitten part (*a*). The action of putrid fluid upon the cellular tissue when arising from other causes appears to be propagated in the same way. After a mechanical injury, a contused part may decompose, and if no limit be set to the diseased action by adhesive inflammation, the morbid products, fluid or æriform, will permeate the cellular tissue and cause it to slough. The sloughing of the cellular tissue involves that of the skin, but contrary to that which we have seen happen in some other forms of mortification, the cellular tissue perishes first, and to a greater extent than the skin.

Case.—James Johnson, æt. 19, a printer's boy, had his hand crushed by a printing machine on the 26th of April. An attempt was made to save the hand. On the 28th (3rd day) the patient became delirious, and on the 29th the arm was swollen and red as far as the elbow; on the 30th the greater part of the hand was in a state of gangrene, and a line of demarcation formed about an inch above the wrist, the redness of the skin extended above the elbow. Amputation was now performed a little below the centre of the arm; there was considerable bleeding and a great many vessels required to be tied; it was observed that the cellular membrane had sloughed on one side of the arm higher than the point at which amputation was performed, although no indication except the redness of the skin, existed of the sloughing having extended beyond the line of demarcation.

May 3rd.—Passed a restless night; the sloughing has continued on one side of the stump, and a good deal of discharge escapes upon pressure.

7th.—Most of the sloughs have now separated.

12th.—Healthy discharge from stump.

20th.—Stump gradually healing.

Subsequently recovered most favorably with the exception of an attack of bilious vomiting on the 26th.

Of all the forms of local poisoning from decomposition of animal matter that of the malignant pustule appears the most severe.

Malignant Pustule, or Charbon of the French, is a disease commencing in the solid parts, and, if not arrested, extending its deleterious influence to the whole system.

M. Bouillard gives the following description of this disease:—"It is a tumour of little depth, but very hard and extremely painful, and seems to be at the same time the result of a gangrenous decomposition and of congestive inflammation. The gangrenous part occupies the centre of the tumour which is black and livid, while the circumference is of a bright, red colour. In some respects, therefore, the malignant pustule resembles a slough made with caustic, in which the central portion is hard, while the circumference is softer, and surrounded by inflammation. The malignant pustule is at first small, and presents one or two vesicles filled with a reddish liquid. It goes through its different stages with great rapidity, and soon becomes of considerable size. The gangrene extends from the centre to the circumference, and destroys considerable portions of the skin, cellular membrane, and even of the muscular substance. In some patients this disease is altogether local, is accompanied with no fever, and does not prevent the patients following their respective occupations. But, in general, the local affection is followed with all the characteristic symptoms of typhus fever, such as may be produced artificially by injecting septic matter into the blood, or by inoculating 'healthy animals with the matter derived from a malignant pustule in another animal.' From the typhoid symptoms the patient generally dies in a very short time. In its origin this disease is apparently of the most malignant description, and rarely attracts the patient's attention. There is neither heat nor redness, nor tension of the skin. A tingling or pricking and transient sensation may alone be perceived. Presently, however, a vesicle forms not larger than a millet seed. This gradually increases and becomes brown. The patient in the greatest security may break, without perceiving it, the vesicle. Two or three drops of a reddish serous discharge may escape, and the itching may cease for some hours. This first period of the disease may last from twenty-four to thirty-six hours, and sometimes much less. As the poison extends to the skin a small, hard tubercle forms, like the efflorescence of a superficial spot. In the substance of the skin a small, hard, moveable, circumscribed, and flattened tumour may be detected. The colour of the skin is not yet altered; beneath the first vesicle only it is of a lemon colour, marbled or livid. The itches become more frequent and troublesome, there is a feeling of heat and smarting. The skin now becomes engorged, and its surface becomes tense and shining; a second swelling in the form of an areolar forms round the part. This a circle of greater or less prominence and size, sometimes pale, sometimes red or livid, sometimes orange-coloured or streaked with different colours, but always superficial and studded with little vesicles; these are at first isolated, but soon contuse, and are filled with a red, acrid discharge. The malignity of the disease is now unequivocally marked, and the patient seeks advice. The central primitive tumour now changes colour. It becomes brown, very hard, and is insensible. It is a gangrenous spot, which becomes suddenly enlarged. This second period lasts sometimes for days, but ordinarily for some hours only. In the third stage the disease is not confined to the thickness of the skin, but gradually extends to the cellular tissue. Its course then is rapid and alarming. The tumour becomes harder in its centre, extends deeper, and is entirely black. The vesicular areola which surrounds it, indicates the progress of the mortification. This areola extends and becomes gradually larger, sometimes it rises and forms a circle around the primary induration, which then appears depressed. This areola becomes deeper. It no longer involves the skin only as in the first instance; it forms a second compact tumour, but less hard, round the first. This is still sensible. At the same

---

(*a*) Sir B. Brodie's "Lectures on Mortification."

time considerable surrounding swelling occurs, which depends upon the extreme irritation, and the kind of putrid fermentation occasioned by the progress of the septic poison. The cellular tissue becomes distended with air and viscid fluids. The surface of the skin is shining, the swelling elastic, and the patient after having experienced a sharp heat and a smarting pain only feels a sense of stupor, and of suffocation, with weight in the affected part. The primitive tumour thus appears as a centre of infection which involves by degrees all the neighbouring parts. The centre is entirely sphacelated. The surrounding parts are still healthy, and yet they are in a condition rapidly approaching mortification. For while the skin appears healthy the mortification will be slowly extending in the cellular tissue and destroying every thing that it meets with in its passage ; this stage may last four or five days. In a very strong patient, under favourable circumstances, the extension of the disease will stop. The swelling gradually loses its tension and emphysematous character. The vesicular areola is of a brighter colour, and surrounded by a more healthy inflammation. The patient feels a slight heat and throbbing ; the gangrene stops, and is surrounded by a red circle. An abundant suppuration is established, which unloads the cellular tissue, detaches the slough, and terminates the disease. In less favourable cases, the disease passes almost immediately to its fourth stage, characterised by disturbance of internal organs. The pulse becomes small, sometimes soft, often of unequal frequency and always quick. The skin is dry, the tongue dry, and brown. There is less general heat, and yet the patient feels an internal heat which greatly distresses him. He often asks for drink, and nothing alleviates his thirst. He becomes oppressed, experiences pains in his chest and constant anxiety, sometimes the respiration is short, interrupted by sighs and sobs. The urine is thick and scanty, diarrhœa, colliquative sweats, and hæmorrhages rarely occur. But if the disease continues to its large stage the patient falls into a low delirium. During this time the local disease increases, the swelling becomes very great, the mortification extends in depth, all the fluids in the affected part are in a kind of decomposition, and the patient dies evolving from his body the most putrid smell.

In the malignant pustule gangrene is an inevitable consequence, an essential effect of the agent which produces the affection, and not a simple termination only of the disease.

AMERICAN MEDICAL ASSOCIATION.

THE twenty-third annual meeting of the American Medical Association was held in Philadelphia from the 7th to the 10th of May, inclusive, Dr. D. W. Yandell, President, in the Chair.

PRESIDENT'S ADDRESS.

The President, Dr. Yandell, delivered the Annual Address as follows :—

GENTLEMEN : The migratory character of our Association is one of its best features. If it were stationary, its meetings would no doubt be attended by many, and it would, while conducted with wisdom and moderation, exert a good influence upon the Profession all over the country. But its influence is incalculably enhanced by its journeyings from point to point. In this way multitudes are brought into sympathy with it who otherwise would never attend one of its meetings or read a page of its proceedings. Whatever else may be denied, the Association, no one can hesitate to admit, that it is grand in its annual migrations. No other Medical body ever in the same time traversed spaces so vast. Last year we met on the western slopes of the Rocky Mountains, and sat with the sound of the many-voiced Pacific in our ears. This year we have assembled on the eastern side of the Alleghanies, and our foreheads are bathed in the gales of the Atlantic. None of us who were privileged to be present at that meeting in San Francisco, can ever forget the circumstances attending it. We were introduced to a new world—trees, birds, quadrupeds of new species—an empire which, though the growth of but a quarter of a century, excites the wonder and admiration of mankind.

REMINISCENCES OF PHILADELPHIA.

If the novelty of the scene rendered our meeting in California one of peculiar interest, the meeting here is not less so on account of the historical associations of the city in which we are convened. San Francisco is the most recently erected of all our great cities. Philadelphia is the most ancient of all our great Medical centres. It is, in a sense, the cradle of American medicine. Here Medical teaching was formally inaugurated on this continent. We seem to hear again this morning the confident words of Dr. John Morgan, spoken 107 years ago, as he pleaded for the Medical independence of the colonies, and proved to the satisfaction of the citizens of Philadelphia that the time had come when America should have a Medical school of her own. That first faculty, composed of Morgan, Kuhn, Shippen, Bond and Rush, rises to our mind as we enter on our duties here to-day. The old school, elegant Shippen, sitting not very gracefully on his three chairs, and essaying to teach anatomy, and surgery, and midwifery. The rigid, stately Adam Kuhn, his hands and bosom in ruffles, his exuberant coarse hair done up by his hairdresser in the style of an imposing wig, presenting, with his gold-headed cane, a perfect picture of the grave doctor of the preceding age ; punctual to the half minute, beginning his lectures just as the clock pealed its last stroke ; waiting for the physician who was to meet him in consultation the five minutes of grace, then stalking out of the sick-room, perhaps to encounter his tardy brother on the stairway or the door-steps, but hardly pausing long enough to hear the delinquent's excuse, and never turning back. Rigidly exact in his prescriptions, he has just ordered a patient some weak sage-tea. The kindly nurse meekly suggests, as he walks away, "I suppose, doctor, I may give the patient a little toast-water or lemonade, too, if she craves it." And we see him turning round with the solemnity of one who seemed to feel that life hung upon his words, and hear his incisive reply : "I have said sage-tea. Good morning, madam." And how strangely sounds to us that declaration of the old Professor of Practice, made near the close of his life : "If called upon to say with what remedies I have done most good in my long practice, I should name the volatile alkali and wine whey."

But in that group of professors, untried as yet, rises far above the rest that figure so familiar to us all, with its meditative face and calm expansive brow, the philosophic, active-minded Rush. He has just returned from Edinburgh, where he listened to the lectures and enjoyed the friendship of the great Cullen. In all the five years of his pupilage, he tells us, he never wasted a day in amusement. He has entered into his Profession with his whole soul. At the early age of twenty-four he is elected professor of chemistry. We pursue his steps along his brilliant course, as statesman, philanthropist, physician, author—a signer of the Declaration of Independence ; a writer on temperance, on insanity, on Medical education ; author of Medical histories so full and graphic that he is soon styled the American Sydenham. We see him year after year battling with the fever that devastated his city, and with his brethren about blood-letting. We read with absorbing interest his account of the wasting epidemic, and are thrilled by a passage in his diary, entered at the close of one of his terrible days, just after adopting a new mode of practice : "I have visited 100 patients to-day, and, thank God, not one of them has died." His terse, sagacious remarks, repeated everywhere by his pupils till they became household words with the people, come back to us as we meet here, where he was so long the master spirit of the Profession. Consulted by our grandfathers in Charleston, in Georgia, in the wilds of Kentucky and Tennessee, he was acknowledged everywhere as head of the Profession in America. Students flocked to him as they had done before to Cullen, at Edinburgh, and to Boerhaave, at Leyden. Sitting here in his chair of Theory and Practice, he gave laws, as nearly as a physician could ever give laws, to the Profession of a continent ; and he has left behind him a name the most resounding in our Medical annals.

With Rush, after a time, was Caspar Wistar, in Anatomy, which his eloquence made attractive. No Medical man can hear Philadelphia named and not think of Wistar, whose work on Anatomy—the first work on the subject by an American—was long a text-book in all our Medical schools.

Physick, too, rises up among the great names that gave renown to the school at a later period. Cold in manner, unsocial, but grand in the simplicity of his character, he walked the streets of Philadelphia five years, he has told us, before he has made money enough to pay for his shoe-leather. And with him is associated the name of his nephew, Dorsey, author of the first American System of Surgery, who, unfortunately for the Profession, was cut off in his early prime.

Prominent among the foremost was one whom many of you have seen—the first President of our Association—the generous, witty, genial, eloquent Chapman, upon whom fell the mantle of Rush when that great man left the earth. You who saw him at Baltimore twenty-four years ago, as he stood up to deliver his inaugural address, can never forget his form, his face, his voice, his whole bearing and manner, as that of one who felt that the dignity of a great Profession rested on him.

In this city, too, lived for a short time, adorning the Profession by his varied labours, the brilliant Godman, at once physician, poet, and philosopher; but, like Dorsey, dying young.

The last link that bound the present with the past has just been parted. I allude to Dr. Samuel Jackson. Who that remembers his silvery locks, his sparkling eyes, and the sweet and winning smile that overspread his countenance, as he expounded his favourite doctrines, can wonder how readily they were accepted as true. What he was in the beginning and in his prime, he continued to the last years of his patriarchal old age. Keen to perceive, eager to learn, earnest to instruct,—a man whose attachment to his Profession was not that alone which springs from habit or from gratified ambition, but an ardent love which burned brighter and brighter until it was extinguished by the hand of death.

With these eminent names are associated those of Dewees, Hare, Hartshorne, Hornor, Meigs, Mütter, Mitchell, Dunglison, and a long list of others that will live in history. They crowd upon our memories as we walk along the streets that once resounded with their footsteps, through a city rendered illustrious by their labours. They have left successors worthy of their great reputation, and who have made the air of Philadelphia luminous with their works.

. . . .

MEDICAL EDUCATION.

If there is a single question upon which Presidents and Committees of Education have agreed, from the first convention in New York down to the last utterance on the subject at San Francisco, it is that the American system of Medical education is radically defective. The Association, year after year, has been invoked to remedy abuses and rescue the Profession from impending degradation. The Association, indeed, originated in this widespread feeling of discontent with the prevalent condition of things in the Profession. Reform was the watchword of the Convention which met in New York in 1846. Some of the best men in the Profession, being convinced that nothing could be done without general co-operation, the Convention was called in the belief that this reform might be brought about. The members of that Convention came together with no very definite plans of action, but with a feeling that something must be done. The idea of reform has been the idea underlying the whole movement, and animating its most active members with a zeal which could hardly have been inspired by a less generous cause. The first meeting of the Convention was an encouraging one, and a second one was called to meet here. This Association was organised, and Chapman, then the foremost of the American teachers of medicine, opened his address the next spring, at Baltimore, with the declaration that "the Profession to which we belong, once venerated on account of its antiquity, its various and profound science, its elegant literature, its polite accomplishments, its virtues, has become corrupt and degenerate, to the forfeiture of its social position, and with it the homage it formerly received spontaneously and universally." My old neighbour, Professor Henry Miller, in his address to the Association, at New Haven, indulged in the same strain. Borrowing the language of Dr. Drake, he declared that "even at this late period the Profession abounds in students and practitioners who are radically deficient in spelling, grammar, etymology, descriptive geography, arithmetic, and, I might add, book-keeping, but that they generally apply themselves to the study of this important branch with a diligence that supplies the want of early opportunities." And he added: "All candid men who have had any experience in Medical schools must confess that the examinations of the green-room annually reveal a sum of ignorance or of vague and misty perceptions of fundamental Medical truth, even in many who are invested with the honours of the doctorate, which is truly amazing. For myself, I can most solemnly declare that the most mournful and humiliating passages in my professional life have been those annually recurring examinations in which such scanty harvests have been reaped as the reward of a winter's faithful toil." My distinguished and honoured master, Professor Gross, has more recently expressed himself to the same effect. "The future," he declares, "holds out no promise of amendment. We shall go on from bad to worse, until the people can stand it no longer, and then we may hope to be able to effect some reform by our efforts as a great national Association. The Medical schools are getting worse every year, lowering the standard of education. The time is near at hand when honourable men will cease to take any interest in Medical teaching."

Dr. Baldwin, in his address at New Orleans, expressed his despair of seeing the evils of our system of education corrected through any of the agencies heretofore employed by the Association, and could see no mode by which it could be accomplished except Federal legislation—national Medical schools incorporated by Congress. "Make the salaries of the professors large," he says, "and not to depend upon the number of students, and let the Federal Government assume a proper share of the expenses incurred."

It may be that it is because my temperament is more sanguine, or it may be because I am a younger man, and less experienced in the Profession than most of those who have written in this way about its present state and future prospects; but whatever be the explanation, I have to confess that I do not share in these gloomy views and prognostications. Mine is a more cheerful creed. The Profession does not appear to my mind "corrupt and degenerate." I do not believe "it is going from bad to worse," and that the people will have to rise in their majesty to stay its downward progress. I cannot see the thing in this light at all, and so am not ready to appeal to Federal legislation to correct our evils, and certainly should not go to Congress to establish national Medical schools.

Beyond all controversy, there are grave defects in the education of many of our students and of our practitioners of medicine. Not a few of them, I am afraid, have very slight acquaintance with grammar or physical geography, and too many of them know little about etymology, and are bad spellers. It is a pity that this is so, and I should be glad to see a different state of things. But are things in this respect worse than they were in the time of our fathers? Has the case ever been otherwise, do you suppose, in all the history of medicine? At what period was the golden age when all who professed it were scholars, and all who aspired to its honours were worthy of them?

My learned friend, Dr. Baldwin, was a student in Transylvania University when that Medical institution was at the height of its fame. When quoting with approbation the comment of Professor Drake and Professor Miller on the spelling and grammar of the students and physicians of our day, he could hardly have forgotten that two of the professors, at whose feet he sat with so much profit, were understood to be bad spellers, and by no means accurate in their grammar. I refer to the illustrious Dudley and his distinguished colleague, Dr. Wm. H. Richardson. Dr. Richardson was much less widely known than his associate, but history will record of him that, despite his grammatical inaccuracies, which often raised a smile on the countenances of his pupils, he maintained himself in the school for twenty-six years, in fact from the organisation of the first faculty down to the day of his death, by the side of such scholars as Caldwell, Cooke, Eberle, Nathan Smith, and Bartlett. Nor did I ever hear that his students, or those of his eminent associate, complained that the one cut with less dexterity for stone, or that the other was less successful as an obstetrician, on account of their imperfect English education.

. . . .

And, after all, I would submit most respectfully whether it is not possible we have attached too much importance to this humble accomplishment of spelling? A ludicrous blemish assuredly it is on the literary character of any one not to be able to spell correctly, and especially in any one belonging to a learned profession, and it places the individual at a great disadvantage. But I confess I am not able to see why it should prove fatal to success in life.

. . . .

Complaints similar to those so often repeated here, in regard to the education of Medical students, reach us from other countries and from quarters whence we should least expect to hear them. The Profession of Great Britain, with all that it has achieved, is by no means satisfied with the state of things in the Medical colleges of that kingdom. "The students who come to our Medical colleges," says a late English writer, "are, in a large proportion, deficient in preliminary education, and wholly untrained in any kind of scientific knowledge or method. They come too young, and too little instructed."

Education is, indeed, a plant of slow growth. Systems of education are perfected only by ages of infinite effort. Railways and telegraphs have wonderfully improved intercommunication between the nations of the earth, but art has not yet pointed out any royal road to learning. It takes a boy now as long to read or write a page, or to commit the multiplication table to memory, as it did our forefathers when travel was over miry roads in stage coaches or on horseback. The people learn slowly, and are hardly yet awake to the value of education; and our students of medicine come from the people. Of education it may be said as of nations—it cannot be created; it grows. No wonder, then, that students sometimes knock at the doors of our Medical colleges who have not gone far into arithmetic or physical geography, and are "too little instructed" generally. But, while awarding censure, let us be just in its distribution. Let us ask ourselves whether those "vague and misty perceptions of fundamental Medical truth," with which teachers complain of meeting occasionally "in the green-room," may not be somewhat chargeable to the learned professors themselves. "I have a strong impression," says Professor Huxley, "that the better a discourse is as an oration, the worse it is as a lecture." Possibly some of our teachers may have erred in that direction, and failed from excess of oratory; but I much fear that many more fail in exciting any interest in their pupils.

. . . .

But it is objected to our system of Medical education that the schedule in our schools is too meagre, and Italy is cited as a country which furnishes us with an example worthy of our imitation. There, we are told, Medical students hear lectures, among many other things, on geometry, botany, mineralogy, agriculture, and the principles of design. So many of our students out in the West and the South having served a faithful apprenticeship in the cornfield before coming to our schools, I hope agriculture may be omitted in our curriculum.

. . . .

(*To be continued.*)

◆

Hospital Reports.

MEATH HOSPITAL, DUBLIN.

Cases under the care of Mr. L. H. ORMSBY, Surgeon to the Meath Hospital, Demonstrator of Anatomy in the School of Surgery, Royal College of Surgeons in Ireland.

(Reported by Mr. SAMUEL MORRIS.)

CASE I.—*Gonorrhœal Ophthalmia—Recovery.*

Stephen Goodfellow, æt. 23, was admitted into the Meath Hospital on March 25th, 1872, under the care of Mr. Ormsby, suffering from a very severe form of ophthalmia. History: he states he never had gonorrhœa, and was examined carefully on admission, and his statement verified, but he states having lived with a friend who had contracted the disease, occupying the same room with him, and using the same towel, and probably the gonorrhœal virus was communicated in that way to his eye.

State on admission.—His eye was intensely inflamed; the ocular and palpebral conjunctiva very much swollen and injected with blood; the lids everted and profuse discharge of purulent matter; great chemosis, and he could hardly see with the eye, and constant pain so much, as to keep him awake at night.

Treatment adopted.—He was put to bed and put on low diet, all stimulants stopped, and the emetice cathartic mixture ordered, as he was a plethoric strong young fellow, containing

℞ Antimonii tartarati, gr. j.;
Sulph. magnesia, ℥j.;
Aquæ, ad ℥viij.

Two tablespoonfuls of this mixture every third hour, until the bowels are well moved.

Two leeches were ordered to be applied on the internal and external canthus of the eye, and a solution of nitrate of silver containing two grains to the ounce, to be injected into the eye every hour. A belladonna lotion to be applied to the eyelid to soothe the pain, and directions given to the patient to lie on the affected side to prevent any of the gonorrhœal matter flowing across the bridge of the nose into the other eye; the chemosed portion of conjunctiva was scarified by Mr. Ormsby on two occasions with marked benefit, and in the course of the case, the leeches were repeated with great effect. The palpebral conjunctiva was painted with a ten-grain solution of nitrate of silver to the ounce every twenty-four hours. On the 9th of April, the inflammation was at its highest, the cornea was glazed, and the patient could not see anything with it; in about a week longer, signs of the inflammation subsiding was evident, he was then ordered

℞ Iodide potassi, gr. 40;
Tinct. cinchonia, co. ℥j.;
Syrupi aurant, ʒij.;
Decocti cinchonia, ad ℥viij.

Two tablespoonfuls thrice daily.

The eye from this went on remarkably well, the inflammation subsided rapidly, and all danger of sloughing of the cornea disappeared, the cornea began to clear, and he could distinguish objects. He left the hospital well on the 6th of May, 1872.

Mr. Ormsby directed the attention of his class to this case. Most particularly mentioning to them of all forms of inflammation attacking the eye, this was the most formidable, running such a rapid course as it usually does, destroying the sight and causing sloughing of the cornea, also mentioning the importance of a correct diagnosis, and the immediate treatment that must be adopted to prevent destruction of the eye, and the very great danger of the other becoming affected, and recommended a number of precautions to prevent the recurrence of such a danger.

CASE II.—*Dislocation of both Bones outwards at Ankle-joint—Recovery.*

John Mills, æt. 24, was admitted into the Meath Hospital on the evening of April 1st, 1872, under the care of Mr. Ormsby, suffering from dislocation of both bones outwards of the left leg, in consequence of a fall from a stilt he was trying to walk with; there was no fracture of internal malleolus, which is so usual with this form of dislocation, but there was extensive laceration of the ligaments about the joint, on account of the severity of the injury which he had sustained. The luxation was successfully reduced, the limb bandaged carefully, and placed in a box splint, and a cooling evaporating lotion ordered; after the lapse of ten days, all swelling having subsided, the injured limb was put up in a starch bandage applied in the following manner:—The limb was first enveloped in cotton wool, and placed in a paste board box splint, which had been beforehand saturated with warm water, and covered with wet starch, this adapted itself to the shape of the leg, and formed a secure and comfortable apparatus, a starched roller bandage was then placed over this, and finally a dry roller over all. He left hospital in a month from the time of the injury on a pair of crutches, and when last seen he was quite well.

Mr. Ormsby directed the attention of his class to this case, and mentioned that dislocation of this kind was not very common, and that when it does occur, fracture of the lower end of the tibia nearly always occurs, and also impressed on them the great importance in all cases of luxation, to employ everything to allay imflammation, and if possible to prevent it occurring, viz., by appropriate cooling lotions, &c.

Case III.—*Dislocation of the Head of Femur on the Dorsum Illii.—Recovery.*

Isaac Bingham, æt. 27, was admitted into Meath Hospital from Ardee, Co. Louth, on the 6th of April, 1872, for a dislocation of a week's standing. History states that a week ago he was on an outside car, and turning a sharp corner of the road he stepped off, dislocating his hip; he was brought home, and different measures were put into force with a view to its reduction. Pulleys were resorted to on two occasions without success; afterwards it was determined to send him to Dublin. On admission he was carefully examined by Mr. Ormsby, and was brought into the operating theatre, and the following mode was employed for its reduction, recommended first by Colombat, and termed the "osteostrophic method," viz.:—The patient was placed resting on the sound limb, leaning his chest across a high table. Mr. Ormsby stood behind the patient and pressed his two thumbs on the head of the bone as it lay on the dorsum, and guided it down into the acetabulum. While with the kind assistance of his friends, Mr. Rawdon Macnamara, jun., and Mr. William Smyly, who flexed the leg at a right angle to the thigh, and then set up pretty considerable extension in the popliteal space. In less than a minute this dislocation was reduced, and a long Liston's splint applied, and cold lotions ordered to prevent inflammation. After about three weeks the splint was taken off, and a spica bandage applied merely to give support; the patient went on favourably; no bad symptom, and left hospital quite well on May 9th, 1872.

Mr. Ormsby, in going round with his class, mentioned fully this very simple mode of reducing this form of dislocation, it being so easy to put into practice; and useful to those in the country far away from hospital appliances, &c., that he had seen other cases reduced in this way with marked success.

Case IV.—*Abscess of Labia.—Recovery.*

Julia Bray, æt. 35; unmarried; admitted into the Meath Hospital on the 19th of May, 1872, under Mr. Ormsby's care, suffering from a large abscess on the right labia. She stated she had felt pain in her private parts for the last three weeks; and latterly, it became so intense and the heat and throbbing so great, she had to leave her situation.

Treatment.—A brisk purgative was administered to clear out bowels, and a linseed poultice applied to the inflamed part; the abscess burst in about twenty-four hours; and evacuated a large amount of pus, which relieved her very much; the swelling went down; pain ceased, and she was discharged on May 24th quite well.

Mr. Ormsby mentioned to his class that abscess in this situation was not very uncommon, and that the great point about the treatment was perfect rest, and then an early evacuation for the matter when fully formed.

Case V.—*Compound Comminuted Fracture of both Bones below the Knee.—Death.*

Mary Ross, æt. 80, was carried into the Meath Hospital at about 11 o'clock on the forenoon of Wednesday, April 17th, 1872, under Mr. Ormsby's care. On examination it was discovered that she had sustained a most extensive compound comminuted fracture of the left leg below the knee; both tibiæ and fibulæ were smashed into small pieces, and there was fearful lacerations of the soft parts. She was in a state of collapse; there was no hæmorrhage to speak of; hot brandy and water was administered; a hot jar placed to her feet, and she was well covered with warm blankets. It appears she was walking along in the street, and she came in contact with one of the tramway cars, which knocked her down, the wheel passing over her leg, and causing such a very severe injury. The woman was well watched through the day, in the hopes that some sort of reaction might come on, and the femoral artery was compressed by the fingers of assistants. The poor woman never rallied; some hæmorrhage came on about 3 o'clock in the afternoon, but this was soon checked by appropriate measures, by digital pressure, and by the application of Signoroni's tourniquet. Mr. Ormsby, with the advice of his colleagues, deemed it unadvisable to operate, as the woman would most undoubtedly have died on the table; she gradually sank and died at 6 o'clock the same evening.

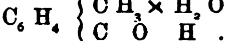
Mr. Ormsby mentioned to the class that this was a very severe form of accident, and that the symptoms of shock were very well marked, such as vomiting, cold extremities, pallid skin, &c., and that the rule in surgery was not to amputate the mangled limb while the collapse lasted. And whether an amputation was performed or not, the woman would most likely have died, owing to her very great age, and the great amount of blood she had lost on the receipt of the injury.

GLASGOW FEVER HOSPITAL.

Small-pox treated by Xylol, &c.

Dr. Russell's Clinic.

Dr. Russell has had many cases of small-pox under his care, and his experience as to xylol and other remedies is given in the new number of the *Glasgow Medical Journal.* We propose to give the cases detailed, and extracts of his remarks, for the subject is of great importance, and Dr. Russell's powers of observation are of a high order, so that his clinical work is of great value. Our columns have already contained notices of the new remedy, and its chemical qualities have been reported upon for us by Mr. C. R. C. Tichborne. Dr. Zuelzer, however, appears to have given Dr. Russell a few notes, and we may as well begin by quoting his letter. Dr. Zuelzer writes—

"Xylol is one of the products of the distillation of coal, and boils between 138° and 140° C. The boiling point is the best test of the purity of xylol, which is not very good and free from other products, as obtained in the pharmacies of Berlin. It is a member of the Benzol series—Dimethyl-benzol—$C_6 H_4 (C H_3)_2$. Introduced into the system, it becomes changed into acid of Toluyl— $C_6 H_4 \left\{ \begin{matrix} C H_3 \times H_2 O \\ C \; O \; H \; . \end{matrix} \right.$ This product assumes one atom of Glycocoll ($C H_2 (N H_2) C O O H$), and appears in the urine as acid of Tolure. The latter is an acid of some strength, and its salts are not injurious to the system. Another quality of xylol is, like other similar products, to coagulate albumen.

"I give xylol with good effect in cases of *Variola pustulosa.* Such cases are very much quicker dried than others; the fever is shorter, there is no secondary fever, and the cerebral symptoms are very insignificant. In cases of *V. hæmorrhagica nigra,* I have not remarked any effect. I give it by mouth in doses of 10, 15, 20 drops every hour, or every second or third hour, alone, with wine (claret or sherry), or in *capsulæ gelatinosæ.* It is best to begin as early as possible with xylol." (Dated 12th April, 1872.)

It would appear from these remarks that Dr. Zuelzer believes that by the use of xylol he can modify the normal course of the disease—a breadth of effect which will be difficult to demonstrate even if we allow ourselves to indulge the hope that it exists. Dr. Russell remarks—"Although I have no wish to prejudge the case, still the whole tendency of my experience of diseases such as small-pox, arising from the constitutional effects of a specific poison, as well as my recollections of their therapeutic history, lead me to be sceptical as to specific, aborting or antidotal treatment, and only, in the meantime, to look hopefully on symptomatic treatment. It is to be remarked, however, that small-pox itself furnishes us with a unique illustration of the antidotal treatment of disease, and one which may prove also typical of a large class of true antidotes—I mean the administration of the vaccine virus, so as to modify the variolous virus (the former being the latter modified by the cow). When we vaccinate an infant in a small-pox ward, who has been nursed by a variolous mother, and on the tenth or eleventh day thereafter an eruption of small-pox appears, but is very scanty, and aborts in a day or so, we imitate as closely as possible a laboratory experiment with poisons which are antagonistic, not chemically, but in physiological action (*a*). There is no doubt that in the infant's body there was a dose of variolous poison which would in due time have sprung into violent activity, but which was, by the introduction of the vaccine poison, completely diverted from its normal course and made comparatively innocent. There is also no doubt that, both poisons being at the same time within the system, the one poison acted somehow either directly on the other poison or on the tissues, so as to modify the physiological action of the other. An infant vaccinated in the usual way, and introduced a fortnight after into a small-pox ward is uninfluenced by the variolous poison; and an infant unvaccinated will be influenced severely. Still, notwithstanding this antagonism between the two poisons, if the variolous poison has already become active in the system, when the vaccine poison is introduced, no such antagonistic effect is observed; the local irritation of the vaccine poison simply assumes an unhealthy action, the contents of the vesicle become rapidly purulent, and the variola goes on uninfluenced. It seems to me that this easily executed and well-known experiment furnishes an *à priori* reason against the efficacy of xylol or any other agent in diverting the variolous poison from its normal course; over and above the well-known failure of all such attempts in the class of diseases which are caused by similar animal poisons."

Dr. Russell remarks—" 1. That in the course of small-pox, as seen in *vaccinated* persons, and without any treatment whatever, *phenomena are observed which never occur in small-pox as seen in unvaccinated persons;* that these phenomena are such as we aim at by treatment—short fever, rapid development of the eruption, abortion of the whole process suddenly at any stage, and even when it is of a malignant type. 2. That seeing these phenomena never occur in unvaccinated persons, and frequently occur in vaccinated, it is only the former which we can treat experimentally without risk of fallacy."

The very mildest conclusion which can be drawn from these remarks is that if an experimenter chooses to experiment on vaccinated variolous patients, *the fact is a cardinal one, and ought to be stated foremost in the details of his cases.* Without precise information on this point, no reliance whatever can be placed upon inferences as to treatment. Dr. Russell lays great emphasis upon this, because it is remarkable how common it is to publish histories of cases and statistics in which small-pox is treated as a homogeneous disease, a procedure which is worse than publishing as cures cases in which we are told there was a good vaccine mark, as in the latter case *all* the facts are given, and we can form our own opinion. He gives two very marked illustrations, one from home, the other from foreign literature, and criticises them in appropriate terms.

Case I.—Colin McI., æt. 28, admitted 10th Feb., 1872. *Unvaccinated*, and in 5th day of confluent small-pox.

The xylol was not obtained until the 15th February, 10th of the disease, from the afternoon of which day the patient got min. xx. in water every three hours. On the 12th day face and scalp presented a uniform surface of pale yellow, soft pus in process of drying; but on limbs and body the pustules were still full, with broad areolæ. The pulse had fallen from 134 (on the 10th day) to 120. In the evening it was 112. On the 13th day it was 104, and there was a subsidence of activity of eruption on limbs and body. On the 14th day the pulse was 100, and pustules burst on all parts of body. On the 17th day the crusts were beginning to separate, pulse 96. The xylol was stopped.

N.B.—This patient had a crop of boils all over body and limbs, and also a large abscess in left arm. The boils produced inert sores, which became fungus-like, and were very long in healing. Patient, who was a vigorous, muscular man at the outset, continued emaciated, and convalesced very slowly.

Case II.—Thomas B., æt. 28, admitted 9th February, 1872. *One bad v. mark* on the right arm. In 4th day of what proved to be confluent small-pox.

The xylol was not commenced till 15th February, being the 10th day of disease, when from 2.30 p.m., onwards min. xx. were given every three hours. Before that time, however, the rapid breathing, and rising pulse, showed that the pulmonary congestion, which ended fatally on 16th at 8.15 a.m., had already commenced.

Case III.—Donald M'L., æt. 24, admitted 27th February, 1872, *unvaccinated.* In 4th day of small-pox, with very copious rash. From the 5th day this patient had thirty drops of xylol every two hours. He died on the 17th day, of gangrene of the lungs. As this is an interesting case, and one in which the drug had a good trial, I shall give full notes of it.

Feb. 28th (5th day).—P. 96. Very copious vesicular eruption, very small, with some lividity intervening. No motion. Slept. Give castor-oil, and begin X., thirty drops every two hours.

Evening.—P. 104. Still no motion. Repeat oil.

29th (6th day).—Commencing pustulation on face. Slept well. Bowels freely moved.

March 1st (7th day).—P. 108. Eruption very pale. Considerable œdema of face, and much lividity surrounding pustules. A few pustules and vesicles show a distinct *hæmorrhagic centre.* Slept none, and passed on the whole a restless night. Motion.

Evening.—P. 120. No sleep; no motion.

2nd (8th day).—P. 106. Pustulation more advanced, and on face the pustules are yellowish, with increase of œdema. No motion; restless.

Evening.—P. 124. Motion; only a little sleep.

3rd (9th day).—P. 112 Passed a restless, almost sleepless night. Here and there on face are points of yellow pus; otherwise eruption is pale.

4th (10th day).—P. 120. Crustation pretty general on face. Œdema and accompanying lividity are decidedly less on trunk. Breathes quietly; restless, almost sleepless night. Bowels moved.

5th (11th day).—P. 128. Passed a very restless and quite sleepless night. Respirations rather hurried, and pulse soft. Give ℥iv. whisky.

6th (12th day).—P. 124, improved. Crustation complete on face; majority of pustules still unburst on trunk, but they are less active. Slept about three hours; respirations quiet and good; no motion; give oil.

7th (13th day).—P. 112. Crustation slowly progressing on body; still no motion; repeat oil.

Evening.—P. 128. Bowels freely moved.

8th (14th day).—P. 124, soft and shaky. Slight separation of scabs from face. Some pustules on limbs have coalesced so as to form large blebs. Breathes fairly, feels better, and bowels free.

Evening.—P. 132, rather feeble. Passed a restless day, always endeavouring to rise. Bowels free.

9th (15th day).—P. 132, still shaky. Sleepless night;

(*a*) See paper "On the Antagonism between the Actions of Physostigma and Atropia." By Dr. Fraser. "Transactions of the Royal Society of Edinburgh," Vol. XXVI., p. 617.

Pustules now burst generally. Left cornea rather cloudy. Breathes fairly. Had a slight rigor at 8 a.m.

Evening.—P. 136, soft. Respirations somewhat hurried and laboured: is very restless. Drinks badly. Give ℥ss whisky every hour.

10th (16th day), soft. Respirations still the same. Cloudiness of cornea less. Has drank fairly during night. Seems less restless, and is still pretty sensible.

Evening.—P. 160. Respirations more rapid and laboured. Evidently sinking.

11th (17th day).—Died at 9.15 a.m.

Post-mortem examination showed the immediate cause of death to be gangrene of part of one lung and intense hypostatic congestion of greater part of the other.

◆

Transactions of Societies.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS.

Dr. Aquilla Smith, in the chair.

Dr. Cameron, Analyst to the City of Dublin, read a paper

ON THE APPLICATION OF GASES AS A MEANS OF DESTROYING CONTAGION.

There is, however, he said, no evidence of a satisfactory nature to prove that the ordinary emanations from decomposing animal or vegetable substances are the cause, *per se*, of any contagious disease.

It is more reasonable to believe that zymotic diseases are each of them produced by the introduction of a specific *virus* or *germ* into the animal economy. It is probable that some zymotics are caused by germs which are incapable of multiplication in the body. Such diseases are not, therefore, contagious in the ordinary sense of that word—that is, they are not propagated by matters which are cast forth from the bodies of the sick. In the valuable Report on Yellow Fever, prepared by Dr. J. C. Nott, and published in the Annual Report of the Board of Health of the City of New York, for 1870-71, very strong evidence is adduced to prove that yellow fever is caused by germs, which are not bred within the body. It is, however, shown that those germs may be transported from place to place in the clothes and baggage of men. Dr. Nott brings forward the most convincing proof that decomposing organic matter does not, *per se*, produce yellow fever; and shows that the germs which cause the malady are devitalised by exposure to a temperature of 32° Fahrenheit.

The use of disinfectants is, however, to be commended, because they preserve the atmosphere free from malodorous gases and vapours. Some kinds of so-called disinfectants are also of great utility as a means of preventing the putrefactive decomposition of organic substances. These disinfectants are properly termed antiseptics. They do not altogether prevent animal and vegetable matters from decay; but they greatly retard that process, and then decomposition without sensible putrescence only takes place.

What is it that we try to destroy when we generate chlorine gas in a room which has been tenanted by a small-pox patient? Is it a gas, or a vapour, or an abnormal condition of one or more of the ordinary constituents of the atmosphere? If the cause of the disease lies in an abnormal condition of the atmosphere—in the occurrence of a "pandemic wave" in that fluid, the disinfection of the air of a particular room, would be useless, because, where ordinary ventilation is adopted, the purely gaseous contents of an apartment are wholly renewed many times in an hour. What, therefore, would be the use of disinfecting a room if the atmosphere, on entering it, be already tainted! If cholera, small-pox, rinderpest, and other zymotic and epizöotic diseases are caused by abnormal atmospheric conditions, why is it that they speed along the highways of commerce, that they spread most rapidly as the density of population increases, and that they prevail most in those places where least attention is paid to the removal of organic filth? If the amount of carbonic acid in the atmosphere were increased from its normal proportion of 4 parts in 10,000 parts of atmospheric air to 4 parts in 100, serious disease would be the result; but it would afflict all classes alike, and would ravage the country regions equally with the urban districts.

A careful examination of acknowledged facts relative to nearly all the more important epidemic diseases fully justifies the belief that each is produced by the introduction of a *materies morbi*, or germ, or virus, or some palpable substance from the bodies of the sick into those of the healthy; and by that way alone. This view of the mode of propagation of zymotic diseases is, perhaps, most conclusively proved by admitted facts in relation to two contagious diseases—namely, *scabies*, or common itch, and syphilis.

The itch is a good example for the purpose of illustrating the nature of contagion. The *materies morbi* is easily seen; it is an entity, it possesses reproductive powers, begetting its own kind, and it is never found except in the bodies of higher animals. The non-contagionists must admit that at least in the case of this disease the theory of the contagionists is proved to demonstration, and simply because the virus of the disease is so large as to be almost seen by the unassisted eye.

In general the contagious matter appears to be excessively minute. Chauveau (*Comptes Rendus*, October 19th, 1868), diluted the liquid taken from the pustules of sheep-pox with 10,000 parts of water, and found that it still retained its power of producing small-pox in the sheep. Vaccine matter from man may be diluted with ten times its weight of water without losing its contagious property to a sensible extent, but if diluted with 500 parts, it becomes perfectly inactive. Hence it is evident that the contagious liquid of sheep-pox is many times more powerful than vaccine, probably because it contains a larger number of the actual particles, or germs that produce disease. These germs have been carefully sought for by eminent pathologists and microscopists. On the whole, the results of the investigations of these inquirers have not been barren. It is shown that vaccine contains, in suspension, minute quantities of two kinds of solid particles—*leucocytes* (which resemble pus corpuscles), and smaller particles not exceeding the 1-20,000th of an inch in diameter. The leucocytes may be easily separated from the other particles and the serum; and they are found to be perfectly inactive. The vaccine property must, therefore, reside either in the small particles or the clear serum. By means of the diffusion apparatus, Burdon-Sanderson and Chauveau have succeeded in obtaining the serum free from the small particles, but failed to produce vaccinia with it either in man or in the ox. These important and accurately conducted experiments prove that the actual cause of cow-pox, and inferentially of other kinds of small-pox is a minute solid and insoluble body.

It has been strongly urged as an argument against the germ theory of disease that it fails to account for epidemics. Why should small-pox die out in Ireland, and then suddenly reappear and rage with great violence in many parts during the last twelve months? How is it that cholera periodically invades the west from the east? Why does an epidemic gradually increase in intensity, attain a maximum of virulence, and then gradually die out? It is difficult to answer these questions satisfactorily, because all the factors concerned in the propagation of zymotic diseases are not known.

If it be admitted that small-pox and certain other diseases are sometimes caused by matters thrown off from the sick making an entry into the bodies of healthy persons, then the phenomena of epidemics may be shown to be explicable without abandoning the theory that small-pox (and some other diseases) are only communicable from individual to individual. We can readily understand that the low forms of life which produce epidemic and epizootic disease might, under favourable circumstances, multiply to a greater extent than usual. Under such circumstances the chances of their getting into the bodies of animals would be proportionately increased, and a local epidemic would be the result. Intercommunication between the place where the germs were first developed and other places would soon scatter them over areas more or less considerable.

In some epiphytic diseases we find the analogues of epidemic and epizootic maladies. The "blights" in the cereals and other plants are caused by the ravages of minute parasitical fungi. A common disease of wheat grain is occasioned by the presence of the fungus *Uredo caries*, the seeds, or sporules of which are so minute that, according to Bauer, a single grain of wheat may contain 4,000,000 of them. The fungi which produce the diseases of plants do not originate sporadically, nor are they ever found except as parasites. For years a whole locality may be absolutely or comparatively free from them, when suddenly those pests will appear and destroy whole crops. It is the same with respect to the ravages of plants by insects; suddenly the caterpillars of moths will appear in vast numbers in localities where they had previously been very scarce. A few years ago the extensive plantations at Dunsany Castle, county of Meath, became suddenly the abode of myriads of caterpillars, which speedily stripped the barks and leaves of a large proportion of the trees.

If species of bacteria or similar objects are the contagia of certain diseases, then we can understand why it is that so many persons who are near small-pox and fever patients escape, whilst persons not in contact with the infected catch the disease. The bacteria thrown off from the bodies of the sick are not equally diffused throughout the air as a gas or vapour would be, but, for the most part, are scattered about on the clothes and on other solid surfaces, from which they may be conveyed to great distances without making their entry into the body of anyone. Contagion in general is conveyed by means of clothes or other solid substances, and is rarely directly propagated through the air. In the Report on Yellow Fever, by J. C. Nott, that writer says :—

"No evidence, I think, could be more complete to establish the probability of a disease. All facts being opposed to its contagiousness, I can come to but one conclusion, viz., that the germ may be closed up in trunks or boxes, or be shut up in the baggage car of a railroad, transported from one point to another. I have never seen anybody communicate the disease where luggage was not taken with the patient, and that the disease generally goes everywhere that steamboats go from our infected ports in epidemic years, I see no other conclusion than the one I have before given, viz., that the germ is carried closed up with baggage, and not generated and communicated by personal contagion."

Before the question of bacteria as a cause of zymotics arose, Haygarth, Murchison, Ryan of Lyons, and others denied that small-pox poison was directly transmitted through any considerable space in the open air. Murchison asserts that the poison was not contagious in the open air at a distance of half a yard. Chauveau states that the contagious matter of small-pox is volatile—that the solid particles float into the air at a temperature of 40 degs. centigrade, but in his experiments the matter was carried away by a current of vapour.

The results of several experiments made by the author show that bacteria and the contagious particles of vaccine lymph resist, when protected by an extremely thin film of solid or semi-solid matters, the action of chlorine and sulphurous acid gases applied to them in larger quantities than are usually employed in disinfection. The filtered meat-juice used in these experiments contained only five grains of solid matter per ounce of 480 grains—less than one per cent. The object glasses were dipped in this liquid, and many of them allowed to drain before being subjected to experiment. We may readily conceive then how extremely thin the film was that separated the bacteria from the gases set free. It is extremely improbable that the actual contagious particles of small-pox or cholera, or similar diseases, are ever detached from the serum and other matter with which they associated when thrown off from the body. They are, no doubt, invested with some such film as that which protects the contagious granules in vaccine. If ordinary gaseous disinfection sometimes fail to destroy the vitality of vaccine, and has no effect on ordinary microsymes, we cannot rely upon it as a means of destroying the contagiums of zymotic diseases which certainly are near akin, if not to bacteria, at least to the virus of vaccine. The recent experiments of Grace Calvert show that bacteria sustain a very high temperature without being killed; and, on the other hand, Melsens in the *Journal de Pharmacie et de Chimie* for September, 1870, shows that vaccine lymph retains its activity when exposed to the intense cold of 80° centigrade. The low forms of life are often capable of resisting influences which, in the case of the most highly organised animals, would produce fatal results.

No doubt, chlorine, sulphurous acid, and some others of the so-called disinfectants, destroy bacteria and contagia; but in order to do this they must be employed in much larger quantities than they have hitherto been used.

The complete disinfection of a room tainted with the poison of contagious disease can only be accomplished by the most thorough cleansing. The paper should be removed from the walls, and the latter scraped. The ceiling should be washed and whitewashed, the woodwork and floors should be scoured —all these detergent processes remove—probably without destroying them—the contagious particles. The old-fashioned plan of simply whitewashing the walls and ceiling of a room, and washing the woodwork has much to commend it, and it is infinitely more efficacious than gaseous disinfection without liquid applications. If the whitewash does not kill the bacteria, it certainly imprisons them securely.

After some remarks from Dr. Malachi Burke, Dr. Grimshaw said that the process of disinfection was carried out by the officers of the Public Health Committee after this fashion. A man comes with a pint of chloride of lime in an old battered tin; he dilutes it with sulphuric acid, places it in a vessel in the middle of the room, shuts it up and leaves it there until the next morning. The usual course when he turned his back was for the owner of the room to throw the disinfectant out of the window. There were but two men at present employed by the Public Health committee disinfecting the whole of Dublin, so that chemical disinfection, or disinfection by gas, was not fairly tested in this city; and it appeared from a statement in the public journals, that only one in 35 of all the houses reported as being infected by small-pox had been disinfected. The whole, so far as they knew at present, the only effective disinfectant was a high heat, and even more important were detergent measures. It was only recently it had been announced in Dublin that gas was a disinfectant. He found, on looking over the records of Cork Street Hospital, that formerly such a thing was never attempted as trying to purify a house by fumigation.

Dr. Darby said they did not know what was the cause of epidemic disease. Was it those little animals referred to? It was not at all proved they were the cause of disease, and he did not believe they were. He had come to the conclusion that there was scarcely any disease which affected the human body that might not at one time or other become epidemic. He had been for over 30 years connected with a large public institution, and he had not the slightest doubt from his experience there that vermin were sometimes epidemic; that itch was epidemic; that chronic purpura was epidemic. He had had thirty cases of chronic purpura in the hospital at one time after the famine. It was supposed by some that disease was propagated by a germ, but he did not find any satisfactory proof of that proposition. Cerebro-spinal arachnitis was not known in Ireland until it appeared in his hospital. It remained for the late Dr. Mayne to throw more light on the disease than he could. All he could do was to bring case after case forward at the Surgical Society in order to elicit information, but not a man in the room knew anything about it, and many of them thought he had found out a mare's nest. It appeared among healthy boys in the workhouse school, and it attacked none but boys of from 10 to 15 years of age. It was next seen in Belfast, and then it came to Dublin. Take the present epidemic of small-pox. I went about in the same way.

Dr. Burke rose to order, and submitted that Dr. Darby was not speaking to the question.

Dr. Darby believed that plenty of soap and water and pure air were the best disinfectants. When small-pox appeared in the hospital under his care he placed over the doors of the ward a curtain steeped in a solution of chlorate of lime. He did not know that it did any harm, and he doubted whether it did any good; but he had great faith in fresh air and in cleanliness. The fact that these epidemics come suddenly, rise gradually to a maximum, and then decline was an argument against the germ theory.

Dr. Finny thought the two last speakers seemed to have misunderstood what Dr. Cameron meant to suggest. Dr. Cameron did not state that bacteria and fever germs were identical, but he assumed that the fever germs were animal or vegetable substances, certain small molecules, each propagating its own specific disease, and no other—the virus of small-pox giving small-pox, that of scarlatina scarlet fever, and that of vaccine cow-pock. He, secondly, assumed that the bacteria, or vibriones, or microzymes are found in putrescent matters, and also wherever there is any disease that appears to be spreading from one individual to another. He did not, however, assume that the bacteria were identical with the germs of the disease.

Dr. Lyons rose to say that he could not be taken as concurring in the idea that minute microscopic animalculæ or vegetation were the germs or origin of any but a few and well defined forms of cutaneous disease. He thought they were travelling in an entirely wrong direction in looking for the origin of epidemic disease in that quarter. He had himself an idea that diseased processes, however variable in their superficial manifestations, were, when viewed from a profound pathological point of view, more nearly allied, and much more closely similar in their essential conditions than would be supposed from a superficial view of them. He (Dr. Lyons) for one was not prepared to admit that all diseases were propagated by contagion, that like generated like in disease, or that contagion would explain the development of all epidemic diseases. He doubted if, in the present condition of knowledge, any two persons in that room would agree as to what was, and what was not, contagion, or what was to be accepted as the element of contagion in any given case, or, if admitted, how its action was to be explained.

After some observations to Dr. Arthur Wynne Foot, the Chairman thought Dr. Cameron had, to a great extent, established the object he had in view with respect to the action of disinfectants. He had shown that it required a much higher degree of concentration to destroy animalcules than had been heretofore considered necessary. In the course of his observations he alluded to two diseases with which they were familiar, itch and syphilis, as unmistakable examples of contagion. That every one would admit; but they would also admit that there was a wide difference between contagion and epidemic influences. That was an important matter to keep in view. With respect to disinfectants, they all knew how often disinfectants and deodorizers were confounded. As to the germ theory, he was not very well versed in it, but he was not aware of any fact proved that pointed to the existence of particular germs for disease. He thought until they had something more tangible than they had as yet, they were not able to say that disease was propagated by germs. The Metropolitan Sanitary Board of London requested returns to be made from all the vestries who employed people in cleaning the sewers, of the number of persons employed in that way, the age of those persons, the duration of their employment, and the cases of fever amongst them. 234 individuals were included in the returns. A great many of them had been engaged 17 years in that occupation, and the whole sum of the cases of fever amongst them was six. That struck him as a very remarkable event.

Dr. Cameron, in reply, said that Dr. Finny had so clearly put his views before the meeting that he found it unnecessary to recapitulate them. All he could find in Dr. Grimshaw's remarks was that there was a something in contagion which heat destroyed. If that something were any of those abnormal conditions of the air, or loss of nervous energy, of which they had heard, he did not see how an increase of temperature or whitewashing could destroy it. There was a something which was capable of communicating disease from one individual to another; for there could be no doubt there was contagious matter in small-pox, pustules in farcy in the horse, in pleuro-pneumonia in the ox, and in vaccine, and we could produce any of those diseases by introducing a certain kind of morbid matter into the blood of an animal. He did not mean to say chlorine would not do some service. All he wanted to say was that unless used in very large quantities it did not destroy the lowest forms of life, and then he asked why did they use chlorine at all? The germs of disease, or, at all events, bacteria, did not float in the room, and they were not destroyed by the quantities of the disinfectants ordinarily used. To destroy them larger quantities must be employed, and they should be, in great part, used in solution. He had dipped a brush in a strong solution of chloride of lime, and passed it over a glass on which there were bacteria. He then passed over this water, which had been previously heated to a high degree, and he found the bacteria were destroyed. With regard to syphilis being an epidemic, the first time it was heard of it assumed something of that character.

The only reason why syphilis did not become an epidemic was that its poison was not disseminated through the air as easily as other kinds, it was more ponderous. Dr. Russell of Glasgow, a very accurate observer, showed that all the persons connected with the Fever Hospital of that city, the ward-maids, the nurses, the store-keeper, the man at the gate, sooner or later caught fever. There were different degrees of rapidity with which the poison of contagion was propagated. Actual contact was required to give syphilis, whilst small-pox, being more volatile, might be carried in minute particles in the clothes. As to what Dr. Smith had said about sewers, it establishes the theory of contagion. There was no other theory that afforded a satisfactory solution to immunity from epidemic diseases in certain cases. The immunity of the persons employed in cleaning the sewers merely showed that decomposing ordinary animal and vegetable matter *per se* would not produce zymotic disease. He knew a family in the country who persistently drank water that contained 20 grains of organic matter per gallon; it had even a bad odour, and it came from a well so situated that the drainage from the stable yard and out-offices flowed into the shaft of the well. The family, as he had said, drank it continuously, and yet no contagious disease had ever broken out amongst them. Why? The water was impure, it had a bad smell, but the germs of disease were not there. Time was a great factor in disinfection. He found that the quantity of disinfectant matter applied in gaseous form which would not kill bacteria in a short time, would do so after a prolonged contact. They could not properly disinfect a house in less than 24 hours. No house in which a small-pox patient had died could be considered free from contagion until the walls were scraped and white-washed, and the place thoroughly swept out.

The Society then adjourned.

CAMBRIDGE PHILOSOPHICAL SOCIETY.

ON SOME OF THE SYMPTOMS PRODUCED BY URÆMIC POISONING IN CHRONIC DISEASE OF THE KIDNEY.

Dr. Latham stated that the object of this paper was to show that many of the symptoms, as to the mode of production of which, in chronic Bright's disease, much discussion has hitherto arisen, might reasonably be explained. That the factors involved were:—

(1). The impeded passage of the blood through the minute arteries of the system, caused by excessive contraction and hypertrophy of the muscular walls of three vessels, as has been demonstrated by Dr. George Johnson.

(2). The hypertrophy of the heart, developed by the resistance offered to the circulation from the contraction of these small arteries; and

(3). The impoverished state of the blood, which is the necessary accompaniment of the disease.

The author first dwelt upon the occurrence of paroxysmal dyspnœa or asthma, and after discussing the effects which would be produced if the minute branches of the pulmonary artery were suddenly contracted, and the general symptoms and physical signs which would accompany such an event, he showed by reference to cases recorded by other observers, and from instances which had come under his own observation, that the theory was supported by facts. He then referred to epileptiform convulsions and uræmic coma, and pointed out why, in some cases, convulsions might occur, and not in others; owing to the predominance of one or other of the above mentioned factors. He then went on to say, that, although cerebral apoplexy not unfrequently occurred where there was atheromatous degeneration of the arteries, yet that independently of this, the apoplexy might be caused by the velocity of the blood through the minute tubes being retarded (the velocity through a tube varying as the square of the radius of the section), and so leading to the formation of a small coagulum of fibrin or a thrombosis. This, also, he contended, explained the production of pulmonary apoplexy, and minute apoplexies in the kidneys and spleen, hæmorrhagic infractions occurring in chronic Bright's disease, where no valvular mischief of the heart or endocardiac disease existed.

Dr. Bradbury thought the symptoms mentioned by Dr. Latham were explicable, on the supposition that after Bright's disease had set in, thrombosis of the heart had taken place. He described a case of pulmonary apoplexy, which he had examined, where a large blocking had been caused in the pulmonary artery, and commented upon one or two points in the paper.

Dr. Latham was of opinion that the *post-mortem* case quoted by Dr. Bradbury, supported the theory he had advanced, for as there was a valvular disease of the heart, the obstruction had most probably been caused by the minute vessels of the pulmonary artery contracting, so as to retard the velocity of the blood through them to such an extent as to allow it to coagulate.

An examination of candidates for fifteen appointments as Assistant-surgeons in Her Majesty's Indian Medical Service will be held in London in August, 1872.

REGISTERED FOR TRANSMISSION ABROAD.
THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
„ IF PAID IN ADVANCE 1 0 0

** Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20, King William Street, Strand, London, W.C.
A. H. JACOB, Molesworth Hall, Molesworth Street, Dublin.
MACLACHLAN and STEWART, South Bridge, Edinburgh.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, by Messrs. LIPPINCOTT and Co., and DR. BUTLER, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 12, 1872.

THE LONDON HOSPITAL.

WE propose this week to fulfil the promise shadowed forth in our last number, and to place before our readers a brief sketch of the recent transactions at the London Hospital. This valuable Institution has been so seriously implicated, the various actors in the drama occupy such a prominent position, and the part that has been played by certain of the performers, has given rise to so much scandal that we are not surprised to find that a lively interest has been excited in the Profession; and that considerable anxiety has been expressed to have full details of the case. It has been felt, moreover, that it is desirable in the interest of all concerned that a full-fair-and-impartial statement should be made, and judgment pronounced upon the conduct of those who have played the most prominent part on the occasion. In order to do this fairly, it is important that all the circumstances should be fully known and impartially set forth, and even if this involve a somewhat long and possibly tedious statement, we do not think the pages of this Journal unsuitably filled if each act of the drama be thoroughly developed. It will assist us to explain some of the secret springs and motives that were at work, and that gradually led up to the final act, if we place before our readers certain elements of discord that existed between those who played the chief *rôle* on the occasion.

The members of a hospital staff may be, and sometimes are, as in the present case, supplied from two sources—viz., from those who have been educated at the hospital, and from strangers; again, certain members of the staff take an active part in the school, and others represent the practical element and throw their sympathies and their energies into their hospital work, each are equally useful in their way, but represent a somewhat different order of talent, and this gives rise not infrequently to certain jealousies and heart burnings.

The London Hospital has had its staff largely reinforced from alien sources, and they chiefly do the practical work; whereas, those who have been educated at the hospital take an active part as teachers and lecturers. Mr. Rivington has been educated at the London Hospital, and has been for many years attached to the College as a teacher of anatomy; he is a fluent and even eloquent lecturer, and is a great favourite with the pupils, and is largely endowed with those social qualities which, when combined with scientific attainments, ensure popularity. He is the junior surgeon on the staff and an extra-surgeon, having been promoted to the post somewhat against the wishes of his senior colleagues, especially one. He has paid more attention to the scientific than to the practical branches, and seems most in his element when teaching. The work of the hospital may have, at times, been rather irksome to him, and he has been thought to be somewhat irregular in his attendance, though not to a greater extent than others, and on certain occasions he has performed brilliant and successful operations. He has also fulfilled the duties of Dean of the school, and when matters involving some dispute and difference of opinion have arisen between the Medical staff and the Committee, it became his duty to be the advocate of his colleagues, and having a ready pen and a fluent tongue, he was often rather troublesome, and thus gradually became somewhat irksome and unpopular with the Committee.

It is easy to understand that, in a colleague possessing qualities and mental attributes, the very reverse of those we have been describing, Mr. Rivington would excite jealously and ill-feeling, and it will easily be seen that, if all his weak points and all his shortcomings were carefully watched and noted down, and made known to other colleagues and to the hospital authorities, with whom he was not in high favour, there would gradually grow up an accumulation of petty misdemeanours, irregularities in the hours of attendance, slight errors in diagnosis, some nervous embarrassments in difficult and complicated operations; until at length a case would be made out which, if it could only be crowned by some serious mishap, might be made to accomplish his downfal and his professional ruin.

The colleague who represented a mental condition in all respects the reverse of Mr. Rivington was Mr. Maunder. A careful, practical surgeon, an experienced and safe but not a brilliant operator, attentive and devoted to his hospital duties, he is quite innocent of any of those qualities that distinguish his junior colleague, and make him so popular with the students. Originally opposed to his election, always evincing personal dislike, and keenly alive to the weak points of the more scientific but less practical surgeon, he seemed to treasure up everything that told against him, perhaps almost unconsciously, to inoculate some of his colleagues with the same impressions, to discuss the question of his competency wherever and whenever opportunity arose, to influence the minds of the leading members of the Committee, who, from other circumstances, were not indisposed to adopt unfavourable suggestions; and having thus prepared and laid his train, he waited for some telling event that might enable him to strike a blow, and, by the aid of one or two active sympathisers and coadjutors and the doubtful help of any who might be waiting to see which way the wind blew, to come down with such force and telling effect that his junior colleague would be unable to stem the tide thus setting in so strongly and from various quarters, but would be compelled to resign and thus accomplish his own professional felo-de-se. We shall observe in the sequel of this interesting and instructive drama of real life how far all this was accomplished. To one who looks calmly on at all these inner workings of hospital machinery, from the disinterested altitude of an editorial throne, or to the public, or even the professional eye let in suddenly upon these secret machinations, there seems a strange absence of that open, upright, honourable conduct that should and usually does distinguish the members of our noble Profession and English gentlemen; but the motives that actuate men on such occasions are so subtle and difficult to unravel, and of so mixed a character, that we should probably be rash in jumping at once to the conclusion that no higher thoughts than the exposure and humiliation of an uncongenial colleague had asserted themselves and become moving principles of action on this occasion.

It is quite possible that Mr. Maunder and his coadjutors had by some circuitous and oblique processes of thought and reasoning brought themselves to believe that whilst they were weaving the web and watching the incautious flights of the active and brilliant fly, they were in some sort serving the interests of the Hospital. Keenly alive to the shortcomings of their colleague, which were just in the direction in which they were most strong, and blind to those valuable qualities as a zealous and eloquent teacher in which they were conspicuously wanting, Messrs. Maunder and Co. brought themselves gradually to believe that they were advancing the interests of the Hospital by extinguishing a colleague who did not seem to them to come up to the requisite standard of practical operative skill, forgetful that if to the brilliancy of the teacher a little more experience could superadd great dexterity as an operator, the result would be something eclipsing themselves. However much anxiety for the welfare of the Hospital and zeal for the welfare of patients may have been motive powers on this occasion, the serious error was committed that the rules of Medical ethics were grossly violated, and, as we shall see in the sequel, a great scandal was perpetrated which rebounded with cruel retributive force upon the prime mover. But we must reserve the chief act of this interesting and painful drama for our next number.

◆

SURGERY OF THE FRANCO-GERMAN WAR.

(*Continued from page* 497.)

III.

A fusilier of marines received a bullet which penetrated the sub-spinal fossa of the left scapula, on 30th November, the missile being felt by a sound, lodging at a depth of fifteen centimetres on the exterior of the thorax. It does not appear that any attempt at extraction was made. Suppuration set in freely, and on the 6th, hæmorrhage of crimson blood to the extent of 1,500 grammes occurred from the wound, syncope following. By means of perchloride of iron, absorbents, &c., the flow ceased. On the 7th, pain was complained of in the three last intercostal spaces on the left side; on the 8th he was asphyxiated, the chest tympanitic, consciousness became lost, and in the evening he died.

Arm.—A capitaine de frigate, was wounded by a fragment of a shell on 10th January, the upper portion of the left humerus being completely *smashed*, the bone broken into fragments, and many mixed up among the torn flesh. *Extensive hæmorrhage* took place at the time of the wound attended by extreme weakness and faintness (shock). Disarticulation at the shoulder was determined upon and performed while the patient was under chloroform; a large posterior flap made, the head of the humerus turned out of the glenoid cavity, and the proceeding completed by an anterior cut. Simple dressings were applied, *bouillons*, and Bordeaux wine given, but the patient continued drowsy, and although conscious, would not speak; the expectoration was sanguineous; on the 12th delirium set in, respiration was extremely rapid, he gradually became asphyxiated, and on the evening of the 13th died.

A naval quarter-master was wounded by an exploded shell, on the 11th January, on the right shoulder. There was a large contused wound of five to six square centimetres, with comminutive fracture of the head of the humerus; a second wound under the left clavicle penetrated to the first rib; there was considerable venous hæmorrhage, but the state of the patient was favourable. Excision of the head, and about three centimetres of the humerus was performed, the patient being under chloroform, the circumflex artery alone requiring ligature. After the operation, the surface was somewhat hot, the patient obtained no sleep, the pulse became frequent, and harassing cough supervened. On the 17th, respiration was abdominal, and there were indications of pneumo-thorax as a sequence of injury to the bone by the wound under the clavicle; on the 18th there was violent delirium, and on that day he died. The *treatment* used had consisted of light food, wine and water, brandy, fifty grammes.

A quarter-master of a gun-boat was wounded by an exploded shell on 15th January, the right arm being struck in two places; namely, one on the upper and inner aspect of the member, a second and larger on the outer aspect of the middle third, a fragment six centimetres long, three broad, and one thick, lodging in the latter, but extracted soon afterwards by the surgeon on the spot. For twelve days the condition of the patient continued favourable. On 28th of the month, however, he was seized with a shivering fit, followed by fever, constipation, and diminished suppuration from the wound. On the 29th suppuration was suspended, the wound was livid, the discharge from it fœtid. On the 30th, fever was less ardent, agitation seems to have been less than on the previous day, the state of the bowels constipated at first had become lax from medicine, and he suffered from acute pain in the region of the liver. On the 31st the tongue was yellowish, the surface of the body jaundiced; occasional vomiting of bilious matter; the abdomen tympanitic; frequent stools; the wound in the same state. On the 1st of February, the abdomen was distended; the pulse small; thirst considerable; the pains in the region of the liver more severe; the urine abundant; the patient was *pyæmic*, and in that state died in the course of the day.

A captain was wounded on 10th January, by a shell, which fractured the left humerus at its middle third, there being also an extensive wound of the forearm with fracture of the radius and ulna, besides another wound of the soft parts over the crest, and contusion of the face. There occurred no violent febrile reaction in this case; the fragments were kept together by means of a gauntlet splint and bandages, irrigation being applied during three days. On the 1st of February, a dextrine bandage was applied to the left arm, the wounds in the forearm presenting at the same time a satisfactory appearance. On the 12th, the patient was able to get out of bed. The progress of the case was satisfactory, and on the 20th of March recovery was all but complete.

Forearm.—A sailor received a bullet in the right forearm on 15th October, the missile fracturing the radius, and lodging in the muscles of the lower part of the arm whence it was extracted. Febrile reaction having set in on admission, he was *bled* to the extent of 300 grammes, cold irrigation applied to the wound on alternate days till the 23rd, and the limb placed in a gouttiere. After that day suppuration set in freely, purulent collections forming at the fold of the elbow, requiring punctures to be made in them. On 22nd November, some fragments of the broken radius were extracted, one being two centimetres in length; from this time recovery set in and gradually progressed, the patient being discharged convalescent on 6th February.

A sailor was wounded by a Franc-tireur on 27th November. The bullet entered the outer aspect of the forearm over the head of the radius, and passing through it escaped anteriorly, and wounded the left nipple, causing there a large fissure as it passed. The arm was placed in a *gouttière* and irrigated till 2nd December. The wound on the chest progressed favourably, that of the forearm was attacked with inflammation, and several centres of suppuration formed around it. In the middle of January, decided indications of *scurvy* showed themselves; the wound assumed a violet tint, the tissues becoming soft and readily bleeding. Fresh vegetables were absolutely wanting at this period of the siege, but the patient was as far as possible under the circumstances treated by anti-scorbutics; he had also quinine and Malaga wine. On 10th February, he was transferred to one of the *succursalles* of the ambulance.

A naval lieutenant was wounded on 2nd December by a bullet, which passed through the left radius at the union of the upper and middle thirds. The motion of the fingers was impaired, and became the seat of great pain. There was no febrile action. At the end of a month, some fragments of bone were extracted from the wound. At the end of January, suppuration had so far decreased, as to need only one dressing per day, the power of partly pronating and supinating the forearm was restored, flexion and extension of the fingers could be performed, and at this time, the patient returned to his family convalescent.

Hand.—A garde mobile was wounded in the hand on 3rd December. The bullet passed through the first intercarpal space, from before backwards, the posterior orifice being three or four centimetres in extent. There seemed no complication, either local or constitutional; recovery was progressive, and he was discharged on 18th January.

A sous officier received a wound on 30th November in the left hand. The bullet fractured the first phalanx of the middle finger, passing through it from behind forward. The wound was dressed simply, having been bathed with water and coal tar soap. When swelling began to diminish, diachylon plaster was used to approximate the edges, and at the end of a month the wound was cicatrised, the finger tumefied and somewhat swollen. When the inflammation had in part subsided, the finger was supported by being secured to that adjoining by strips of bandage, the hand afterwards placed upon a palmar splint. Aromatic vapour baths were applied to the hand from time to time, and on 7th February the patient was discharged.

Notes on Current Topics.

Royal Medical and Chirurgical Society.

On Friday evening last, as previously announced, the *conversazione* was held in the Society's house and was a very brilliant success. The premises have been greatly improved and enlarged, and the Society now boasts, we believe, the best library of any special Society.

Perhaps the attraction of the evening was the room devoted to the exhibition of the microscopic specimens illustrative of Bright's disease. According to our statement the preparations on which Sir W. Gull and Dr. H. G. Sutton base their conclusions were duly exhibited, and excited the greatest interest. Dr. Johnson also exhibited his specimens, so that it was possible by passing from one to another to form an idea of the controversy that has arisen. We have already said a few words of this, but we must postpone a full report of the Society's meeting and an abstract of the paper that originated the discussion. We congratulate the President (Mr. Curling, F.R.S.), and the Fellows on the success of ther *conversazione*.

The Imagination as a Therapeutic Agent.

Dr. F. A. Hartsen, 7 Rue Bayard, Pau, Basses Pyrénées, France, wishes to investigate cases of asserted marvellous cures, in order to discover how far the imagination may be useful as a means of treatment, and he requests that any one who meets with undoubted cases of cure by imagination (illusion), or who has heard true reports of such, will give him an account of them, in order that he may construct on the subject a scientific whole. We have no wish to read the letters he is likely to receive.

Ammonia in the Urine.

On the 30th ult., Mr. T. B. Curling, F.R.S., introduced a paper "On Ammonia in the Urine in Health and Disease," by Dr. C. Meymott Tidy and Dr. W. Bathurst Woodman.

The authors differ from Neubauer regarding the average normal excretion of ammonia. They find it to be about two grains, while Neubauer gives 10·8 grains per diem. The total number of cases upon which observations were made exceeded 200. The method adopted by the authors is as follows:—

The freshly passed urine is to be first diluted with a given bulk of distilled water sufficient to destroy all apparent colour, a known quantity of the urine being taken in each case. To this is to be added an excess of Nessler's solution, and then compared with the tint depth produced by known quantities of ammonia in a similar bulk of liquid, treated with the same solution. The trace of ammonia in the water itself must be always allowed for. The external temperature in the observations was always about 62°. They regard 60 oz. of urine as the normal amount daily excreted by adults.

In health the authors find that the excretion of ammonia is largest under thirty-five years of age; increased after meals and during exercise. They consider that this excretion by the kidneys is governed by a similar law to that which regulates the formation of dew.

In disease the lowest quantities were met with when the pulse was rigid, the highest average being met with when the pulse was nearly normal. The excretion was increased, when the skin and tongue were moist, when the diet was full and included stimulants, and when the bowels were open. Acid medicines also increased the secretion.

A number of special diseases are alluded to. The cases taken just before death are very remarkable, showing a vast decrease in the amount of ammonia. In two cases it was entirely absent, the only cases of entire absence known to the authors.

The Dublin Convalescent Home.

The Dublin Health Committee of the Corporation reported last week with reference to the Small-pox Epidemic, that with the exception of one locality of limited extent, there continues to be a marked decrease in the number of small-pox cases. The admissions to hospitals; the number of patients at the dispensaries; of removals in our hospital cabs; and of applications for disinfection of premises, combine with the reports of the Sanitary Police, to confirm this fact. The disease has almost disappeared from the south-west quarter of the city. Legal proceedings having been instituted against the authorities of the Mater Misericordiæ Hospital, with the view to prevent the establishment of a Convalescent Home in connection therewith. The negotiations between them and the committee have been interrupted, the authorities being necessarily unwilling to incur the responsibility attendant under such circumstances, of carrying the project into effect.

The Action of Antimony.

Dr. S. Radziejewski, of Berlin, from a series of experiments on frogs and other animals, related in *Reichert and Dubois Reymond Archiv.*, comes to the following conclusions in regard to the action of antimony:—

1. The emetic effect of the tartrate of antimony introduced into the stomach is the result of the action of the drug on the mucous membrane of the stomach, and not of its absorption into the blood. The effect of the peculiar irritation of the stomach produced by the substance is, by reflex action, to produce vomiting.

2. The depression of the action of the heart is also a result of reflex action, and not, as some have supposed, a special result of the action of the potassium contained in the tartrate.

3. Antimony has, in addition to its effects on the intestinal canal, also a general action on the organism corresponding to that of arsenic.

The Scotch Joint Examinations.

Readers of the proceedings at the last session of the Medical Council will have been prepared by the speeches of the Scotch representatives for the policy of the land o'cakes in respect to conjoint examinations, and no surprise will be felt, therefore, when we state that the underselling policy, in curriculum, examination, and fee, has carried the day. A scheme for a conjoint examining board for Scotland has been promulgated, which amply illustrates the intentions and objects of its framers. The gist of the proposal is that there shall be nothing necessary for admission to the Profession but a make-believe clinical examination, and that any person producing five guineas and undergoing this crucial test shall be made a Scotch doctor. We need not trouble ourselves to contend against such a proposition, for it is at variance not only with the schemes for England and Ireland, but with Government notions and the unanimous voice of the Profession, and especially of the public, who desire to legislate upward, not downwards. The following is the text of the scheme:—

1. That a board of examiners, to be named "The Conjoint Board for Medical Examinations for Scotland," be constituted by the co-operation of the following Medical authorities, viz., the Royal College of Physicians of Edinburgh; the Royal College of Surgeons of Edinburgh; the Faculty of Physicians and Surgeons of Glasgow; the University of Edinburgh; the University of Glasgow; the University of Aberdeen; the University of St. Andrews.

2. That the co-operating medical authorities bind themselves (conditionally on the requisite legal sanction being obtained) not to grant their degrees or diplomas to any one who has not passed the examinations by the Conjoint Board.

3. That the duty of this board shall be to examine in clinical medicine, in clinical surgery, and in midwifery, all candidates for registration under the Medical Act, 1858.

4. That no candidate shall be taken on trial by the Conjoint Board who cannot produce evidence that he has completed the curriculum of Medical study required by the Medical Council.

5. That the examiners on the Conjoint Board shall be chosen in equal numbers by each of the co-operating Medical authorities, excepting the University of St. Andrews, which shall choose one examiner.

6. That the examiners shall be elected in the first instance for a period of five years, and that thereafter one of the examiners chosen by each of the co-operating authorities (except in the case of the University of St. Andrews) shall retire every year, and shall not be re-eligible till he shall have been out of office for at least one year.

7. That the expenses of the examination by the Conjoint Board shall be not more than shall defray the expense of the examination, but shall not exceed five guineas.

8. That the fees for the degrees and diplomas of the Medical authorities shall be regulated as hitherto by the bodies granting the same.

9. That the Branch Council shall act as an honorary committee of management, and in that capacity shall regulate the number and remuneration of the examiners,—shall fix the subjects for which each body shall elect examiners,—and shall superintend the arrangements for the examinations generally.

10. That no member of the Branch Council shall be an examiner on the Conjoint Board.

11. That the conjoint examinations shall be held in Edinburgh, Glasgow, and Aberdeen, at such places in these cities, and at such periods, as shall from time to time be fixed by the committee.

The Treatment of Goitre.

A very interesting and practical paper, the results arrived at being based on 106 cases, of which notes were made, has been contributed to *Virchow's Archives* by Schwalbe, of Zurich, and is epitomised by Dr. Coats in the current number of the *Glasgow Medical Journal.* In order to the treatment of goitre, it is of consequence to decide as to the exact nature of the swelling, and so the author gives a short description of the various kinds chiefly with the view to diagnosis. There is first the glandular form (struma follicularis mollis of Virchow), which consist of a hypertrophy or hyperplasia of the thyroid gland, and which forms a soft and elastic tumour, not unlike a lipoma. There is further the cystic goitre, in which it is usually easy to detect fluctuation. The commonest remaining forms are the fibrous and the vascular, the former distinguished by its hardness. As an important aid to the diagnosis, the author nearly always resorts to puncture with a perforated needle, and the proceeding is of particular advantage in distinguishing between glandular tumours and cysts. The glandular tumours not unfrequently give a false feeling of fluctuation; and on the other hand it is often impossible to detect fluctuation though the tumour is cystic, and in these circumstances puncture is of great service, the fluid which issues when the disease is cystic at once determines its nature. The fibrous forms are also distinguished on puncture by the density of the tissue, and the vascular by the free flow of blood. In his treatment the author trusts in the first place to the internal administration of iodide of potassium, combined in almost every case with the local injection of tincture of iodine, or simple alcohol. In very recent cases the use of the iodide (he gives it to the amount of 1 gramme, or about 15½ grains daily) is sufficient to dissipate the swelling, but usually injection is also necessary, except in the vascular forms. In respect to the material to be used in injection, the author believes that the benefit derived from the injection of tincture of iodine depends chiefly on its alcohol, and that rectified spirit is in most cases of equal use. The internal use of KI or I is undoubtedly of great benefit, but there is no reason to believe that the iodine has any special effect when applied locally, and the author has found that the injection of alcohol with the internal administration of the iodide has as good results as the injection of the tincture of iodine. To the surgeon there can be no comparison of the cleanliness and convenience of alcohol as compared with the tincture of iodine. The quantity injected varies in different cases, in the glandular forms only small injections were used, about 10 to 20 drops; and even smaller quantities in the fibrous. But in the cystic form much larger quantities were used, as much as 4 grains being injected into a cyst as large as a duck's egg. The author has not made much use of electrolysis in the treatment of goitre; and he employs it chiefly for the vascular and fibrous forms. Incision of the cystic form he has very seldom resorted to, and only where the tumour was very large. The plate which accompanies this paper is illustrative of a case cured by this method. In conclusion it is stated, that by these means he has only once failed to effect a cure, this case being one of the very hard fibrous form; at the time it was under treatment he had no constant current battery at hand, and he thinks it possible that he might have come to some result if that treatment had been used.

County Officers (Ireland) Bill.

THE Bill introduced by the Marquis of Hartington to amend the law relating to the appointment and duties of certain officers and Boards in counties in Ireland, has been printed. It provides that after the passing of the Act the grand jury of every county shall by presentment fix and determine the annual salaries to be fixed on the average of moneys presented, the annual salaries to be paid to the coroners, such salaries to be fixed on the average of moneys presented by way of payment to every coroner in respect of inquests held by him during the five years preceding the assize. A provision, however, is added that nothing in the Act shall deprive any coroner of the right to be repaid all expenses and disbursements incurred by him in reference to any inquest. The grand jury may also, in case of neglect of duty, make such deduction from the amount to be paid as they may think proper, or, in case of repeated neglect, refuse to present the same. No person shall in future be eligible for the office of coroner unless he is qualified to practise in surgery and medicine, and is so registered under the Medical Act, or is a barrister-at law, or is on the roll of solicitors or attorneys of one of the supreme courts of Dublin.

The Cultivation of Fungi.

DR. COATS gives an account of some observations of Prof. Rindfleisch which are of great interest, and when further prosecuted are likely to lead to important results. His object has been to find a method by which he could cultivate fungi, in such a manner as that while the substance is exposed to the air, it should be protected from all impurities. With this view he prepares a square microscopic cover-glass, by placing a small drop of wax at each corner, so that when the cover glass is placed on the slide it is supported as on four pillars of hard wax. The substance to be observed is placed in the centre of a well cleaned glass slide, and the cover glass is then placed on it, being afterwards slightly fixed by wax at the four corners. By this means the substance to be investigated is situated beneath the centre of the cover-glass, and around it under the cover-glass is a thin zone of air. But this zone is so thin that it will be perfectly still, and no dust will be carried in by currents, while at the same time there is nothing to interfere with any chemical change which may occur between the air and the growing fungus, This method being devised, the author proposes to sow various substances with the spores of different fungi, and observe the results. It is to be observed that during the intervals of observation the preparations are kept in a moist atmosphere. The first observations recorded were made with mould fungus. A portion of apple pulp was placed on a slide, and this sown with spores of the fungus found in rotten apples (Botrytis cinerea) and the growth of the fungus was seen to take place in the most beautiful manner. It was remarked that, strangely enough, though the mycelium of the fungus grew continuously, the spores were only produced at night. The favus fungus (Achorion Schœnleinii) was next subjected to observation. A favus crust was moistened with a drop of distilled water and treated as above. The fungus grew, but its growth was comparatively slow, threads growing out from the moistened crust and producing spores. The spores were rod-shaped as they were formed, but on the addition of a drop of water they swelled up and became globular. The same fungus was also cultivated on a portion of the fruit from plum jam, and the result was a much more vigorous growth than when the favus crust was merely moistened. The different parts were distinctly larger and the growth richer, so that the author describes it as quite a tropical growth of the fungus. We are glad that the author promises still further observations of this interesting nature.

ON the 4th inst, a decree passed Oxford Convocation authorising the Vice-Chancellor and proctors to nominate two persons to represent the University on the Medical Committee of Reference for the Conjoint Examining Board for England.

Election of Council of the Royal College of Surgeons in Ireland.

In the return which was made in our last number, June the 5th, of the electicn of Council of the Royal College of Surgeons, on the 3rd of this month, an error has been made as to the position in which Mr. Butcher's name should be placed. Instead of being the 15th name on the list of Council, he should have been the 5th.

Excretion of Phosphates by the Kidneys.

A series of experiments are detailed by Prof. Falck in *Virchow's Archiv.* the object of which was, says Coats, to determine in what proportion and in what time various quantities of phosphates of soda introduced directly into the blood are eliminated through the kidneys. The details of three experiments on dogs are given. In the first of these, 5·395 grms. (83 grains) were introduced, and it was found that in seven hours the whole quantity had passed into the urine. The elimination occupied the whole of this period, the largest amount being in the second hour after the introduction. In the other two experiments the quantities were 10 and 9·5 grms. respectively (154 and 146 grains) and it was found that these quantities were not wholly eliminated by the kidneys, a part probably passing out of the body by the intestinal canal. So that it would appear that the kidneys have only the power of excreting phosphates up to a certain maximum rate ; that, therefore, when large quantities are present in the blood, their exertion is very gradually accomplished, and when the quantities are very excessive, the intestinal canal is brought in to aid the kidneys.

Quack Hospital Governors.

The administrators of the London Lock Hospital have at length been driven to solicit the assistance of the law to protect them from the public disgrace of association with the obscene swindlers of London. The Board of the Hospital are inundated with letters from the dupes of these scandals, and notably of a certain "Dr." Watson, who publicly advertises himself as "of the Lock Hospital," and with whom, it is unnecessary to say, the Lock Hospital has only been acquainted as a rogue and vagabond. There is, however, nothing new in this dodge, for more than one of the obscene quacks pays a handsome subscription to one or other of the London Hospitals in order to be enabled to describe himself as "Governor" of the Institution. The expenditure would appear to be quite unnecessary, for a lie or false pretence, more or less, would make no difference, and we don't suppose the law could prevent any blackguard who chose calling himself any such title he liked.

Royal College of Surgeons of England.

The Council of the Royal College of Surgeons of England, on the 13th instant, will proceed to the nomination for election in July of the several Professors and the lecturer for the ensuing year. The present holders of the appointments are candidates for re-election. The persons nominated for election must, except in the case of the Professorship of Dermatology, be fellows or members of the College.

There will be a competitive examination for the Indian Medical Service in August next.

Lymphatic New-formation after Diphtheria.

The patient who was the subject of this observation (Roth of Griefswald in *Virchow's Archiv.*) died several months after the first attack of diphtheria, a second attack having supervened. At the *post-mortem* all the appearances usually found in leuchæmia were discovered. The spleen and lymphatic glands were enlarged, and nodules of the same adenoid structure were found in the kidneys, liver, and in the submucous tissue of the respiratory passages and intestinal canal. There was, however, no increase in the proportion of white blood-corpuscles during life, so that the case is to be set down as one rather of pseudoleuchæmia or adenia.

The Irish Medical Baronetcy.

So far as the Profession in Dublin has knowledge, there is no truth whatever in the statement originally made by the *Freeman's Journal* and repeated by the *British Medical Journal*, that it was the intention of the Queen to confer a baronetcy on Dr. Stokes. If the distinction to the Irish Profession which has been so long anticipated were to be conferred on a physician, there can be no doubt that Dr. Stokes's name would be accepted with acclamation as the recipient of the honour. It is not, however, generally believed that the Crown, if it see fit to confer such a distinction, will pass by Mr. Adams, Mr. Porter, or other recognised leaders of the surgical profession to reduplicate the decoration which Physic has already received in the person of Sir Dominic Corrigan.

A New Preparation of Mercury.

Prumers, of Berlin, desires to introduce ethyl-sublimate or ethyl-chloride of mercury into therapeutic use. After some experiments on animals, he tried it in some syphilitic eruptions by injecting subcutaneously a solution containing 1-10th to 1-5th of a grain of iron, 10 to 20 injections suffice. The injections produce scarcely any pain, and no appreciable infiltration or induration of the part, presenting a marked contrast to the injection of corrosive sublimate. There is no disturbance of the digestive organs or salivation. He has also administered the agent in form of pill, the dose being half a grain to a grain night and morning. In this case also there were no unpleasant results.

Fees on Medical Contract.

A point of some interest to the Profession was decided last week at St. Helen's by the County Court Judge. A local doctor was called in by a public-house keeper to attend his sister-in-law. Having visited for some time, he discovered that the person who called him in was going to leave the town, and he thereupon, fearing to lose his fees, demanded payment, and said he would cease his attendance unless he was paid. The publican refused on the ground that, as the contract had not been completed, he was not liable, but the judge gave a peremptory order for payment, and said, that in that respect the Medical man was as much entitled as any other trader to recover his money.

Dr. Gavin Milroy has returned to England, having gathered considerable information relative to the Beauperthuy treatment of leprosy.

London Poor-law Association.

The Dublin branch of the London Poor-Law Association held a meeting on the same day and at the same hour as that of the Irish Medical Association, which, if its object were to draw away the Irish dispensary and workhouse representatives, was a singular and decisive failure.

Although the utmost industry had been devoted by its promoters to the puffing of the meeting through the newspapers, and though the announcements of it were phrased so as to lead the members of the Irish Medical Association to confound the meeting with the annual assembly of their own association, the attendance was ludicrously insignificant, and the proceedings melancholy in the extreme. The thousand provincial dispensary and workhouse Medical officers of Ireland were embodied in three persons, and the speakers devoted their eloquence to an audience at no time exceeding eleven persons.

Dr. Maunsell, secretary to the meeting and Irish Poor-Law agent to the *British Medical Journal*, having read a report, Dr. Rogers, secretary of the London Poor-Law Association, delivered an address, in which he lauded the exertions made by Dr. Maunsell for the extension of the branch in Ireland, and dwelt at length on the many benefits and advantages which the Irish dispensary system conferred upon its officers in comparison with those enjoyed by English Poor-law Medical men. The Association which he represented could not fail to effect a useful purpose in representing to the Government and House of Commons the perfection of the Irish system as compared with that which exists in England.

The Medical Profession in Russia.

From official papers it appears that during the past year, 10,000 Medical men carried on practice. Of these, about 6,113 were in the service of the government, and 4,686 independent of it. These figures give one Medical man for 7,182 inhabitants. In many districts a long journey must be performed before a Medical man is found.

Bequests to Hospitals.

Hospital managers in London have certainly their lines cast in pleasant places. It would almost appear from a perusal of the grants, donations, subscriptions, and bequests recorded from day to day in the *Times*, that their greatest difficulty must be to withdraw the money out at one end of their purse with as much rapidity as rich and benevolent people keep pouring it in at the other.

A well-known charitable institution, which is a favourite with the public, had its annual meeting last week with great *éclat*, only that one circumstance deprived the occasion of its natural stimulus—it was totally impossible to follow the example of Oliver Twist, and ask for more, because the funds of the institution are simply glutted. It accommodated 698 patients under treatment and 403 convalescents, and sustained a total of 127 beds. It expended £7,835, or about £62 per bed per annum. Nevertheless, it carried forward £3,000 of a surplus unexpended, and had a reserve of £23,000.

There will be a joint meeting of the Royal Geological and Zoological Societies of Ireland this evening (Wednesday), in the Museum Building, Trinity College.

The Royal Orthopædic Hospital.

We have received a communication, complaining on behalf of Mr. Tamplin, that our article on the Orthopædic Hospital, published on the 29th ultimo, goes beyond the limits of fair criticism. We have, as requested, re-read the article in question, but do not consider that it contains any criticism on a public matter which calls for apology. In accordance with our usual practice, we shall be happy to insert any letter that Mr. Tamplin may address to us with a view of correcting any statement he considers erroneous. In the communication we have received it is not stated that there are any inaccuracies in the article. If any error has crept in we should exceedingly regret it, and be glad of an opportunity of publishing a correction.

New French Medical Works.

The following new works in Medicine, Surgery, and the Allied Sciences are announced by Messrs. Baillière and Co., of London and Paris :—

Dr. Maudl.—"Traité Pratique des Maladies du Larynx et du Pharynx." 200 illustrations, 18s.

Dr. Luys.—"Des Centres Nerveux." With photographic and lithographic illustrations, 30s.

Dr. Eugel. — "Les Ferments Alcoholiques : Etudes Morphologiques." 3s.

Dr. Robuchon.—"Observations et Statistiques pour Servir à l'Histoire des Amputations." 2s. 6d.

Dr. Mahier.—"Les Questions Médico-Légales." 3s.

Dr. Gordon.—"De l'Espèce et des Races dans les Etres Organisés." 2 vols., 12s.

Dr. Monot.—"De la Mortalité Excessive des Enfants." 1s. 6d.

Dr. Sénac-Lagrange—"Les Etats Morbides, principalement dans la Fièvre Catarrhale." 2s.

Dr. Briquet.—"De la Variole." 1s. 6d.

Dr. Tribes.—"De la Complication Diptheroide Contagieuse des Plaies." 2s.

Dr. Nicolas-Durantz.--Diagnostic des Paralysies Motrices des Muscles du Larynx." 2s.

Dr. Méhu.—"Annuaire Pharmaceutique." 1s. 6d.

Dr. Bouchardat.—"Nouveau Formulaire Magistral." Seventeenth edition, 3s. 6d.

Dr. Rigal.—"Causes et Pathogénie des Neuralgies." 2s.

Dr. Deloume.--"De l'Electro-Thérapie." 2s. 6d.

Dr. Fardel. — "Les Eaux Minérales de France et d'Allemagne." 3s. 6d.

Dr. Préterre.— "Les Dents : Des Maladies de ces organes." 3s. 6d.

"Recueil des Travaux du Comité Consultif d'Hygiène Publique de France, et des Actes Officiels de l'Administration Sanitaire." 8s.

H.R.H. the Princess of Hesse (Princess Alice of England) was safely delivered of a daughter on Friday last. Mother and infant are reported to be progressing satisfactorily.

The Birmingham Hospital for Women advertises this week for a Resident Medical officer possessing "a Medical degree or diploma granted after due examination." The object of this vague definition of a professional qualification is to admit to the competition women doctors and other semi-qualified persons.

In the United States there are 49,798 doctors for the thirty-nine millions of inhabitants.

Her Majesty has been pleased to grant Dr. Vivian Poore permission to wear the Order of Danebrog.

The *conversazione* at University College last week was very successful.

Dr. Grieve is trying the hypodermic injection of vaccine lymph as a remedy for small-pox.

The Profession in Birmingham is opposed to the examining of midwives by the Obstetrical Society of London, an unchartered body.

Professor Humphrey's course of Practical Histology at Cambridge will begin July 3. His lectures at the Royal College of Surgeons begin June 17.

A further donation of £1,000 has just been contributed to the funds of the Royal Orthopædic Hospital by an anonymous donor under the initials of D. W.

The next election of candidates for admission to the Society for the Relief of Widows and Orphans of Medical Men will take place on the 10th proximo.

Our American friends appear to have such an inordinate love for enamelling their faces with cosmetics, that two Boston girls are reported to be suffering from severe paralysis from their use.

The curators of the University of Oxford have paid to the credit of the Museum delegates the sum of £1,000, to be employed for the maintenance and improvement of the collections in the museum.

The wife of a postman at Mutley, near Plymouth—recently confined—was last week suffocated by the fumes of a gas-stove in her bedroom. The life of the nurse was saved by the application of galvanism, but the infant is not expected to recover from the poison.

The annual presentation of prizes to the successful pupils of St. Mary's Hospital Medical School will take place to-morrow, the 13th inst., at 4 p.m., when Mr. Thomas Hughes, M.P., will deliver an address to the students.

The lifeless body of a lunatic was found on Friday last, in the street near the Infirmary attached to St. George-in-the-East Dispensary, London. It is supposed the poor fellow threw himself out of the window of his ward. Had the usual and proper precautions been taken by having iron bars at the window this would not have happened.

There are at the present time in the London Hospital two prisoners who will, as soon as they are well enough, be arraigned on the charge of causing death by brutal violence. One for killing his wife with his wooden leg, the other for killing a labourer of the hospital by striking him with an iron rod.

Correspondence.

IS INSANITY EPIDEMIC?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is it recognised by the Profession that Insanity is at times epidemic like other diseases? I do not mean the madness evinced by communities in times of revolution or religious crusades, communicated by contagion, though probably aggravated by the coincidence of epidemic influence. I mean, has it not been noticed that, without any uniform exciting cause, a considerable number of individuals develope symptoms of insanity, varying in degree and character, the majority of cases being of a transient and curable nature? For two or three months together there will be a run of such cases, and during such period a relapse of old cases may be predicted. (That is, if one cares to emulate Cassandra). A sort of remittent fever accompanies, if it does not cause this epidemic mania. By the way, though it is branching off from the particular portion of the subject to which I wish to call attention, it is worthy of note, that M. Legrand du Saulle, physician at Bicêtre, and the Depôt of the Prefecture, says, the number of lunatics brought to the Depôt in the summer of 1871 was much below the average; a writer in the *Gazette Médicale* explains this, by saying, that, during the Commune, people could hardly diagnose a lunatic from a Red; and after the collapse of the revolution the Chassepot proved a most effective, though a deplorable remedy.

Francis M. Luther, M.D.,

Cappoquin, 28th May, 1872.

◆

CORONERS' (MEDICAL!) WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I enclose report given in the *Dundalk Democrat* of an inquest held near Carlingford, at which all *qualified* Medical evidence seems to have been dispensed with, although the Medical officer of the district saw the man immediately after the accident and before his death. The coroner appears to have ignored the fact that the deceased was attended by a *qualified* Medical man, though such was sworn. A female witness was examined, who seems to have given Medical testimony which appears to have satisfied both jury and coroner, who is a Medical man himself and perhaps might have instructed the witness as to the nature of the wounds, as well as added a few remarks of his own; but in such a case as this it appears strange that the legally qualified evidence of the Medical attendant was not given. The public would like to know the reason of such discrepancies in coroners' inquests, which are not infrequent. Coroners' duties require legal definition and supervision, and in my opinion the Medical officer of the dispensary district in which the death occurs should, in all ordinary cases, be made the Medical witness at inquests and get the usual fee.

I am, Sir, yours, &c.,

Piscator.

The following is an abstract of the report alluded to by our correspondent:—

"J. M. Callan, Esq., M.D., coroner for this county, held an inquest at South Commons, Carlingford, on the remains of a man named Peter Connor, who died from the effects of an accident he met on the Dundalk and Greenore Railway. Catherine Boyle deposed that she had known the deceased many years; he was a native of Lordship, and married, and leaves a widow and three children; she washed his body; there were no marks upon it except on the head, from which the whole of the skin, hair, and flesh were removed; the bones down the centre of the head were broken by a long split or crack from above the forehead to the top of the head; he died about eleven o'clock on Tuesday night; and never spoke from the time he received the wound. This concluded the evidence, and the coroner having addressed the jury, they found a verdict of 'Accidental death.'"

Literature.

NEW EDITION OF MALTHUS ON POPULATION (a).

(Notice by C. R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.)

This is a reprint after a lapse of nearly half a century. The editors of this edition have abstained from adding any new matter to that already contained in the 6th edition of the well-known essay on Population; and perhaps it is as well that all persons who take an interest in social questions should read the original work for themselves without any comment, although the admirable criticisms of Chalmers, Whately, the two Mills, Sismondi, Cairnes, Ricardo, Senior, and Garnier, have made great changes in the practical conclusions to be derived from the work of Malthus. The next edition will probably be annotated.

In the first chapter, Malthus remarks, "Through the animal and vegetable kingdoms, Nature has scattered the seeds of life abroad with the most profuse and liberal hand, but has been comparatively sparing in the room, and the nourishment necessary to rear them. The germs of existence contained in this earth, if they could freely develop themselves, would fill millions of worlds in the course of a few thousand years. Necessity, that imperious, all-pervading law of nature, restrains them within the prescribed bounds. The race of plants and the race of animals shrink under this great restrictive law, and man cannot by any efforts of reason escape from it." This is the Darwinian "struggle for existence" now agreed to by almost all illuminati. He goes on: "In plants and irrational animals, the view of the subject is simple. They are all impelled by a powerful instinct to the increase of their species, and this instinct is interrupted by no doubts about providing for their offspring. Wherever, therefore, there is liberty, the power of increase is exerted, and the superabundant effects are repressed afterwards by want of room and nourishment. The effects of this check on man are more complicated. Impelled to the increase of his species by an equally powerful instinct, reason interrupts his career, and asks him whether he may not bring beings into the world, for whom he cannot provide the means of support. If he attend to this natural suggestion, the restriction too frequently produces vice. If he hear it not, the human race will be constantly endeavouring to increase beyond the means of subsistence. But, as by the law of our nature which makes food necessary to the life of man, population can never actually increase beyond the lowest nourishment capable of supporting it, a strong check on population from the difficulty of acquiring food must be constantly in operation. This difficulty must fall somewhere, and must necessarily be severely felt in some or other of the various forms of misery, or the fear of misery, by a large portion of mankind."

"It will be allowed, that no country has hitherto been known, where the manners were so pure and simple, and the means of subsistence so abundant, that no check whatever has existed to early marriages, from the difficulty of providing for a family, and that no waste of the human species has been occasioned by vicious customs, by towns, by unhealthy occupations, or too severe labour. Consequently, in no State that we have yet known, has the power of population been left to exert itself with perfect freedom. In the Northern States of America, when the means of subsistence have been more ample, the manners of the people more pure, and the checks to early marriages fewer, than in any of the modern States of Europe, the population has been found to double itself, for above a century and a half successively (written in 1806), in less than in each period of twenty-five years." This figure of twenty-five years given by Mr. Malthus, has been since questioned, and some authors advise the period of thirty years to be taken instead of it, as the actual rate of increase observed in America.

Malthus goes on to say (Chap. I.), that according to a table of Euler, calculated on a mortality of 1 in 36, if the births be to the deaths in the proportion of 3 to 1, the period of doubling will be only 12 4-5th years. Sir W. Petty, supposed a doubling possible in ten years. "It may be safely pronounced, therefore, that population, when unchecked, goes on doubling itself every twenty-five years, or increases in a geometrical ratio. The rate according to which the productions of the earth may be supposed to increase, it will not be so easy to determine. Of this, however, we may be perfectly certain, that the ratio of their increase must be totally of a different nature from the ratio of the increase of the population. A thousand millions are just as easily doubled in twenty-five years by the power of population as a thousand. But the food to support the increase from the greater number, will by no means be obtained with the same facility. Man is necessarily confined in room. When acre has been added to acre, till all the fertile land is occupied, the yearly increase of food must depend upon the melioration of the land already in possession. This is a stream, which from the nature of all soils, instead of increasing, must be gradually diminishing. But population, could it be supplied with food, would go on with unexhausted vigour, and the increase of one period would furnish the power of a greater increase the next, and this without any limit.

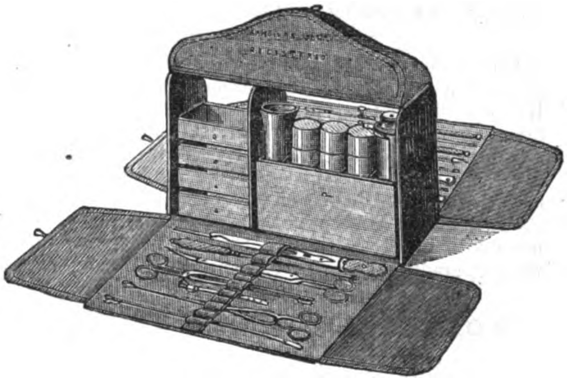
(To be continued.)

◆

New Inventions.

THE NEW GYNÆCOLOGICAL BAG.

(Suggested by Dr. Greenhalgh, and constructed by Messrs. Arnold & Sons, of 35 and 36 West Smithfield).



The improved gynæcological bag—of which the above is an illustration—is light, portable, compact, and strong, resembling, when closed, a neat secretary's writing case.

The framework is of strong material covered externally with morroco leather, and is divided into an upright central compartment with nests or divisions for specula and bottles, and a nest of four mahogany drawers, one fitted with four small bottles, and the remainder for pessaries, stems, &c. When unfastened, the two sides of the bag fall apart, exhibiting at one view all the instruments therein contained.

Dr. Greenhalgh writes:—"I have now used the bag for some weeks, and I cannot find words to express how much I appreciate its convenience and usefulness; I now always feel prepared for any case of emergency, and

---

(a) "An Essay on the Principle of Population; or a View of its Past and Present Effects on Human Happiness, with an Inquiry into our Prospects respecting the Future Removal, or Mitigation of the Evils which it Occasions." By the Rev. T. R. Malthus, A.M., F.R.S., late Fellow of Jesus College, Cambridge, and Professor of History and Political Economy in the East India College, Hertfordshire. Seventh Edition. London: Reeves and Turner. One vol. octavo, 1872.

I have no hesitation in affirming that this admirable arrangement must prove a great boon to patients and comfort to practitioners, especially when summoned to a doubtful case at a distance."

The cost of the gynæcological bag complete, with instruments, which are of the most approved design and quality, is twenty guineas. The bag without instruments, three guineas.

Medical News.

King's College Hospital.—The annual festival in aid of the funds of this excellent charity was celebrated on Thursday evening at Willis's Rooms; Major Sir H. C. B. Daubeney in the chair. After the usual loyal, patriotic, and constitutional toasts had been duly honoured, the Chairman gave the toast of the evening, "Prosperity to the King's College Hospital." In an eloquent appeal on behalf of the charity, he proceeded to dilate on its worthy efforts to alleviate poor suffering humanity, and said that since the last festival very great changes had taken place in the building, and also in the internal arrangements. The new wing had since been entirely completed, and was now in full work, and fully occupied. The number of beds in the hospital had been increased from 152 to 170. They had, on account of the additional number of beds, to provide a larger number of nurses, which, along with other matters, entailed a large amount of expense, and obliged them to appropriate a portion of their funded property to meet the additional charges which had been entailed upon them. They were now obliged to pay £1,000 fees in the form of rates, and their out-patients' department was increasing; so that they had thought it advisable to institute a system of inquiry into the state of those who were constantly seeking relief. The nursing of the hospital, which was carried on by the St. John's House Nursing Institute, was excellent, and the self-devotion with which these noble ladies attended to the wants of their fellow-sufferers was beyond all praise. A visit to the hospital would, he believed, satisfy anybody in regard to the size of its wards and the organisation of its internal arrangements. To meet the regular expenditure of the hospital they had only an income of about £3,000, and the expenditure was upwards of £10,000 per annum. He trusted that they would that evening be able to materially increase the funds of the hospital. The toast was drunk with much enthusiasm. After some other toasts, the Chairman announced subscriptions amounting to £436.

We convey, we are assured, painful intelligence to our readers in announcing the serious indisposition of Dr. Rawdon Macnamara, of Dublin. Dr. Macnamara was taken ill on Monday week last, the day of the annual meeting at the Royal College of Surgeons, and the attack developed itself in erysipelas of the head which was attended with some degree of pneumonia. Mr. Porter, Dr. Stokes, and Dr. Hudson have been in attendance, and we learn with much satisfaction that, at the period of our writing, gradual progress for the better was being effected.

◆

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

The Half-Penny Dinner at Cardiff.—With reference to the annotation which appeared three weeks since in our columns, Dr. Sheen writes to thank us for our unsolicited notice which, although it has brought him numerous applications for particulars, has yielded no pecuniary aid to the excellent Fund of which he is Treasurer. We regret with our Correspondent that he has as yet seen no good fruit; but it must come eventually. The fact of having numerous enquiries is sure to produce good results—if not directly to that in which he is more particularly interested, yet indirectly in the establishment of similar works of charity in other towns.

Dr. Abbotts Smith.—"On Hay-Asthma, or Summer-Catarrh," original communication received.

A New Light.—At the meeting of the Inventors' Institute on Thursday evening last, Mr. Carl Molchin, a native of Hamburgh, exhibited lamps burning a new compound oil to be used for lighting purposes, which was found to afford a steady even light, very closely approximating in power, clearness, brilliancy, and intensity to the electric light, at a cost somewhat less than that of colza oil. It resulted from experiments made with this oil, burnt in a moderator lamp, that a light of 17½ spermaceti candles was obtained. This light received the hearty approval of those present at the meeting, opinions being expressed that its use would mark a new era in artificial light.

Messrs. Blackwood.—The work referred to has been received for review and duly acknowledged. Owing to unusual pressure upon our space, we are much behind in our Literary notices, and this book is amongst the number.

Mr. F., Manchester.—It is the old excuse of "time and number,' which is simply absurd. The real truth is, that some people have such a superlative idea of their own originality of conception, that if another steps in and does the very thing they are thinking about, charity ceases at once to be a virtue in their code of morality, and the kindest remark they can grunt out for the very invention they hoped at one time to lay to their own self-satisfied bosom is often "it would have been a good idea, but, &c." Console yourself! even our editorial eyes become very much reddened sometimes at the uncharitableness and envy of "brethren who dwell together in unity!"

Orthopædic Hospital.—We have received two communications from Messrs. Pike & Son, Solicitors to Mr. Tamplin.

Scarborough.—Can you kindly forward to us the circular which a certain Medical man is causing to be dropped into people's letter-boxes?

Pet Parsons.—A Correspondent, who is not unnaturally irate that the more solid claims of the hard-worked and ill-paid parish Medical officer to reward should be so persistently overlooked, whilst incumbents and curates of the sister profession are fed and pampered with presents and testimonials, writes:—"I send you our last week's local paper that you may know how the young pet parsons are treated after only four years' service by the spinsters and widows at this day, who have nothing to do with their surplus capital, but spend it on these men who seem to have the *entrée* of every house, and who obtain an idle and luxurious living under the pretence of curing souls? It pays better than curing bodies. They contrive to get another curate to take the chair, who flatters the donors and each other on their success. We really appear to retrograde in the acquisition or use of common sense; it is the fool who makes the knave, the one being essential to the existence of the other."

We thank "A London Subscriber" who congratulates us upon "the steadily-increasing value and influence of the Medical Press."

Dr. Edmunds.—Your communication "On Sham Degrees" will appear in our next.

The Medical Declaration Respecting Alcohol.—This declaration, which first appeared in our columns, and subsequently in some of our contemporaries, has been been discussed, *pro* and *con ad nauseam*. It is now again brought up for judgment by a series of resolutions moved at a recent meeting of the Islington Medical Society, which will be found in our advertising columns. A Correspondent, writing to us upon the subject, remarks:—Since the publication of that document, some of us have been twitted by patients with carelessness in prescribing stimulants, which we entirely deny. The fault of having done so—if at all—lies with a few of the leading physicians, who appear to have been trying experiments with stimulants to see how far they could go.

Communications, Enclosures, &c., have been received from:—Mr. Skey, London. Dr. Tilt, London. Mr. Hancock, London. Dr. Graily Hewitt. Dr. Ewing Whittle, Liverpool. Mr. G. Fox, Manchester. Mr. Hyslop, Stretton. Mr. Grace, Bristol. Dr. Orange, Broadmoor. Mr. Teare, Ramsey. Dr. Pierson, Scarborough. Mr. Orton, Newcastle. Mr. Tegg. Mr. Robertson, Edinburgh. Mr. Fox, Bethos-y-coed. Dr. Sutherland, Whitehall. Dr. Forbes Winslow, London. Mr. Haldane, Edinburgh. Mr. Savory. Mr. Lippincott, Philadelphia. Mr. Griffen. Dr. Corfield, London. Mr. Henry Lee, London. Dr. Sheen, Cardiff. Dr. Bathurst Woodman. Dr. Morell Mackenzie. Dr. Palfrey. Mr. Gowlland, London. Mr. Theodoor Ackermann, Munchen. Dr. Cockcroft, Keighley. Mr. Tamplin, London. Mr. Blackwood, Edinburgh. Mr. Heather Bigg. Dr. Howes, Dunlavin. Dr. Heffernan, Ballyvoreen. Dr. White, Dublin. Dr. Hadden, Skibbereen. Mr. Gilks, Carshalton. Dr. Sinclair, Dublin. Dr. Considine, Galway. Dr. Ballantine, Ballymena. Dr. Givin, Stranorlar. Dr. Stokes, Dublin. Dr. Langley, London. Dr. Todhunter, Dublin. Dr. Myles, Abbeyshrule. Dr. Welsh, Ballyshannon. Dr. Whitaker, Belfast. Dr. Haniffin, Youghal. Mr. Raphael Brandon, London. Dr. O'Kelly, Coolmountain. A. Bailey, Esq., Clones Union. Dr. Clarke, Dunleer. Dr. Forsayeth, Templemore. Dr. Tuite, Edgeworthstown. Dr. Anthony, Dungarvan. Dr. Little, Dublin. Dr. Lynch, Glendalough. Dr. O'Reilly, Ballinagh. Dr. Kidd, Ballymena.

Dr. Franklin, Ballina. Dr. Sinnott, Enniscorthy. Dr. Scally, Clonmel. Dr. Abbotts Smith, London. Mr. E. T. Dunn. Mr. Kerbey. Dr. Harrison Supple, Collon. Mr. Soutter, Finsbury. Mr. Adams. Mr. T. Morson. Dr. Webster, Redland. Dr. Edmunds, London.

◆

VACANCIES.

Addenbrooke's Hospital, Cambridge. House-Physician. Salary £65. House-Surgeon. Salary £65 each, with board and residence.

Birmingham Eye Hospital. Resident Medical Officer. Salary £50.

York County Hospital. Non-Resident Dispenser. Salary £70.

East London Hospital. Visiting Physician.

Liverpool Northern Hospital. House-Surgeon. Salary £100, with board.

Derbyshire General Infirmary. Assistant House-Surgeon. Renumeration. Board and residence only. Also a Dispenser. Salary 80 guineas, with board.

North Surrey School, Anerley. Medical Attendant. Salary £100.

West Ham Union. Medical Officer for District No. 2. Salary £80.

Gloucester Infirmary. Assistant Surgeon. Honorary.

Oughterard District of the Oughterard Union, Galway. Medical Officer. Salary £100 per annum.

◆

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, June 12.—Royal College of Surgeons of England, 4 p.m. Prof. Timothy Holmes, "On the Surgical Treatment of Aneurism in its various forms."

Epidemiological Society, 8 p.m. Dr. Smart, "On African Epidemics of Asiatic Cholera."

Friday, June 14.—Royal College of Surgeons of England, 4 p.m. Prof. Timothy Holmes, "On the Surgical Treatment of Aneurism in its various forms."

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday June 12.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, June 13.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, June 14.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, June 15.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, June 17.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, June 18.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Clarke, S., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Drum Dispensary District of the Cootehill Union, Co. Cavan.

Collins, T., M.R.C.S., Deputy Governor, Apothecaries' Hall, Dublin.

Gray, R., L.R.C.P.Ed., L.R.C.S.I., Medical Officer and Public Vaccinator for the Armagh Dispensary District of the Armagh Union.

Low, D., M.B., C.M., Assistant Medical Officer to the Perth District Lunatic Asylum.

M'Gowan, W., M.D., Medical Officer, &c., for the Maghera Dispensary District of the Magherafelt Union, Co. Londonderry.

Mahomed, F. A., M.R.C.S.E., Assistant Medical Officer for the Central London Sick Asylum District Infirmary at Highgate.

Moore, H. C., M.R.C.S., House-Surgeon to the Kidderminster Infirmary.

O'Dwyer, J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Scrooby District of the East Retford Union, Nottinghamshire.

Rigden, W., M.R.C.S., Resident Medical Officer for University College Hospital.

Rogers, J., M.D., M.R.C.S.E., Medical Officer to the Westminster Union Workhouse.

Seaton, J., L.R.C.S.Ed., Surgeon to the Leeds General Infirmary.

Spencer, W. H., M.B., Assistant-Physician to the Bristol Infirmary.

Soutter, M. C., M.R.C.S., Surgeon to the Islington and North London Provident Dispensary, Hornsey Road, N.

Army Medical Department.—Surgeon Major J. Fraser, M.D., from the 50th Foot, to be Staff-Surgeon Major, vice Staff-Surgeon N. Folliott, appointed to the 50th Foot.

Staff Assistant Surgeon A. Crombie, M.D., resigns his commission.

Marriages.

Atkinson—Atkinson.—On the 25th May, at Ballina, Co. Mayo, Ireland, Edward Eastwood Atkinson, to Harriette Marian, third daughter of Thos. Atkinson, Esq., M.D.

King—Atkinson.—At the same time and place, Ælian Armstrong King, District Judge, Ceylon, to Henrietta Louisa, youngest daughter of Thos. Atkinson, Esq., M.D.

Read—Corbett.—On the 8th June, at Ealing, Reginald Read, F.R.C.P., of Guilford Place, London, to Anna Maria, eldest daughter of G. Corbett, Esq.

Strong—Owen.—On the 1st June, at Upper Norwood, John Strong, M.D., of North End, Croydon, to Elizabeth Ann, widow of Henry James Owen.

Winslow—Grant.—On the 1st June, at the Parish Church, Fulham, Henry Forbes Winslow, M.D., of Sussex House, Hammersmith, to Mary, daughter of the late Capt. Edward John Grant.

◆

Deaths.

Easton.—On the 27th May, at Stranraer, N.B., Dr. James Easton, aged 35.

Hollingsworth.—On the 23rd May, John Hollingsworth, M.R.C.S.E., of Greenwich, aged 52.

MacDonnell.—On the 3rd June, at Dublin, J. W. MacDonnell, M.D., eldest son of W. MacDonnell, Esq., of Lansdowne Place, Dublin, aged 42.

Strange.—On the 4th June, at Elvaston Place, Queen's Gate, Robt. Strange, M.D., aged 75.

SUBSTITUTION OF CARBOLIC OR PHENIC ACID FOR CREASOTE.

COMMUNICATED BY MR. T. N. R. MORSON.

The value of the wood creasote of Reichenbach as a remedial agent, and its employment in the preservation of articles used as food, has been fully proved during the forty years we have been manufacturers of this article.

Of late years its reputation has suffered from the substitution of carbolic or phenic acid for true creasote; and as no good test to distinguish these bodies has been published (and those of our Pharmacopœia are for this purpose useless), we shall feel obliged by your publishing a very simple means for distinguishing these two bodies, which my son, Mr. Thos. Morson, has discovered in making some experiments on adulterated samples submitted to us. This test is glycerine, in which true creasote is *insoluble*. Carbolic or phenic acid, on the contrary, *dissolves in all proportions*, and any large amount of this latter substance, if mixed with true creasote, will render the creasote soluble.

The danger of substituting carbolic or phenic acid for creasote to be used internally or for food is well known.

To test a suspected sample, mix it with an equal quantity of pure glycerine. If they unite and make a clear solution, the substance is carbolic acid, or in greater part consists of it.

Advertisements.

PENTONVILLE.—To Let an open Surgery, well fitted with dwelling. Established 30 years. Particulars of Mr. R. Smith, Estate Office, 80 Lloyd Square, Pentonville, London, W.C.

MIDLAND RAILWAY.

TOURIST ARRANGEMENTS, 1872. — Arrangements for the issue of First, Second, and Third Class Tourist Tickets, will be in force from 13th May to 31st October, 1872.

For particulars, see Time Tables and Programmes issued by the Company. JAMES ALLPORT, General Manager.

Derby, May, 1872.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

	£	s.	d.
Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

Dr CLERTAN'S PEARLS

Approved by the Imperial Academy of Medicine of Paris

In its sitting of July 18th 1848

CLERTAN'S PEARLS are small spherical capsules with very thin investing membranes, of the size of a large pea, and containing about five drops of liquid. These pearls are easily ingested by means of a spoonful of water, they offer the facility of administering the most volatile fluids in even doses and without any loss of liquid, and of completely disguising their taste and odour. This process of capsulation has been applied to some ethereal tinctures and in this form they have a more marked and powerful action, on account of their sudden diffusion when the pearl melts aways in the stomach through its solubility.

— ETHER PEARLS —

Ordinary dose : 2 to 10 pearls. In migraine, obstinate headache, paroxysms of asthma, gastralgic pains. One of the best antiseptics.

PEARLS

— OF OIL OF TURPENTINE —

These pearls afford remarkable results in cases of neuralgia of the face, viscera, intercostal muscles, etc., as well as in chronic cases of bronchitis, cystitis, and sciatica. Trousseau always administered them at meals.

— CHLOROFORM PEARLS —

Suited to act against violent gastro-hepatic colics, irrepressible vomiting in pregnancy or hooping-cough, persistent hiccup, biliary calculi and sea sickness. Usual dose : 1 to 5 pearls.

PEARLS OF ETHEREAL TINCTURE

— OF VALERIAN —

A powerful antispasmodic in the nervous manifestations of hysterical affections, vertigo, and giddiness.

PEARLS OF ETHEREAL TINCTURE

— OF ASSA FŒTIDA —

The use of these pearls is specially indicated in nervous maladie of females, particularly those in which the uterus is affected. Assa fœtida is often useful in the treatment of chlorosis.

PEARLS OF ETHEREAL TINCTURE

— OF CASTOREUM —

Remarkable effects in the stomach pains of menstruation and in amenorrhœa attended by painful swelling of the abdomen. The castoreum pearls may with great benefit supersede those of valerian or assa fœtida when the system has become used to the action of the latter medicaments.

PEARLS OF ETHEREAL TINCTURE

— OF DIGITALIS —

Reduces and dispels palpitation and tumultuous beatings of the heart. The diuretic action of Digitalis Pearls indicates their employment in cases of dropsy.

PEARLS OF ETHEREAL TINCTURE

— OF CREASOTE —

Powerful antiseptic. Each pearl contains about one drop of creasote and four of ether.

As the distinctive nomination PEARLS is my exclusive property through a sentence of the Cour de cassation, some pharmaciens prepare under the name of *capsules*, *globules*, *drops*, etc., various products which have more or less analogy with mine. If any of these preparations did not afford satisfactory results, it must carefully be remembered and noted that I can only guarantee the *proper preparation* of my own PEARLS. These pearls are sold only in phials containing 30 pearls each and covered with an envelop bearing my signature.

Dépôt général in Paris, Maison L. FRERE, 19, rue Jacob.

WHOLESALE AND RETAIL DEPOT FOR ENGLAND :

M. JOZEAU, PHARMACIEN, 49 HAYMARKET, LONDON, W.,

And of all Chemists.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 19, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lostorfer's Corpuscles. By Dr. Edward B. Bronson 533

Pistol-Shot Penetrating the Thorax.—Recovery. By Arthur Leared, M.D., F.R.C.P., M.R.I.A., Senior Physician to the Great Northern Hospital 534

American Medical Association—

President's Address (*continued*) 535

HOSPITAL REPORTS.

Meath Hospital, Dublin—

Cases under the care of Mr. L. H. Ormsby, Surgeon to the Meath Hospital, Demonstrator of Anatomy in the School of Surgery, Royal College of Surgeons in Ireland. (Reported by Mr. Samuel Morris.) Case I.—A Deep-Seated Abscess in Abdomen—Recovery. Case II.—Onyxis 538

Glasgow Fever Hospital—

Small-pox treated by Xylol, &c. Dr. Russell's Clinic (*continued*) 538

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—

On the Pathology of the Morbid State commonly called Chronic Bright's Disease with Contracted Kidney (Arterio-Capillary Fibrosis) 539

Special Reports on Foods, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the Medical Press and Circular.)—Report on the Farinaceous Foods now being Advertised and largely used for Dietetic Purposes. (*Continued.*)—Maize.—Brown and Polson's Patent Corn Flour.—Duryea's Maizena.—Kingsford's Oswego Prepared Corn 542

LEADING ARTICLES.

The London Hospital 542

Surgery of the Franco-German War 544

NOTES ON CURRENT TOPICS.

An Ophthalmic and Aural Hospital for Dublin 545

Wanted, a Public Prosecutor 545

The Sulphites and Carbolic Acid in Intermittent Fever 546

Bright's Disease 546

Action of Light in Skin Diseases 546

Army Medical Department 546

Gonorrhœa Originated from Other than a Specific Cause 546

The History of Dengue 546

Cancer in Males and Females 547

What is the Nature of a Diatom? 547

Phosphate of Lime as a Therapeutical Agent 547

Carbolic Acid as an Anæsthetic 547

The Action of Large Doses of Quinine 547

Solid Food in Typhoid Fever 548

Management of Croup 548

Cases of Tracheotomy 548

Blood Relationship! 549

Action of Spirituous Liquors on the Liver 550

STUDENTS' COLUMN.

Synoptical Review of the Officinal Preparations of the British Pharmacopœia. By W. Handsel Griffiths, Ph.D., L.R.C.P., L.R.C.S. Edin., Assistant Librarian, Royal College of Surgeons in Ireland.—Decocta (Decoctions).—Emplastra (Plasters) 551

LITERATURE.

Tilt's Change of Life 551

Science Primers 552

CORRESPONDENCE.

A Vaccination Question. By R. Hanslip Sers 552

Scotland 552

Legal Intelligence 552

Medical News, &c., &c. 552

Original Communications.

LOSTORFER'S CORPUSCLES.

By Dr. Edward B. Bronson.

The particulars of the alleged discovery of certain corpuscles peculiar to syphilitic blood, by Dr. Lostorfer, of Vienna, are, I may presume, already well-known. A subject so strange, with such important bearings upon pathology and diagnosis, could not but excite great interest, at least, until the truth of the discovery has been thoroughly tested.

Immediately upon Lostorfer's announcement that he had discovered a *syphilis blood-corpuscle*, many sought to test the matter by personal investigation, but the results which most of them hurried to make known were usually immature, and all were conflicting. Moreover, a certain degree of personal character which the controversy has assumed in Vienna will probably there retard progress for a considerable time towards a satisfactory conclusion. The Commission appointed by the Gesellschaft der Aerzte to investigate the subject has declined to assume the responsibility. The matter as it now stands, then, is left entirely to individual investigation, which, if sufficiently general and earnest, it may be hoped, will speedily afford enough light to make manifest the true proportions and render possible definite conclusions.

To those here interested in the subject, and desiring to see and judge of the corpuscles of Lostorfer for themselves, some description of their microscopical appearances, and of the method pursued in Vienna in their observation, will perhaps be of assistance.

A slight puncture is made in the skin with a moderately large needle, and to the minute drop of blood squeezed out the glass cover is lightly touched and then dropped upon the slide. The specimen, then, should have the following characters: The quantity of blood is small, not occupying but a portion of the area of the cover, reaching to the latter's edges to as slight an extent as possible. After standing a few seconds the blood should be bounded by a narrow dried border. This prevents a too free admission of moisture from the glass chamber in which the specimen is afterwards placed. The disposal of the blood corpuscles most favourable to the observation of the corpuscles of Lostorfer is where they have run together in the form of a net-work, enclosing clear inter-spaces, and these will be generally found towards the edges, where search for the corpuscles is most constantly rewarded.

The specimen must be kept in a moist atmosphere and at a moderately warm temperature. The apparatus employed by Dr. Lostorfer is a botanist's exsiccator (a cylindrical glass jar, with cover fitting by ground-glass edges), containing a little rack to hold a dozen slides and a few drops of water at the bottom. The temperature in which Lostorfer made most of his observations varied from 10° to 18° R. When the temperature sunk below a certain not definitely ascertained point, no development of the corpuscles took place. A warm temperature favours their development. Above 35° Celsus the corpuscles entirely disappeared.

In the microscopic examination the magnifying power used is the objective No. 10 *à immersion* of Hartnach, with occulaire No. 3. At the expiration of from fourteen to twenty-four hours minute granules appear in the above-mentioned inter-spaces, some stationary, others rapidly in motion. Later in the same situations larger granules will be observed, breaking the light strongly as the lens is elevated, and dark as it is depressed, which go on increasing in size till a distinct circular outline can be made out, and to a practised eye the appearance soon becomes characteristic. At the expiration usually of some forty-eight hours, corpuscles have developed, which can with certainty be pronounced to be the corpuscles of Lostorfer. To a sufficiently assiduous observer this development from granules which seem to start from a minuteness beyond the range of vision appears an evident fact, and if true, refutes at once those opinions regarding the origin of these corpuscles which refer it to degeneration of the blood corpuscles, or to access of fat globules from the skin at the moment of taking the blood. The period at which the syphilis corpuscles are distinctly visible varies considerably. Exceptionally they have been seen as early as at the expiration of the first day, and again in one case they were only distinctly recognizable at the end of the fifth.

It is to be regretted that at present a description of the appearance of these corpuscles must be limited almost exclusively to their optical peculiarities. Chemical reagents have yet afforded but slight assistance. In size they vary very considerably. At the end of the second day they have usually an average diameter of from 0.002 to 0.05 mm., and from this their increase is proportionally, as a rule, much slower. In one preparation kept for eight days I saw them attain the size of the red blood globules, while their ordinary size is from one-twelfth to one-sixth of that. Finally, they seemed to undergo a commencing degeneration, and their brilliancy faded. They remained usually, however, distinct till lost by drying of the preparation.

By good light the appearance of the corpuscle is that of a delicate little spherula. Its appearance of delicacy is characteristic, and distinguishes it markedly from other corpuscles found in the blood resembling it in size. When viewed by lower adjustment of the lens the corpuscle appears of a uniform light grey, without variation in shading from centre towards the periphery. On depressing the lens still more the body does not become darker, but at once disappears from view. By the higher adjustment of the lens the light is broken more strongly than from the blood globules. Besides its intensity, the diffusion of the light uniformly over its whole area distinguishes it markedly from detached bits of blood globules, oil globules, etc. Its outline is *not sharply defined*, considerably less so than that of the red blood corpuscles. This peculiarity is well marked, and an important point in distinguishing it from numerous bodies liable to be confounded with it.

Another peculiarity of Lostorfer's corpuscles is the frequent occurrence of little processes sprouting out from their surface. As I have observed them, they have never amounted to more than a greater or less irregularity of the contour at some point. Dr. Lostorfer, however, asserts that he has seen them develop into a chain of two or three members, indeed something very like a micelium. He also describes the formation of vacuoles within the corpuscles, which gradually increase till they occupy their entire area. It was in consequence of these appearances that he was inclined to regard them of a fungus nature. Sometimes instead of round bodies, irregular forms will be seen, as if two or more corpuscles had joined to make an irregular mass.

The peculiar characteristics, then, in the appearance of the corpuscles of Lostorfer are—(1) their apparent delicacy of structure; (2) the moderate definition of their contour; (3) their uniform greyish shade; (4) their refraction of light, stronger than that of the blood globules; and finally, (5) the little processes or sprouts upon their surface. Of course, in absence of good light these appearances will be modified; the brightness will be less intense, and instead of the light greyish there will be a darker shade.

Chemical reagents have not been found very available to diagnostic purposes. Under the action of acetic acid, distilled water, and some other agents, the syphilis corpuscles shrink up, while detached bits of protoplasm swell and are dissolved under their action. The test is attended with some difficulty, owing to the danger of the corpuscle under observation being swept away by the sudden current. But a little care will obviate this. The action of the acetic acid is more marked upon the younger corpuscles; the older are less or not at all affected by it. Iodine is said to shrivel them without producing a blue colour, and osmic acid does not turn them black, as it ought to do were they spores.

Corpuscles which might be mistaken for those of Lostorfer arise in large part from disintegration of the red and white blood corpuscles. The red globules often detach little bodies that assume about the size and shape of the syphilis corpuscles and have a tolerably strong refraction of light. Their colour, sharp definition, and their less intense and less uniform brightness distinguish them from Lostorfer's corpuscles. A number of observers have referred the origin of the corpuscles of Lostorfer to the disintegration of the white blood corpuscles. Corpuscles do result from this disintegration, bearing often a certain degree of resemblance to the corpuscles of Lostorfer. But their mode of development is too different to regard them as identical, and a familiarity with their appearances will discover many points of dissimilarity. The white corpuscles commence early to disintegrate. First the nuclei and granules become sharply defined, then the contour of the corpuscle appears at some point ruptured, and numerous bodies will be found issuing from it or lying in its immediate vicinity, which in size, shape, and perhaps some other respects resemble the syphilis corpuscles. They consist for the most part of nuclei, spheres of protoplasm, and vacuoles. They are often of a reddish tinge, or pale bodies lacking the brilliancy of the syphilis corpuscles, and have usually sharply-defined contours. Finally, the acetic acid is often here available as a test, as they do not shrink under its action.

Professor Wedl, in his report on the corpuscles of Lostorfer, before the Gesellschaft der Aerzte, declared these corpuscles to be fat globules, or possibly bits of protoplasm. Amongst the numerous observers who have subsequently expressed opinions on the nature of these corpuscles of Lostorfer, I think no one has supported the opinion of Wedl. Prof. Stricker has expressed his total inability to pronounce upon the nature of these corpuscles, and were they fat globules one would suppose he would have discovered it. As Professor Stricker admitted, Professor Wedl unquestionably found fat globules in the blood which he examined, but that he observed the corpuscles of Lostorfer does not appear at all clear.

As to constancy of appearance of Lostorfer's corpuscles in syphilitic blood, Dr. Lostorfer has told me that he has found them in the blood of every syphilitic patient that he has examined, though not in every specimen. He has been obliged at times to take blood for the third time from the individual before succeeding in finding them. As to their relation to the stage or severity of the disease, nothing has been ascertained.

Since writing the above, the report of Prof. Stricker's recent investigations in reference to those corpuscles has been received. The sincere and earnest manner with which Prof. Stricker set himself scientifically to investigate the matter, is worthy of all admiration. This conclusion, however, from the fact of their presence in six cases of persons in debilitated and cachectic conditions where no syphilis was apparent, that the corpuscles were not peculiar to syphilis, but rather to the debilitated and cachetic condition, did not prevent him from accrediting to Lostorfer a veritable discovery, and the real importance of this can only be estimated after such further investigations as add to our information a knowledge of the nature of these corpuscles and of their source.

PISTOL-SHOT PENETRATING THE THORAX—RECOVERY.

By Arthur Leared, M.D., F.R.C.P., M.R.I.A.,
Senior Physician to the Great Northern Hospital.

A gentleman, 25 years of age, and of rather robust build, was found one morning at half-past seven o'clock—as was at first supposed—dead in his bed. As he had previously been a patient of mine, I was at once summoned and met Mr. Dunn, jun., at the bed-side. The patient's face was death-like, and the eyes were closed, but he was able clearly, although in a feeble way, to reply to questions. He said that at 4 a.m. he had discharged a revolver at his breast, intending to shoot himself through the heart. He was at the time seated in an arm-chair, out of which he fell to the floor. It is not clear whether or not a period of unconsciousness intervened; but he crawled on his hands and knees out of the room into the adjoining bed-room, and then managed to take off his coat and waistcoat and get into bed. He had no recollection of anything farther until he was found, as already stated, three and a half hours after the injury.

Hæmorrhage had been excessive; much blood was found in the outer room, from which the patient could be tracked, to the bed, which was literally soaked with blood. The pulse at the wrist could hardly be felt, and the breathing was greatly hurried.

We found, on examination, that the ball had entered the chest between the fourth and fifth ribs, a quarter of an inch external to, and slightly below, the level of the nipple; frothy blood issued from the aperture, which was sharply defined. The ball then passed inwards in about a level direction, and out of the thorax by a larger aperture situated an inch and a half from the centre of the spinal column, and half an inch above the level of the lower angle of the scapula. The bullet, which we extracted from the hair stuffing of the chair back, weighed 134 grains, and measured half an inch in length, by three-eighths of an inch in breadth.

At 9 p.m. Mr. Spencer Wells met us in consultation; the patient was tranquil; pulse, 120; respiration rather hurried, but there were no abnormal stethoscopic sounds. The urine that had been passed contained a copious deposit of reddish lithates. Blood continued to ooze from the posterior aperture of the wound.

At the morning visit we found that the patient had slept during the night, but that severe pain had been since experienced in the *trajet* of the wound, and in the epigastric region. This pain subsided after copious hæmorrhage from the wound; pulse, 100; resp., 30; temp., 98. There was much dyspnœa and great exhaustion.

At the night visit it was found that the cellular tissue round the anterior aperture had become emphysematous to a considerable extent. There were no physical signs of lung disease; the heart sounds were modified; the second was strongly accentuated and louder than the first sound.

On the third morning from receipt of the injury, the patient had had a good night; pulse, 104; respiration, 32; temp., 100. Heart sounds as before, but curiously mixed up with loud emphysematous crackling, heard syncronously with the action of the heart. At night irritability of the stomach set in, so that everything swallowed was rejected.

Fourth day.—Patient much improved; pulse, 94; respirations, 24; temp., 98·8. Emphysema had extended laterally, and the percussion note below the anterior orifice was so resonant as to indicate the presence of air in the pleural cavity.

Fifth day.—In all respects better: bowels moved for first time since receipt of wound. From this time the patient's recovery was steady, and nine days afterwards, or fourteen from receipt of the wound, he was up and dressed. The anterior aperture of the wound—from which no pus had been discharged—had now nearly healed. The parts round the posterior aperture had sloughed somewhat, but were looking healthy, and the discharge was trifling. No physical signs could be detected, except slight deficiency of expansion and weakness of respiratory murmur on the left side.

A considerable time has now elapsed, and the gentleman is in perfect health. Our general treatment consisted simply in supporting the patient's strength, for which brandy was freely used. The treatment of the chest symptoms was strictly expectant, and that of the wound by Mr. Dunn consisted mainly in cleanliness and exclusion of air.

Considering the great mortality after penetrating gunshot wounds of the thorax, and that the ball in this instance pierced the lung, while in a marvellous way the heart and great vessels escaped, this case seemed worthy of record.

AMERICAN MEDICAL ASSOCIATION.

The twenty-third annual meeting of the American Medical Association was held in Philadelphia from the 7th to the 10th of May, inclusive, Dr. D. W. Yandell, President, in the Chair.

President's Address.—(*Continued*).

But Germany is appealed to as the medical Utopia, where perfection in the system of Medical education has been attained. Let me read you one of the schedules from that marvellous country, after which, it is proposed, the Medical schools of America shall model their course of instruction. It embraces the following: 1. Philosophy; 2. Logic and Metaphysics; 3, Æsthetics; 4. Mathematics; 5. Encyclopædia and Methodology of Medical Science; 6. Botany; 7. Anatomy; 8. Natural Philosophy; 9. Chemistry; 10. Zoology; 11. Physiology and Psychology; 12. Anthropology; 13. Mineralogy in its relations with Geognosy; 14. General Pathology and Therapeutics; 15. Materia Medica and Dietetics; 16. Practical Anatomy; 17. Special Pathology and Therapeutics; 18. Surgery; 19 Mental Diseases; 20. Obstetrics; 21. Pathological Anatomy; 22. Comparative Anatomy; 23. Pharmacy and the Art of Prescribing; 24. Epidemiology and Climatology; 25. State Medicine; 26. And in the hospitals: Clinical Medicine, Clinical Surgery, Clinical Ophthalmology, Obstetrical Clinics, Clinic of Skin Diseases and of Syphilis, and Chemical Physiology and Pathology.

Germany, at this day, aspires to be the leading nation of the earth in thought, in philosophy, in philology, in science, as well as in arms. In perseverance, in industry, in love of science for its own sake, in deep learning—let us admit that no people on earth exceed them. Medicine is cultivated among them with unwearied zeal and assiduity. They have hospitals on the grandest scale; their laboratories are the most ample and the best furnished; and all the appliances are to be found in their universities for imparting to students the most thorough knowledge of whatever science or profession they would pursue. Subjects for anatomical study cost a mere trifle. Autopsies by experts abound in the dead-rooms of their hospitals.

Students are taught æsthetics metaphysics, the methodology of medical science, logic, anthropology, geognosy, and the twenty other branches named in their curriculum. And what, let me ask in a spirit of perfect candour, has it all amounted to? In histology, in pathological anatomy, in microscopy, in animal chemistry, their superiority is conceded. In surgery and in midwifery, too, we all admit their claims to the highest rank. But the practice of physic in Germany—is it, at this time, little more than a meditation on death? Have not placebos taken the place of remedies in their hospitals? Standing idly by while disease is running its course curiously marking its natural history, looking on calmly, while death and life-in-death are throwing the dice, and waiting to see whether nature will lose or win in this struggle—the physicians seem intent mainly on tracing its ravages in the cadaver, too well satisfied to find their diagnosis confirmed by the autopsy. These vast stores of science treasured up by the German mind through these centuries, in what have they resulted? As to therapeutics, in something hardly better than nihilism; as to physiology, in a materialism which not only abolishes religion, but renders any religious belief impossible. To this ghastly complexion, it may be, American medicine must come at last but I am sure no philanthropist can be impatient to see the day.

. . . .

Reduced to the last analysis, what is it that the people demand of us as instructors? To give them physicians learned in the languages, or physicians who can discharge the duties of their profession efficiently and well? Men who can chop logic, or surgeons who can amputate limbs, or set them, or reduce them? Scholars expert in metaphysics, or doctors skilled in the practice of physic? And are not the schools turning out such practitioners? In the

b

main, I believe they are, and of higher grade every year. But if I could agree to the German curriculum in all its amplitude, I should still object to the place assigned in it to clinical teaching. With his course on æsthetics, my student should begin the study of medical and surgical diseases at the bedside. Clinical instruction, in the schedule I would draw up, should be the alpha and omega of the student; and whether he was studying geology or logic, he should spend a part of every day examining the cases of sick men, women, and children. After making himself master of his art, he might stray as far as he inclined into the tempting fields of literature and natural history, provided his patients raised no warning voice against it.

We are continually reminded in annual reports that while our schools teach too little, there are quite too many of them. I think this is true; but what is to be done about it? Who will say how many schools we shall have, and where? Who has the power to silence one of them? Can we hope to bring our cold, wise maxims of experience so to bear upon the wing of young ambition as to repress it, or to quench the ardour of the youthful spirits who feel that they have a vocation to teach? Time is the only remedy I can see for this sore evil under the sun. Under the pressure of an enlightened public opinion, operating in part through this body for a long series of years, it must give way at last. The schools are obliged to gravitate in time to their places. Those that teach well will be sustained; the inferior will go under. Twenty-two years ago, in a speech I had the temerity to make before this Association at Cincinnati, I ventured to predict that no school without an ample supply of subjects and adequate means of clinical instruction could long sustain itself. Time is fully justifying my prediction. And to this test I am satisfied all the medical schools in the world must finally be brought. It is not by logic, or the principles of design, or Greek, or Latin, or French, or German, that medical education is to be rendered what it ought to be; but by studying medicine in the laboratory, under the microscope, at the dissecting table, in the wards of hospitals and in dispensaries, where patients are seen, examined, and prescribed for, and where, by attending to what are now so often styled the refinements of chemistry and physics, students learn the diagnosis of diseases as well as its treatment.

. . . .

We labour in vain when we get too far in advance of the people. If we write, it is in the hope of being read; and if we find no readers, our writings, however admirable, are to no purpose. Bring to our country the books produced by the ablest of German authors, and how many would be read? Is Rokitansky, or Vogel, or Chelius, or Rindfleisch, or Virchow? By a few, no doubt, they would be read, but they are "cavier to the general." It is not in the direction of such research that the Medical mind of America has been running hitherto or is yet running. In time it may take that direction, but treatises less elaborate, of less detail, more pointed, and more practical, are what the Profession demands just now.

[After devoting some time to detailing the labours of Dr. Drake, and the neglect into which his book had fallen, the speaker continued:]

Very similar, I apprehend, would be the appreciation of the people generally of graduates in medicine educated up to the standard of this model curriculum. In a few favoured communities it is possible their stores of metaphysics and æsthetics, of geology and mineralogy, might be prized at their true value; but to the plain, common people these stores would seem little better than "loads of learned lumber." Nay, worse, for too many would conclude that a doctor who had dipped into so many arts and sciences could not have drunk deep of medicine.

When the world's exposition was in progress at London, it was affirmed by the critics that the only thing in which Americans excelled all other people was "rugged utility." It is in the line of "rugged utility" that medicine with us has advanced with most eminent success. It is in this respect that it is regarded with most favour by the people everywhere. But this is not the only line in which the progress of American medicine has begun to attract the attention of the world. It is developing in all directions and producing authors of acknowledged merit, as well as learned teachers, skilful surgeons and physicians. No one who has been familiar with British Medical journals for the last twenty-five years can have failed to note their altered tone in respect to the Profession here. . . . No one of them all would deny that, as a Profession, we are every year preferring claims to higher consideration. This, indeed, is a fact as clear to every observer as the growth of our population, or as our advancement in the mechanical arts and all the elements of national power. Nor is this any partial movement, but an advance all along the line. It has been well compared to those grand geological changes by which continents are slowly elevated above the level of the sea. The quickening impulse is one which has been felt by the Profession to its remotest extremities. The Medical schools have acknowledged it, and are generally improving their processes of instruction. In most of them the lecture term has been extended, the number of professorships has been increased, and the teaching has been rendered more demonstrative. Harvard has inaugurated a part of the system so strongly urged upon the schools, and if it is found to work well, it will be universally adopted. The graduates leaving the schools, though they may know less of Greek and mathematics, are far better trained than formerly in clinical medicine and surgery, and better qualified to enter upon their duties as practitioners. Almost every town in every State boasts a surgeon who will attempt lithotomy, and at every crossroad you will find one conversant with physical diagnosis, and who can put up a fractured limb or reduce a dislocation. They are, moreover, as a class, men who read and know how to keep pace with the march of medicine. One or more of our Medical journals you will find on every physician's table, and so it happens that whatever is discovered or conjectured in Great Britain, or on the continent of Europe, in the spring, reaches him at his remote home by the beginning of summer. While returning from California a year ago, in company with a number of friends now present, the train stopped at a water-tank about which had been built by labourers and miners a few frame shanties. A man in the garb of a miner entered the car, and asked if some physician on the train would not step over to his house and see a sick child. I went with him. The patient was a little boy suffering from some head-trouble following measles. He was being calmed during the day by the bromide of potassium, and soothed to sleep at night by the hydrate of chloral. In the pine board hut occupied as home and office by the doctor of the settlement lay a Medical journal of the current month, from the pages of which he gathered the latest utterances of the masters and the newest therapeutic discoveries of the day. There, in those mountain fastnesses, among that rude people, a thousand miles removed from the haunts of civilisation, where in his lonely rides he saw more antelopes than fellow-men, and heard oftener the shrill yelp of the coyote than the voice of a friend, this hardy pioneer in our heart rendered to the sick boy of the unlettered miner the same succour that was given by his more fortunate brother to the greatest and richest denizens of the cities, to the very princes of the earth themselves.

There remains yet much to do in our educational system; nor, quoting the thought from Seneca, will the opportunity be wanting to those born after a thousand ages to add something to it. But I think it must strike you all as somewhat unaccountable that results so satisfactory as those just adverted to should flow from a system so essentially bad as ours is represented to be. Is it not something wonderful that these learned authors, these admired teachers, these safe, sagacious practitioners should have come from schools so wanting in all the means of imparting a good Medical education; that, in a word, sons so sturdy should descend from starveling parents? For we must not fail to remark that these men, of whom our country is proud, were, in very large proportion, educated at home—they are of domestic manufacture. The education of all but a few of them was commenced and completed in our own institutions.

THE WOMAN QUESTION.

Before sitting down I must allude briefly to another question . . . . . woman's right to enter the Profession, to become a member of all learned bodies, to do all that she is fitted to do.

Woman is not, as was ungallantly held by Aristotle, an imperfect man, an ill-formed, imbecile being; but in development is as perfect in her sphere as man is in his. Men and women are indeed differentiated beings, one the complement of the other. Each has mental and physical peculiarities, and it is as absurd to think of obliterating the one class as the other by education or any possible system of training. . . . . . As to equality in physical strength, I believe it has never been claimed. The male in all nation, civilised and barbarous, is the larger and stronger. Anatomy as conclusively settles the question of intellectual quality. The brain of man is, on an average, larger than that of woman, and, other things being equal, size gives strength. . . . . . But all male heads are not of greater size than the female, and it is far from being true that men are universally stronger in intellect than women.

. . . .

Woman makes a better nurse than our sex. . . . . . How natural the conclusion, if better nurses, why not at least as good physicians? In all candour I must say I am unable to find a satisfactory reason why women might not succeed in some lines of our Profession. Certain paths there are which for the honour of the sex, I hope they will not aspire to tread. . . . . . I trust not many will incline to surgery. Very few indeed, I think, would have the nerve to cut for stone in the bladder, or perform ovariotomy. But in tact, in grace, in gentleness, they might presume to rival us, and with these pleasing qualities would be welcome visitors to many a sick-chamber.

. . . .

The best proof that women may make learned doctors is the fact that in times past, if Medical history is to be credited, they have given to the Profession members of true erudition. Women taught side by side with men in the first Medical school established in the Christian era. Of the names associated with the School of Salernum, none appeared more respectable for scientific zeal and attainment than those of three female professors, Trotula, Rebecca, and Abella, who were ready to grapple with the toughest subjects in physiology and medicine. Trotula wrote a dissertation with which many here, I suppose, are acquainted—*De Mulieribus Passionibus;* and so profound was her Medical scholarship that when a great disputant, Rudolph Mala Corona, went to this seat of learning to try conclusions in science with its professors, she alone was deemed by him a worthy antagonist. Her sister professor, Abella, was a poet-physician, and indited a treatise—*De Altrabile et de Natura Seminis Masculini*, in Latin verse. The taste of the learned Rebecca inclined her to the same line of investigation, and the work which has come down to our times from her pen treats *De Urina et de Embryone.* These mothers in medicine, however, were not prolific; they left no successors worthy their fame, and their example has not many imitators in the centuries since they flourished.

I have strong doubts whether female physicians will ever become very numerous. Their own sex does not incline very much to them. The movement which is now startling the world with its din will probably end in no great results. But it depends on the public. What the people decree in this matter is a law to which all, we and the women alike, must bow submissively. If they want women doctors, such will be found ready to meet the demand. If those now pressing forward in their studies so eagerly find their services are not wanted, they will take down their signs, get married—if they can—or turn lecturers, or to some more lucrative employment. I hope they will never embarrass us by a personal application for seats in this Association. I could not vote for that.

[The address closed by referring to the beneficent influence of the Association, and expressing the hope that it might "be perpetual, and more and more a rallying-point and a tower of strength for the Profession over the whole wide continent."]

◆

Hospital Reports.

MEATH HOSPITAL, DUBLIN.

Cases under the care of Mr. L. H. Ormsby, Surgeon to the Meath Hospital, Demonstrator of Anatomy in the School of Surgery, Royal College of Surgeons in Ireland.

(Reported by Mr. Samuel Morris.)

CASE I.—*A Deep-Seated Abscess in Abdomen—Recovery.*

Patrick McCabe, æt. 40, admitted into the Meath Hospital on the 9th of April, 1872, under the care of Mr. Ormsby, suffering from a very painful swelling situated above Poupart's ligament at the inferior part of the abdomen.

History.—He states about a week ago he was wheeling a barrow full of salt along a plank; he slipped and rolled over, the barrow falling on his side and abdomen. He went home and suffered a great deal of pain. He was attended by the local dispensary doctor, who recommended him to seek admission into the Meath Hospital, as he would be taken better care of there than his small means would admit of at home. On admission he had frequent rigors, and perspired very freely at night; he suffered very great pain, and his thigh was flexed up on the abdomen, so as to relax the muscles. The tumour pointed to the left side of the abdomen, immediately above Poupart's ligament. This received an impulse when he coughed, and diminished in size when he was in the recumbent posture. He lost considerably in weight during the progress of this tumour. He was suffering from a very bad cough, which, however, was not due to any tubercular disease in his lungs, and rapidly disappeared under treatment. Mr. Ormsby examined this tumour very carefully, and diagnosed it to be a deep-seated abscess.

Treatment adopted.—He was placed in the recumbent position; he was ordered to extend the limb of the affected side, and keep it so for fear of permanent contraction. Large linseed poultices were applied to the tumour, with a view of bringing the matter nearer the surface. The second day after his admission, fluctuation on the summit of the tumour was plainly detected, and a small opening was discovered. Mr. Ormsby enlarged this opening, and evacuated a quantity of matter with Symes' curved abscess knife. A poultice was then applied, and his constitution supported by generous diet. He was ordered a mixture containing—

℞ Chloratis potassæ, gr. ʒjss.;
Tinct. cinchonæ, co. ʒj.;
Syrupi aurant, ℥ij.;
Decocti cinchonæ, ad ℥viij. M.

Two tablespoonsful of this mixture thrice daily. He was also ordered a pint of porter in the day, and the swelling went down, the pain ceased, and he regained his strength and left the hospital on the 5th of May, 1872.

Mr. Ormsby drew the attention of his class to this case, mentioning to them the very great importance it was to form a correct diagnosis in the beginning of the case, and enumerated a number of other causes for the recurrence of this tumour. He said it might be, 1. Inguinal hernia, as it was just in the same situation it occurs in, and there is an impulse in the tumour on coughing. 2. It might be an enlarged lymphatic gland. 3. A large bubo or glandular abscess. 4. Empyæmia passing downwards at the back of the diaphragm after perforating the parietal portion of the pleura, and running between the abdominal muscles. 5. It might be due to an aneurism. 6. A psoas abscess due to caries of the vertebræ. 7. An abscess connected with disease of the hip-joint. 8. Iliac abscess, which he believed this tumour to be, and he mentioned his reasons—1st. The man had received a severe fall; a heavy mass had fallen on him; he must have received a severe contusion; the tumour was not seen at first, until some days afterwards; the recurrence of rigors, and the brawny state of the skin, and the circumscribed halo of inflammation extending on the abdomen and down the femoral region; the pus becoming superficial after two days application of the linseed-meal poultices, and fluctuation becoming perceptible; he also mentioned this as one of the situations in which you should open an abscess early, and said that *Symes' abscess knife* was a very convenient one, allowing you to cut from within outwards, doing away with a great deal of pain consequent on the operation by cutting across—1st, the branches of the nerves, and thereby paralysing their terminal twigs as they ran into the cutis vera of the skin. He then drew attention to the treatment adopted, and said the man's system was very low and required good and generous diet at once, and that it was a case where tonics would be of great service, and that he knew of no better mixture than the chlorate of potash in combination with compound tincture of bark; he also recommended porter, very strongly saying he believed it better in many respects than other more expensive tonic mixtures, and the only difficulty about it was that some weak stomachs could not tolerate it without it disagreeing with them, but, in most cases, he believed it admissible.

Case II.—*Onyxis.*

Kate Cullen, æt. about 28, admitted into the Meath Hospital, under the care of Mr. Ormsby, on the 3rd of June, 1872, suffering from a very sore ulcerated big toe. She states she has had pain in her great toe for the last two months before her admission, caused by the flesh growing over the internal side of the nail; she was accustomed to wear very tight boots, and she thought that might be the cause. The side of the nail had been pared, but it grew again just as bad. Mr. Ormsby removed a small, semilunar bit of flesh from the inner side of the nail, transfixing it with a tenotomy knife; the toe before the operation being moderately tightly bound round with strong twine to deaden the pain consequent on the incision; there was very little hæmorrhage, and lint steeped in a solution of Condy's Fluid applied; the wound is healing fast.

Mr. Ormsby told the class that the operation he performed was one that was first recommended by the late Mr. Josiah Smyly, who first pointed out that it was not, as it is generally supposed to be, an ingrowing of the nail into the flesh, but it was the flesh growing into the nail; and he also enumerated the other operations recommended by various surgeons for the cure of this disease, such as splitting the nail and tearing from the matrix half of it with a strong forceps, and another recommends the removal of the whole nail. He also said he believed this operation had a great many advantages over the others, viz., its being so very simple and being attended with so little pain, and the impossibility of the nail becoming embedded in the flesh again, let the nail grow ever so much, and the great ease and quickness with which the operation is performed, without chloroform or the application of the ether spray which the other modes would undoubtedly require, as they are attended with excruciating pain without it.

GLASGOW FEVER HOSPITAL.

Small-pox treated by Xylol, &c.

Dr. Russell's Clinic.

(*Continued from page* 518.)

Case IV.—William K., æt. 20. Admitted 26th Feb. *unvaccinated*, and in 4th day of small-pox. Very copious eruption. Had xylol from 5th day and recovered. The following are the full notes:—

February 27th (5th day).—P. 96. Copious small vesicular eruption. No motion. Considerable delirium. Give oil and min. xx. X. every 3 hours.

Evening.—P. 96. Very restless; endeavouring to get out of bed and and always chattering. No sleep and no motion.

28th (6th day).—Eruption becoming pustular both on face and body. Considerable facial œdema. Oil acted freely about 9 p.m. Continued restless and talkative up to 4 a.m., after which he slept a little. At visit patient is disposed to doze, though still chattering at times. Give X. every 2 hours.

Evening.—P. 92. Has passed a tolerably quiet day. No motion.

29th (7th day).—Pustules on the face and well full advanced on arms and trunk. Increased œdema. No motion. Slept fairly, and is still inclined to sleep.

Evening.—P. 102. No change. No motion.

March 1st (8th day).—P. 120. Pustules beginning to burst on face, with still persistent œdema. Slept pretty well, and seems still sleepy. No motion.

Evening.—P. 120. Perspiring freely. Still quiet. No motion.

2nd (9th day).—P. 112. Sulphur-yellow crustation of face. Pustules fully matured on arms and body, but not burst. No motion. Slept well.

Evening.—P. 124. Still considerable facial œdema.

3rd (10th day).—P. 124. Great activity of eruption on forearms, with much tension and redness. Slept well. Perspires freely. No motion.

4th (11th day).—P. 108. A few pustules burst on arms, but great majority are not, and there is also still much œdema. Sleeps well. No motion. Give oil.

Evening.—P. 120. Has been rather restless and disposed to rave. Bowels moved by oil.

6th (13th day).—p. 96. Crustation now general and œdema gone. Appetite fair. Still taking X.

7th (14th day).—P. 88.

8th (15th day).—P. 84.

9th (16th day).—Crusts separating. Reduce X. to min. xx. every six hours.

10th (17th day).—Doing well. Stop X.

Case V.—Robert G., æt. 20, admitted March 4th, *unvaccinated*. In 5th day of confluent small-pox. Had Xylol min. xx. every two hours from the afternoon of that day. On the 6th day a number of the vesicles were noted to have a hæmorrhagic centre. In the evening the dose was increased to min. xxx. On the 8th day the pulse was 124, the face presented a uniform, pale, clay-coloured surface, and the hæmorrhagic centres were much more numerous. In the evening the pulse was soft, and ℥iv. whisky were ordered. On the 9th day, towards evening, the pulse broke down rapidly, and the patient died suddenly at 10.30 p.m. He was restless and almost sleepless throughout.

Case VI.—Murdoch MacD, æt. 29, admitted 12th March, *vaccinated.* Eruption prevents observation of quality of mark; but, from fact of patient being a policeman, it must have been such as to pass the examination of the police surgeon. In 5th day of confluent small-pox. Ordered min. xxx. X. every two hours on day of admission. Was very delirious for some days. Died of erysipelas on 14th day. As the notes are interesting, I give them in full.

March 13th (6th day).—Pulse 90. Much erythema of face. Eruption vesicular.

Evening.—P. 104. Bowels free. Slept none.

14th (7th day).—Pulse 96. Eruption pustular on face. Pustules irregular in outline and small. Slight orbital œdema. Slept none. Remove hair. Sponge with cold water.

Evening.—P. 106. Very restless; raving constantly. Objects to medicine. Motion. Give thirty grains chloral.

15th (8th day).—3 a.m. Got chloral at 10 p.m. last night, but without effect. Now got min. x. Battley, with $\frac{1}{12}$ gr. Tart. emetic.

10.15. a.m.—No sleep whatever. Inclined to walk about as if on his beat. Increased œdema of face, and eruption developing. Give 30 grains chloral and min. v. Battley.

Evening.—P. 124. Slept a broken sleep for above two hours after draught. Is still restless and unmanageable. No motion.

16th (9th day).—P. 120. Slept well for the last six hours, and is now quite calm and rational. Eruption pale on face, and no increase of œdema. Areolæ on legs are rust-coloured and permanent on pressure. No motion. Give oil.

Evening.—P. 136. Slept well. Bowels freely moved.

17th (10th day).—P. 120. Still absence of usual facial tumidity; but considerable redness and general activity of eruption on forearms. Had motion, and slept.

18th (11th day).—P. 116. Remarkable pallor of eruption on face. Sleeps almost constantly.

19th (12th day).—P. 120. Still pallor and absence of facial œdema. Bowels not moved.

20th (13th day).—P. 136. Slightly soft. Resp. 44. Eruption altogether presents the same pallid aspect, and is surrounded with considerable lividity; passed a restless, sleepless night. Seems quite sensible at present. No motion. Give oil, also ℥vj. whisky.

Evening.—P. 152. Breathing more laboured. No sleep. Very restless. Bowels freely moved.

21st (14th day).—P. 136. Right arm enormously swollen from the shoulder to wrist. Tissues quite hard, with but little tenderness. The eruption has ran into bullæ, and then become abraded over the swollen surface. Resp. 36. Restless. Elevate limb, and dust with flour and camphor. Give draught of bromide and cannabis indica. Died at 5.20 p.m.

At *post-mortem* examination extensive hypostatic congestion of both lungs was found. No lesion of vessels of right arm. This patient, therefore, was carried off by erysipelas.

CASE VII.—Ann C., æt. 22, admitted 21st March, with *two bad vaccine marks*, and in 4th day of hæmorrhagic small-pox. Xylol was not commenced until the 7th day, by which date it became evident that the case was practically unmodified. She had min. xxx. every two hours. On the 8th day hæmaturia set in, and entire eruption became purple, with purpuric blotches over the body. The lips and mouth were covered with bloody sordes, and the patient moaned and writhed about in bed as if in misery. She sank with great rapidity in the afternoon, and died at 8 p.m.

◆

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 28th, 1872.

T. B. CURLING, F.R.S., President, in the Chair.

SIR WILLIAM GULL, BART., M.D., and HENRY G. SUTTON, M.B., communicated a paper

ON THE PATHOLOGY OF THE MORBID STATE COMMONLY CALLED CHRONIC BRIGHT'S DISEASE WITH CONTRACTED KIDNEY (ARTERIO-CAPILLARY FIBROSIS).

THE authors of this paper commence by stating that Dr. Bright and subsequent pathologists have fully recognised that the granular contracted kidney is usually associated with morbid changes in other organs of the body; and the disease in the kidney and the other coexistent morbid changes are commonly grouped and collectively termed "chronic Bright's disease." It is generally assumed that, in chronic Bright's disease, the kidneys themselves are the organs primarily affected; and, in consequence, a cachexia is induced through which other organs subsequently suffer and undergo chronic changes. The authors consider that the history of the disease does not support this opinion. The morbid changes in the kidneys themselves are first considered, the coarser anatomy being omitted. The microscopical appearances observed in granular contracted kidney are given in detail, and their conclusions on this point are as follows:—The visible morbid changes in granular contracted kidneys are due to the primary formation of a fibroid or hyalin-fibroid substance in the intertubular parts, including the vessels, and to atrophy of the tubular and intra-tubular structures of the kidney. On this point the authors confirm the observations of Dr. Dickinson and other observers. And they further state that this formation commences in different parts of the kidney, commonly near the surface; but it also seems to commence in the outer coats of the arterioles, and in the walls of the capillary vessels. From these parts it extends round the convoluted tubes and Malpighian bodies. This fibroid or hyalin-fibroid substance subsequently contracts and draws the Malpighian bodies together, compresses the urinary tubules and vessels, and may entirely obliterate them. This thickening of the capillary walls, and the diminished calibre of some of the arterioles, must naturally interfere with the nutrition of the tissues and tend to produce atrophy; and the blood supply to the secreting cells being in this manner reduced probably causes diminished secretory function and atrophy from diminished use. The alteration in the renal epithelium, when great, is the result of the atrophy; and its slighter changes, such as granular appearance and desquamation of some of its cells, are not peculiar to granular disease of the kidney, such slighter changes being even consequent on the process of dying. The morbid changes in the vascular system are next considered. Dr. Bright and subsequent observers have recognised that atheromatous arterial disease is common with granular contracted kidney. In 1852, Dr. George Johnson, in his work on "Kidney Disease," stated that the minute renal arteries are much thickened in chronic Bright's disease, owing to hypertrophy of the muscular coats of the vessels. A few years ago the same writer pointed out that the arterioles, not only in the kidney, but in the skin and other parts of the body, are thickened and their muscular coat hypertrophied in chronic Bright's disease. Sir W. Gull and Dr. Sutton describe at considerable length the changes that they have found in the minute arteries and capillaries of the kidneys, pia mater, and other parts; and they state that their observations show that the minute arteries and capillaries are thickened in chronic Bright's disease, and they remark, "we gladly acknowledge the debt the science of medicine owes to Dr. George Johnson for so distinctly insisting upon this fact." The microscopical observations of Sir Wm. Gull and Dr. Sutton show that the arterioles and capillaries are more or less altered in chronic Bright's disease. This alteration is due to a hyalin-fibroid formation in the walls of the minute arteries, and hyalin-granular change in the corresponding capillaries; that this formation occurs chiefly outside the muscular layer, but it also occurs, but to a less extent, in the tunica intima of some of the arterioles. Further, that the degree in which the affected vessels are altered, and the extent to which the morbid change is diffused over the vascular system of the different organs, vary much in different cases. The muscular layer of the affected vessel is often atrophied in a variable degree. The authors recognise that some pathologists may consider that the peri-vascular canals are the seat of these hyalin-fibroid changes. On the existence of such canals they express no opinion, they assert only that the morbid changes are chiefly outside the muscular layer of the arterioles. The arterio-capillary changes observed in chronic Bright's disease are not seen in the vessels of healthy persons who have been accidentally killed or who have died of phthisis and of other diseases not allied to chronic Bright's disease. The condition which induces the vascular change is next considered. Dr. George Johnson states that the general arterial thickening is due to muscular hypertrophy. He considers the blood is impure in consequence of the kidney disease, and the arterioles resist the passage of this impure, more or less noxious blood, and in doing this they become hypertrophied. The left ventricle of the heart, therefore, makes an increased effort to drive on the impure blood, and the result of this antagonism of forces is, that the muscular walls of the arteries and those of the left ventricle of the heart become in an equal degree hypertrophied. This theory Sir William Gull and Dr. Sutton do not accept, for their observations show that arterial changes are not dependent on muscular hypertrophy but on hyalin-fibroid formation. They have found the heart and vessels healthy in cases of chronic disease of the kidneys, and, further, their inquiries show that the cardiac and vascular changes may occur independently of renal disease. Cases given in the appendix to this paper are then alluded to, which show that there is a general morbid state in which the kidneys may be contracted, the heart hypertrophied, and the minute arteries and capillaries altered by a hyalin-fibroid formation. The kidney changes are most often, but by no means always, part and parcel of this morbid state, and their absence shows that the renal changes are not an essential and indispensable part of the general process: but as the vascular system is at some part affected with this hyalin-fibroid change in all the cases, therefore they conclude that the vascular disease is to be regarded as the constant and essential part of this morbid state. The pathology of this hypertrophy of the left ventricle is next considered. Bright considered that the quality of the blood was altered by the kidney disease, and the heart, in consequence, had to contract with greater power to force the morbid blood through the vascular system, and became hypertrophied in order to accomplish this. Many pathologists have adopted Bright's explanation. Dr. Wilks, in 1853, suggested that the hypertrophy might be dependent on atheromatous changes in the vessels. Against the explanation offered by Bright and others, the authors state that the frequent association of cardiac hypertrophy and renal disease does not prove that there is a casual relation between these two morbid states. Moreover, that in many cases where there is chronic disease of the kidneys, and the blood therefore presumably impure, the heart is not hypertrophied—instance, large white, lardaceous and scrofulous kidneys, as well as some cases of granular contracted kidneys. Dr. Johnson has endeavoured to account for the absence of the hypertrophy in such cases by assuming that the muscle of the heart is imperfectly nourished. The authors consider this suggestion, and state this may explain a dilatation disproportionate to the hypertrophy, but it does not explain how a normal-sized heart acquires additional force requisite to overcome the supposed obstruction. Evidence is next brought forward to show that the cardiac hypertrophy is induced by the morbid changes referred to in the vascular system, the heart being found hypertrophied in all the cases in which the vessels were much and generally thickened by hyalin-fibroid change; slightly hypertrophied where the vessels were little thickened; and greatly hypertrophied where the vessels were much thickened, although there might be little or no kidney disease. The hyalin-fibroid change is assumed to impair the elasticity of the vessels, thus imposing upon the left ventricle a necessity to contract with greater force to carry on the circulation. The other conditions which make up the morbid state known as chronic Bright's disease are next noticed—namely, vesicular emphysema, retinitis albuminurica, atrophied brain, contracted spleen, and morbid changes in the intertubular parts of the stomach. In all these conditions it is shown that the arterioles are more or less thickened by fibroid or hyalin-fibroid changes. This general morbid state is shown to belong principally to the period of life at or after forty years of age, and after forty its frequency greatly increases as age advances. It is pointed out that the kidneys, even in children or in other young persons under adult age, are sometimes much contracted and death caused by uræmic poisoning, without the cardio-vascular changes alluded to. But the general hyalin-fibroid change in the vessels may occur in early life; and, in proof, the case of a girl, aged nine years, is mentioned, where the kidneys were granular and very contracted, the heart hypertrophied, and there were hyalin-fibroid changes in the arterioles of the pia mater.

The authors desire to show that in the state known as chronic Bright's disease with contracted kidney, the morbid changes described do not arise in a constant order. In some cases the changes seem to commence in the kidneys or in the heart, sometimes in the lungs or in the brain, or in other organs; hence the symptom of the disease varies very much in different cases. In all cases, whether many or few organs are affected, the minute arteries and capillaries are altered by hyalin-fibroid formation, attended with atrophy of the adjacent textures. The authors cannot regard the functional disturbances which occur in many organs during chronic Bright's disease with contracted kidney as dependent on blood changes only or chiefly—as, for instance, pain in the head, discomfort after food, palpitation, dry skin, epistaxis, &c. These are probably due not so much to changes in the blood as to changes in the tissues themselves.

The conclusions arrived at in the paper may be briefly summed up as follows:—1. There is a diseased state characterised by hyalin-fibroid formation in the arterioles and capillaries. 2. This morbid change is attended with atrophy of the adjacent tissues. 3. It is probable that this morbid change commonly begins in the kidney, but there is evidence of its beginning primarily in other organs. 4. The contraction and atrophy of the kidney are but part and parcel of the general morbid change. 5. The kidneys may be but little, if at all, affected, whilst the morbid change is far advanced in other orgtans. 6. This morbid change in the arterioles and capillaries is the primary and essential condition of the morbid state called chronic Bright's disease with contracted kidney. 7. The clinical history varies according to the organs primarily and chiefly affected. 8. In the present state of our knowledge we cannot refer the vascular changes to an antecedent change in the blood due to defective renal excretion. 9. The kidneys may undergo extreme degenerative changes without being attended by the cardio-vascular and other lesions characteristic of the condition known as chronic Bright's disease. 10. The morbid state under discussion is allied with the conditions of old age, and its area may be said hypothetically to correspond to the "area vasculosa." 11. The changes, though allied with senile alterations, are probably due to distinct causes not yet ascertained.

Dr. Broadbent must say that, if he had to give up the idea that what he had seen in the preparations of hypertrophied arterioles was muscular, he would have to give up altogether the muscularity of the walls of arteries. Dr. Johnson said that the thickening was due to muscular hypertrophy; Sir Wm. Gull and Dr. Sutton ascribed it to what they called hyalin-fibroid deposit. It was stated that it could not be dependent on this form of kidney-disease, because it was not met with in other forms, but the blood was not in the same state in all forms of renal disorder. The authors stated that cardio-vascular hypertrophy was not constant in granular contracted kidney. True, but the exceptions were rare, and did not prove anything against Dr. Johnson's theory. If the changes in the vessels were degenerative, their walls should be rendered inelastic, arterial tension and the power of contraction and relaxation being lost. But he had seen a case of granular kidney with well-marked cardio-vascular changes (a long persistent pulse, hypertrophy of the heart, and reduplication of the first sound), in which one day, all these conditions had disappeared, and the pulse had become pyrexial; these physical variations were inconsistent with the theory of rigid tubes. He had also known under the use of nitrite of amyl evidence of arterial tension appear in cases where it had previously been absent.

Dr. George Johnson said the question is, what is the nature of the thickening of the walls of the minute arteries in the kidney and in most of the tissues in cases of chronic Bright's disease? He maintained that the thickening was a genuine hypertrophy of the muscular coat of the artery, while the authors of the paper denied the existence of hypertrophy, and declared that a hyalin-fibroid degeneration external to the muscular coat constituted the essential change. The question was to be decided by an appeal to actual specimens, and not by arguments. He had placed specimens on the table, which had been declared to be examples of hypertrophy by large numbers of men, including Dr. Sharpey, Dr. Carpenter, Sir James Paget, and Dr. Rutherford. He was surprised to find that the authors had not produced their specimens. He suggested from the appearance of the drawings, that the authors had described as pathological that swollen and translucent appearance of the tunica adventitia which was commonly produced by the imbibition of fluid, especially when with that fluid is mixed glycerine or dilute acetic acid.

Dr. Silver said that the point which was of practical importance was the condition of the urine. In some forms of contracted kidney this was large in quantity, containing little albumen or urea; and this enlarged quantity of fluid must arise from increased pressure on the part of the vessels, while the small amount of albumen showed that the filtering portion of the kidney was not much affected. This condition appeared capable of explanation by Dr. Johnson's theory of general hypertrophy of the arteries, by which the blood-pressure in the kidney was increased.

Mr. Brudenell Carter said the changes in the retina were once supposed to be pathognomonic of albuminuria, but it was now known that they might be present without that symptom. Again, there was no constant relation between the retinal and the renal affections. In many cases of Bright's disease the retina escaped for a long period; in some cases it escaped altogether. In many others, on the contrary, the troubled retina was the cause of the patient's seeking advice; and the ophthalmoscopic examination first led to the discovery of albumen in the urine. The retinal changes, again, differed greatly in different instances—the white patches sometimes preceding, sometimes following, the characteristic hæmorrhages. On the whole, the weight of evidence was opposed to the supposition that the retinal was an effect of the renal disorder, and was in favour of the supposition that both were the effects of some more general cause, and that each, for a certain time at least, might exist independently of the other.

Dr. Anstie asked Dr. Broadbent whether he was aware of the extent to which the muscular tissue of the arterioles remained sufficiently intact to be sensible of the action of nitrite of amyl, even in very advanced states of degeneration. He (Dr. Anstie) had given nitrite of amyl to patients in whom the arterioles must have been extremely degenerated by the effects of old age; nevertheless, the usual dilatation was well marked—indeed, alarmingly so.

Mr. Hulke said that he had found in the retina (associated with albuminuria) true muscular hypertrophy of the arteries, and also true sclerosis—two conditions perfectly distinct, but sometimes commingled, *i.e.*, hypertrophy followed by sclerosis.

Dr. Rutherford thought that an examination of the microscopic specimens exhibited by Dr. Johnson was sufficient to satisfy any impartial observer that there is a positive increase in the number of muscular fibres in the walls of the vessel. In Dr. Johnson's preparations the appearances indicative of hyalin-fibroid as well as the results of the so-called capillary fibrosis.

Dr. Symes Thompson briefly subscribed his belief in Dr. Johnson's views.

Sir William Gull, in replying, said that the object of the paper was important in a therapeutic sense. The somewhat antithetical views set forth in the paper deserved the fullest discussion, whether the affection began, according to former pathologists, locally in the kidney, and so, by extension of morbid influence through the blood, producing a change in the heart and arteries, or whether the disease had, as it was now attempted to show, a more general beginning in the arterioles, the kidneys becoming contracted as a part of the general morbid change. Dr. Broadbent's argument that the cardiac and vascular changes might be limited to one form of renal disease, and not producible by other forms of kidney degeneration, was at present an hypothesis only, and not supported by the fact that extreme contraction and degeneration of the kidneys in young persons did not produce the cardiac and vascular changes which on such supposition should occur with it. Dr. Bastian and Dr. Dickinson gave clinical evidence supporting the views advocated in the paper; the former pointedly stated that dyspnœa was one of the early symptoms, and the latter said that in the early stage of the disease the urine is free both from albumen and casts. The clinical history of chronic Bright's disease, though not included in this paper, seemed distinctly to show that the renal affection may be developed at different stages of the disease. Sir William Gull concluded by saying that it had long been a dream of the authors of this paper that the lines of pathological change in later life, so far as they were essential in contradistinction to merely accidental influences, would be found to correspond with the lines of early development. Chronic Bright's disease with contracted kidney appeared to the writers of the paper to belong to the area vasculosa. He wished emphatically to record that his colleague, Dr. Sutton, must properly claim whatever credit was due with reference to the morbid anatomy of the subject.

Dr. Sutton, in reply, said that the changes observed in the vessels were dependent on a diseased condition, for a great number of specimens prepared in the same manner had been examined, and the vessels taken from persons accidentally killed, or who had died from tuberculosis, fever, or other acute diseases, did not present this hyalin-fibroid appearance, which showed the condition to be a morbid one. Where the vessels had undergone the hyalin-fibroid change, the kidneys were found diseased, or there were cardiac hypertrophy and the other morbid conditions commonly found in chronic Bright's disease. He thought that the thickening of the arterioles was not dependent on muscular hypertrophy.

◆

London Wells.—A return giving an account of the public surface wells in the metropolis shows a considerable number still open. The City can boast of a well in Cornhill 25ft. deep, but sometimes the water is too low to rise into the pump; also two Leadenhall wells, but the water is gone; a well in Idol lane, 23ft. deep, with water so good that Billingsgate fishermen fill casks with it to take to sea; a well in the Tower garden, 27ft. deep, with a spout into Postern row; Fenchurch Street pump, now in use, the well under 30ft. deep; a well in Bow Churchyard, Cheapside, about 32ft. deep; Honey Lane market pump, City school; Basinghall Street parish pump, the well about 30ft. deep, at present enclosed in the hoarding round the building of the City Library; a well in Bell Yard, Gracechurch Street, but the water has been withdrawn "by reason of some interference with the sewer;" and the Corporation pump in Guildhall Buildings, adjoining the Bankruptcy Court, the return stating that "the well is not permanently closed, but the handle of the pump is taken away."

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

(*Continued.*)

MAIZE.

The importance of maize as a cereal is so well appreciated in America that it has almost become the staple crop. Even the European planter, when he goes out there with his prejudices for wheat, after a little time gives up growing that cereal for the "Indian corn." The objections to it are—firstly, that it does not bake into the light spongy loaves similar to wheaten bread; secondly, that it has rather a rich taste, which appears peculiar to the uninitiated palate; and, thirdly, that it possesses a hardness which renders the grain rather indigestible if it is not well prepared. Indian cornmeal resembles oatmeal in this respect, that it contains much more oily matter than wheaten flour, but it actually bears a greater resemblance to the wheaten bran in composition than anything else, it being a little richer in fat and poorer in gluten.

	Gluten, &c.	Fat.	Starch.
Wheaten flour .	10	2	72
Wheaten bran .	18	6	63
Oatmeal . .	18	6	62
Indian corn meal	13	6·7	64·5

The granules of maize starch are very easily recognised in the microscope with a moderate power. From the fact that they are tightly packed in the starch cells, they present the peculiar angular appearance observed in the rice granules; they are, however, much larger.

We cannot help thinking that the value of maize is not sufficiently appreciated in this country. The esteem in which oatmeal is held in Scotland for its life-sustaining and nutritious qualities are quite equalled in the maize, whilst it certainly is more palatable.

BROWN AND POLSON'S PATENT CORN FLOUR.

"Guaranteed perfectly Pure."

Brown and Polson's Patent Corn Flour gave 9·2 per cent. of moisture and ·89 ash. It contained 86 per cent. of starch. When examined by the microscope it was seen to consist of the starch granules of the maize or Indian corn. It is sold in 1lb. packets, which are retailed at 8d., and is decidedly a genuine article.

The composition of this valuable cereal is given by Pogyiale as follows, the analysis being the mean of a considerable number of samples:—

Water	13·5
Starch and dextrine	64·5
Fat	6·7
Cellulose	4·0
Nitrogenous substance	9·9
Ash	1·4
	100·0

Mr. Campbell gives the following as the composition of the ash :—

Potash	30·7
Lime	3·1
Magnesia	14·7
Oxide of iron	·8
Sulphuric acid	4·1
Silica	1·6
Phosphoric acid	44·5
Chloride of sodium	0·5
	100·0

DURYEA'S MAIZENA.

Tomlin, Rendell, and Co., Consignees, 33 Eastcheap, London.

The proprietors of this preparation say that "it is perfectly pure, being composed of the finest part of the best maize. Of all the competing articles prepared from corn for food, maizena alone received a prize medal at the International Exhibition, London, in 1862; also at the International Exposition, Paris, a prize medal was given for perfection of preparation."

Report by Dr. Lankester.

"This is to certify that I have examined microscopically and chemically several specimens of Duryea's Maizena, purchased in London, and I am able to say that it consists of the farina of the maize or Indian corn, and that it is remarkably uniform in its quality and character, and free from all impurities. This preparation possesses in a high degree the dietetical qualities of the best kind of food, and I attribute its excellence to the fact of its being exclusively prepared from maize grown in America, and can confidently recommend this preparation as an article of diet for invalids and children.

"Edwin Lankester, M.D."

Duryea's Maizena contained 10·8 per cent. of moisture, 81 per cent. of starch, and ·19 per cent. of ash.

Examined microscopically it was found to consist of nothing but the granules of maize starch, and a little cellular tissue.

It is sold in 1lb. packets, at 8d.

There is no doubt that this also is a genuine preparation of maize.

KINGSFORD'S OSWEGO PREPARED CORN.

Keen, Robinson, Belleville, and Co.

On the cover we find the following :—

"Kingsford's Oswego Prepared Corn is the original article established in the United States, and introduced into Great Britain several years before any similar article was known. It is composed of the finest parts of Indian corn or maize, and is got without any fermenting process, and is perfectly pure."

The composition of Kingsford's Oswego Prepared Corn is as follows :—·18 of ash, consisting almost entirely of phosphates of potash ; starch, 77·5 ; moisture, 11·5.

It is retailed in 1lb. packets, at 8d.

It proved to be maize starch when examined microscopically, and was evidently well prepared.

The three maize foods examined are all good and genuine preparations.

For remarks upon this cereal, *vide* Brown and Polson's Corn Flour.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2 6
" If Paid in Advance 1 0 0

⁂ Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

Subscriptions for France are received by Messrs. Baillière, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs. Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 19, 1872.

THE LONDON HOSPITAL.

We come now to the final event which gave occasion to those subsequent steps which have excited so much attention and called forth such severe comments. In order fully to understand the effect of what follows it will be useful to recall the exact state of parties and the position of the various actors just previous to the final *coup.* We have on the one hand the teachers at the school, and the pupils of the Hospital, and a considerable majority of the staff of the Hospital very favourable to Mr. Rivington. On the other hand, we have the house committee and the house governor, who, from various causes too numerous and too complicated to unravel in this article, had gradually been brought to regard Mr. Rivington with disfavour, and who were prepared to lend a not unwilling ear to anything that might be stated to his disadvantage. We have Mr. Maunder and his allies, who had brought themselves to believe that it was their duty, in the interest of the Hospital and the patients, to watch with cruel keenness every shortcoming of their colleague, who considered they had already accumulated facts that amounted to a serious indictment, and were waiting until some final catastrophe might enable them to make a telling report to the governing powers, and thus at one blow satisfy their conscience and gratify those feelings, the nature of which we need not here stop to analyse. We have other members of the surgical staff who occupy somewhat neutral ground, who are cautiously watching the course of events, who are not very friendly to Mr. Rivington, but would not take any step that would compromise them with the Profession. Such is Mr. Rivington's position, and such are his surroundings at the moment when the operation was performed which led to the final and most important acts of this eventful drama. And here perhaps we may be permitted to pause in the current of events, and to dwell briefly upon the difficulties and dangers of his position and of that of every young surgeon at a hospital. He may be a first-rate practical anatomist, he may know every step of a surgical operation, he may have performed himself, or seen such operations performed by others, but every time he finds himself face to face with a capital operation, when he knows that hundreds of eyes are upon him, when he reflects on the consequence of the slightest error to himself and others, it must be admitted that it is a position of no ordinary trial to the nerve, the coolness, and the judgment, and great allowance should be made for those junior members of our hospital staffs who are placed in such a position. If, in addition to this, the young operator is conscious that he is jealously watched by colleagues who are unfriendly, and who have already commented unfavourably upon his previous efforts, the difficulties of the position are still further augmented; his nerves are kept in a state of undue tension, he is tempted to aim at some brilliant achievement, and thus, if possible, to silence adverse criticism, unmindful that by the side of an unusual success lies the greater probability of a failure. And now the hour of trial came; an operation was performed with great rapidity, and was thought by many of those present to be a very brilliant affair, but the patient became faint, and a fear was entertained by some that a deep vessel had been wounded; nevertheless, she improved in condition, and hopes were entertained of her recovery; a subsequent relapse took place, and she gradually sank on the second day after operation. No *post-mortem* examination was allowed, and it is impossible to state the cause of death, but there was sufficient suspicion about it to enable Mr. Maunder and his coadjutors to make an unfavourable statement to the Committee; and upon the strength of that statement the chairman called upon Mr. Rivington to send in his resignation. To do this in his then position was tantamount to his professional ruin. How was he to act in the midst of keen and powerful enemies and somewhat lukewarm friends? The friends of the patient were supposed to be dissatisfied. An inquest was threatened if he did not resign; and, thus sorely pressed on the one side, and but feebly supported on the other, he sent in his resignation. It may easily be imagined that as soon as these events became bruited abroad they caused a considerable amount of excitement. The students, almost to a man, strongly espoused Mr. Rivington's cause, and signed a petition in his favour; the Medical men practising in the neighbourhood evinced a similar feeling, and at a general court, convened for the purpose of confirming the acts of the Committee, the feeling of the public was so manifestly opposed to the reception of Mr. Rivington's resignation that the matter was referred back to the Committee for reconsideration. This enabled Mr. Rivington to withdraw his resignation, and thus he was once more reinstated in office. A Court of Inquiry was now instituted by the Committee, at which all the Medical staff were requested to assist, and even the consulting surgeons were included. Thus, for the first time a solemn and judicial character was given to the proceedings, and matters were conducted as they ought to have been from the beginning, if any inquiry was really needed. A long bill of indictments, extending over a considerable period, was preferred against the supposed delinquent, which, after a careful investigation, utterly collapsed, and Mr. Rivington was finally and definitively reinstated in position as Surgeon to the London Hospital. Since that time he has performed his duties in a manner fully to justify the decision of the Court of Inquiry. It is not surprising that rumours of these startling and, we venture to affirm, unprecedented events spread in the Profession; a variety of opinions were expressed founded upon imperfect data. The press opened its columns to a controversy that threw but an imperfect light upon the matter, and we are thus compelled, in order to mete out impartial justice to all parties, to state the facts broadly and fully. These facts speak for themselves, and need but brief commentaries from us. However Mr. Maunder may seek to palliate his conduct by stating that others were in the same boat with him, however strongly he may assert that his motives had nothing personal in them, but were purely for the interest of the Hospital and its inmates, the broad facts remain that he was the first to set the idea afloat that his colleague was not up to the mark, that he constantly kept this in his own mind and in the minds of those who were ready to listen to his statements, and that, trusting to the testimony of others, he was the immediate agent of that communication to the chairman of the Committee which led to Mr. Rivington's forced resignation. Now, against such conduct as this, explain it how we may, it behoves the Profession and the Press to raise its voice. We believe it to be unprecedented in the annals of hospital administration. It strikes a fatal blow at the cohesion, uniformity of action, and mutual confidence that should characterise a Medical staff. It paralyses its efficiency, and by its example it lowers the standard of professional honour. Let every possible care be taken and every available test be employed in the selection of the junior members of a hospital; that is alike due to the Institution and to the public; but, having selected a colleague, let it be felt to be the duty of his *confrères* to aid and support him in every way, and, if very rare and exceptional circumstances should ever make it imperative to inquire into his conduct, let it be done before an impartial court of appeal in a spirit of candour; let there be all the solemnity of a well-constituted judicial investigation, so that, whatever the decision may be, the Profession and the public may have the assurance that full justice has been done. If the recent lamentable proceedings tend to establish this precedent for the future, and to impress upon the lay authorities and individual members of the staff who might be tempted to co-operate with them, the extreme impropriety of acting upon partial and ex-parte communications, their effect in the sequel may be salutary—out of evil good may come, each member of a staff will, in future, be secure in working with his colleagues, and the feeling of the Profession and the voice of the Press will have re-established that high code of ethics which has been so sadly forgotten and degraded in this case.

SURGERY OF THE FRANCO-GERMAN WAR.

(Continued from page 523.)

IV.

Inferior Extremities.—Fifty cases and thirteen deaths. The nature of the wounds thus enumerated—namely, by bullets, 21, of which 4 fatal; by shell, 23, of which 9 fatal; by diverse causes, 6; all recovering.

Thigh.—A lieutenant of marine artillery was wounded by an exploded shell on 1st December, 1870, but was not brought to the ambulance till the 2nd. On the anterior inferior part of the thigh there was a wound the size of a five-franc piece, through which the muscular tissue projected, and was at the same time strangulated; posteriorly there was a smaller wound; the limb much swollen, requiring the use of free incision to enlarge the first wound and release the tissues. A considerable escape of blood took place on the incision being made, but examination failed to detect any injury of the femur. In addition to these injuries, the right thumb and its metacarpal bone were destroyed, and the face was bruised in several places, either by gravel or by the explosive material of the shell. In this case recovery progressed favourably, and with only temporary interruption, the patient being discharged convalescent on the 15th of January.

A topman was wounded on 31st November by a bullet which entered the upper part of the lower third of the left femur, traversing and fracturing the bone, and subsequently being lost in the tissues. On the following day the patient was brought to the ambulance, he suffering from violent febrile reaction, for which he was bled to the extent of 350 grammes. The limb was placed in a metallic *gouttiere*, immobilised and secured by lateral splints. On the 3rd December the fever ceased; but on the 9th it recurred after an attack of shivering, taking place regularly during each of the four succeeding days. Pain increased in the wounded limb; it became swollen and red. On the 20th, extensive phlegmonous suppuration had taken place in the thigh, œdema extending to the feet. An extensive opening was made at the outer aspect of the middle of the thigh, giving issue to a large quantity of dark coloured pus of a *pyæmic* order. For several days this state of matters continued, at the end of which *pleuro-pneumonia* set in, and the patient, then going quickly from bad to worse, died on 16th January.

A fusilier of marines was wounded on 30th November. A bullet entered the left thigh on a level with the great trochanter, and escaped under the urethra without injuring it; then entering the right thigh, lodged under the skin in the outer aspect after traversing the soft tissues, it being extracted by means of a counter opening. Notwithstanding the extent of the canal made by the projectile, the suppuration which succeeded was moderate in amount; some patches of inflammation occurred at different parts, and portions of the man's trousers were extracted from time to time; the progress of the case, however, was satisfactory, and on the 18th of January the patient was discharged convalescent to a *succursalle*.

A sailor was wounded in the right thigh by a fragment of a shell on 6th January. A large wound was inflicted by the fragment, it lodging at the bottom. On admission a free incision was made, and the fragment removed. It was then found to consist of a portion of the leaden coating of a Prussian obus, twisted and rolled upon itself, and when extended measuring ten centimetres in length, six in breadth, and one in thickness. There occurred free venous hæmorrhage, the patient falling into a state of syncope, from which he never rallied; and the same day he died, evidently from "shock." The femur was not fractured.

A brancardier of the International Society was wounded by a shell on 19th January, which fractured the right femur at its middle third, and lacerated the soft parts extensively. The limb was at once placed in a gouttiere and immobilised, simple dressing being at the same time applied. Up till the 25th the state of the patient remained satisfactory. On that day, however, he appears to have been attacked with *delirium tremens;* he was accordingly treated with *bouillon*, wine, and eau de vie, the latter to the extent of 100 grammes. On the 28th he had become calm; his bowels were constipated, the suppuration from the wound abundant, the discharge fetid. On the 29th he was seized with severe shivering, followed by violent fever and diarrhœa. On the 30th he had similar attacks, and while dressing the wound a fragment of the femur and one of shell presented themselves in, and were removed from it. On the 31st the patient was evidently sinking, and in the course of that day he died.

A chef de piece was wounded on 19th January by a fragment of shell. It struck his left thigh near the trochanter, but only implicated the soft parts. There was, however, free hæmorrhage at the time; but in other respects the state of the patient was good, and so continued till the 30th, when he became affected with profuse diarrhœa, which continued till the 7th February. The discharge from the wound was in the meantime sanious in character, and cicatrisation did not advance. There was great anæmia. The aspect of the wound was violaceous, the gums pale and fungous. On the 12th and 13th he had accessions of fever, but without shivering; auscultation detected congestion of the posterior portion of the right lung. He was evidently suffering from *scurvy.* The treatment consisted of wine of quinine, alcoholature of aconite, extract of quinquina, dioscordium, with lemon-juice, cresses, and Malaga wine.

Knee.—On 5th October *a sailor* was struck by a bullet, which caused a wound of both knees. Entering about three finger-breadths below the articulation of the right, it traversed from without inwards, making a passage for itself across the tuberosity of the tibia, then entering the left, fractured the patella above its lower third, lodging under the skin on the outer aspect of the joint, whence by a small incision it was easily extracted. At the same time the broken fragments of the patella were removed. From the opening of exit of the right knee copious hæmorrhage took place, probably from one of the articular arteries. On admission, twelve hours after being wounded, both limbs were immobilised in metallic *gouttieres*, irrigation with cold water applied first to the left and then to the knee joint, this having the effect of relieving the acute pain from which the patient suffered. For the first few days the febrile reaction which had set in was inconsiderable; but on the 8th *arthrite* occurred in the right joint, for which forty leeches were applied, and afterwards cataplasms. Meantime, the left knee remained in a favourable condition. On the 13th the inflammation in the right knee had begun to subside; but an attack took place in the left, sanguineolent serum being at the same time discharged from the wound. On the 14th there was general constitutional disturbance, fever preceded by shivering, vomitings. From that time the left knee went from worse to worse, although the right steadily improved. Large quantities of pus were discharged from the opening of the patella, requiring dressings to be performed three times in twenty-four hours. A spontaneous opening took place on the outer aspect of the joint, and the occurrence of suppuration required one to be artificially made internally. From the 17th to the 21st daily accessions of fever took place after noon, they being treated by quinine in various forms and by aconite. From the 22nd to the 24th the attacks of fever decreased, violent spasms affected the muscles of the left limb, but after the latter date these subsided, permitting plaster bandages to be applied to it. The progress of the left knee was still satisfactory. Until the month of November several abscesses occurred from time to time in the left leg, fever occurred occasionally, and suppuration from the joint was profuse, on several occasions the question of amputating that limb being discussed. These conditions continued with varying severity for two months. The treatment consisted in retaining the limbs in *gouttieres*, applying camphorated oils, emolient cataplasms, and simple dressings; laxatives were administered every eight days. In the month of February the patient was under treatment with every prospect of recovery before him. The right knee had recovered its form and size, several bony projections were to be felt under the skin, and motion of the joint was very limited, the leg atrophied. In the left knee the wound of the patella had solidified. There was still some swelling; but discharge from the wounds had nearly ceased, although the occasional occurrence of abscesses around the joint required the use of emollient applications. The latest report available states that a radical cure seemed assured; movement was returning in the right knee, but the left was anchylosed, the limb, in anticipation of that result, having been treated in a slightly flexed position. The case is certainly a very remarkable one, and clearly proves that under certain conditions life and limbs may be preserved even in so severe a wound as that of both knee joints.

A soldier of the marine infantry was wounded on 14th October in the left knee. The bullet entered the upper and outer part of the joint, traversing its whole diameter from without inwards, and escaping on the inner aspect. Tumefaction was great, rendering *exploration* difficult. The limb was immobilised in a *gouttiere*, and cold irrigation used for three days. From the third day after the receipt of the wound febrile reaction ceased, swelling diminished, and the general condition of the patient was very satisfactory. On the 28th of the month, although discharge continued from both openings of the wound, it was healthy in character. On the 31st swelling of the knee was inconsiderable; pressure over the joint was no longer painful. On 10th November the patient was able to move the limb, and the power of flexing at the knee was returning. On the 26th he was able to sit up, and from the 19th December he could walk by the support of crutches, being able by the end of February to use the limb partially for support.

It must be observed, however, that it would have been well had more minute particulars of the nature of the injury in this case been given, although, even as given, the notes of progress indicate the nature of cases which may with prospect of success be treated for conservation.

A corporal of marines was wounded on 22nd January by a fragment of shell, which struck the internal and inferior part of the left knee, but unfortunately the precise extent of injury inflicted does not appear. On admission the state of the patient seems to have been good; there was, however, some swelling of the knee, redness around the wound, and some degree of pain. The limb was at once placed in a metallic *gouttiere* and immobilised, cataplasms with embrocations of camphorated oil being applied. On the 25th there seemed to exist effusion to some extent in the joint; from that date till the 29th there was some degree of fever, but in other respects there was little, if any, change in the state of the patient. On 1st February violent inflammation occurred in the joint with severe constitutional disturbance, castor oil and lemonade being given to the patient. The local inflammation continued till the 7th, when it began to decline. Suppuration in the knee was, however, perceptible; cataplasms were applied, and on the 12th a spontaneous opening forced, giving escape to the pus. From that time the state of the patient improved, and at the end of February he was progressing favourably. But it must be observed that the absence of desirable particulars in regard to the injury impairs the clinical value of the case.

◆

Notes on Current Topics.

An Ophthalmic and Aural Hospital for Dublin.

We understand that within a few weeks an Infirmary for Diseases of the Eye and Ear will be opened in Dublin which will afford, it is hoped, a valuable addition to the accommodation for such cases in special hospitals. Dr. Jacob will occupy the position of ophthalmic and aural surgeon to the institution, and will have at his disposal, on its opening, accommodation for eighteen poor persons besides pay-patients, and the number of beds will be capable of further expansion if the demand on the Infirmary and its funds permits.

The offices of consulting-physician and consulting-surgeon have been filled by Dr. Evory Kennedy and Mr. Porter, surgeon to the Queen in Ireland; and that of obstetric-surgeon by Dr. Cronyn. It may be anticipated that, under such auspices and with the experience in hospital administration and the treatment of diseases of the eye and ear acquired by Dr. Jacob while he held the ophthalmic surgeoncy of the City of Dublin Hospital for so many years, the accommodation which the new Infirmary will afford cannot fail to prove valuable to the poor of Ireland, amongst whom, unhappily, eye diseases are so prevalent.

Wanted, a Public Prosecutor.

In another column will be found the report of a trial which took place in London last Friday. There is nothing unusual in the case, but our object in drawing the reader's attention to it is, that notice of appeal has been given by the solicitor to the defendant, and it will probably be argued before the Court of Queen's Bench. The case is simply this. The prosecutor is a young surgeon practising in the neighbourhood of the defendant. This said defendant is a quack of most unenviable notoriety. Mr. Ricketts has thought fit, on behalf of his injured client, to appeal against the conviction. Our only regret is that

Mr. Knox did not send the fellow to prison for a long term without the option of a fine; London would be all the better without him. Let Mr. Ricketts lay this unction to the soul of his much injured client. We couldn't possibly libel such a character with the English language, but should have "to borrow from the American." We will, however, not soil our pages further. If the case comes before a higher court we sincerely hope the brunt of the battle shall not fall upon Mr. Chandler, with the risk of the conviction he has obtained being quashed for lack of funds, but that the Profession shall be prepared, if called upon, to sustain right against villany, and a qualified, though poor practitioner, against a quack. We may be asked, where is the Medical Council? Our answer is, where?

The Sulphites and Carbolic Acid in Intermittent Fever.

Dr. H. C. Wood, Jun., of Philadelphia (*Medical Times*), in a discussion on "Certain Human Parasitic Fungi and their Relations to Disease," observed that during the past few years he had enjoyed very extensive opportunities of observing intermittent fever in the Philadelphia and Episcopal Hospitals, and had experimented upon a great number of cases with the sulphites and with carbolic acid. The conclusions at which he had arrived were, that the latter of these so-called remedies had no more effect in checking the disease than so much cold water, and that the former were almost, but not quite, equally inert. He had, however, found arsenic to relieve very obstinate cases of ague, with great certainty.

Bright's Disease.

We give this week a full report of the remarkable paper that has given rise to the discussion before the Royal Medical and Chirurgical Society, and the specimens illustrating which were exhibited at the *conversazione*, as already reported in our columns. It is to be hoped that the questions involved will be thoroughlyinvestigated, for Dr. Geo. Johnson took up strong ground indeed when he suggested that the whole of the labour of Dr. Sutton and Sir W. Gull was lost, as they had been deceived by the appearances produced by their own method of procedure. No doubt they will see the propriety of some reply to this statement. Dr. Johnson maintains that the hyalin-fibroid of Gull and Sutton is nothing but the tunica adventitia altered by glycerine; but he does not tell us, as he ought to do, if his explanation be worth anything when the appearance in question is not invariably present. Why should glycerine give rise to this appearance only in the diseased, and not in the healthy state? It is very well to offer to prepare such specimens from healthy vessels, but why were the healthy ones exhibited by Dr. Sutton not at all like them?

Action of Light in Skin Diseases.

Dr. S. H. Potter, Hamilton, Ohio (*Chicago Medical Times*), says that it is a matter of extreme regret that in the treatment of eruptive diseases—as measles, scarlatina, erysipelas, urticaria, small-pox, and many others—greater stress has not been laid upon the importance of the exclusion of light. If daylight be excluded from the room, in the early stage of the disease, and a candle or a mild light be substituted, small-pox may be arrested at the papular or vesicular stage, and never become purulent at all. In acute cutaneous erysipelas the influence of light upon the skin, in its exalted sensitive condition, may cause it to spread to an almost unlimited extent. In most acute forms of inflammatory affections, and those from wounds of the skin, with exaited heat and dryness of surface, light should be excluded from the patient as sedulously and for the same reason as alcohol in any form, or any other direct and well-known powerful stimulant.

On the other hand, light, when needed as a stimulant and tonic, is one of the most potent agents—as in cases of debility or anæmia, any enervated condition when there is paleness, coldness, sluggish circulation, and when the skin has lost its proper elasticity, and needs stimulating and toning.

Army Medical Department.

Deputy Inspector-General Fraser, M.D., C.B., has assumed the duties of principal Medical officer at Aldershot, vice Inspector General R. Lawson. Deputy Inspector-General R. Bowen will, on arrival from Bermuda, assume the duties of P. M. O. at Chatham, relieving Surgeon-Major Scott, M.D, 4th Battalion Rifle Brigade. Surgeon-Major E. Gilborne, R.H.A., is about to exchange with Surgeon-Major Tydd, 2nd Battalion 23rd Royal Welsh Fusiliers. Surgeon-Major W. G. Watt was struck off the strength of the Aldershot Division from the 1st inst. Staff Surgeon Herbert has been granted leave from Dublin to the 31st July next. Deputy Inspector-General W. W. Munro, M.D., C.B., assumed the duty of principal Medical officer of the Western district on the 1st inst.

Gonorrhœa Originated from Other than a Specific Cause.

Dr. J. C. Whitehill (*Medical Archives*) reviews the opinions of Fordyce, Barker, Bumstead, Ricord, Johnson, Acton, Diday, and others, who hold that this disease may originate from other than a specific cause. On the other hand, Milton says, that while simple purulent vulvitis and vaginitis would seem at first sight a very likely cause, he has not met with a single instance of the disease originating from these affections. The latter author believes that the matter by which gonorrhœa is communicated is endowed with qualities as truly specific as the lymph of the cow-pox vesicle, and that the supply of the infecting material is kept up in the same way—namely, by propagation from individual to individual.

Dr. Whitehill has met with a number of cases, so strikingly confirmatory of the opinion that the disease originates from other causes, that he cannot question the fact that certain non-specific vaginal and uterine discharges *may* and *do* give rise to a purulent urethritis in the male, differing in no appreciable manner, in symptoms, sequence, or therapeutic indications, of known specific origin, and amenable to the same treatment.

The History of Dengue.

The *Madras Quarterly Journal*, in an interesting article on this subject, says that the disease known as "dengue" has not, until last year, been seen in India since 1853 or 1854, when it was common in Calcutta and some other places. During the year 1871 there has been a wide distribution of this eminently contagious disorder, especially in the port towns of India in connection with Aden.

In the early part of the year it was prevailing severely in Zanzibar and Eastern Africa, and it first appeared amongst the native population of Aden, a place in constant communication with Eastern Africa and Zanzibar, prior to the setting in of the S.W. monsoon early in the month of June. In the native town of Aden the epidemic was very severe. In the beginning of July it began to attack the men, women, and children of the Rifle Brigade stationed then at Aden. Dr. Read, the surgeon of the battalion, and narrator of the history of the epidemic in Aden, was one of the first sufferers, but he notes that some Europeans in the station had previously been attacked. The strength of the battalion, including officers, men, women, and children, was 734, and in a very short time 588 persons had been seized with dengue.

From Aden it seems to have been conveyed by shipping to Bombay, Cannanore, and Calcutta, and some cases have been met with also in the town of Madras.

Dengue, although a very painful and troublesome malady, is not, happily, dangerous to life; but when we learn that at Aden 588 cases of this disorder were treated in the European force of the station without a single casualty, we must admit that it is a disorder less fatal to life than common ague. The duration of the disease at Aden was from five to ten days.

Cancer in Males and Females.

PROF. JOHN LE CONTE, M.D., of the University of California (*The Western Lancet*), has an important paper on "Vital Statistics; illustrated by the Laws of Mortality from Cancer," in which he has compiled many facts concerning the relative frequency and increase of cancer in the two sexes. In both England and France the annual mortality from cancer among females exceeds that among males nearly in the proportion of three to one.

In relation to organs affected, M. Tauchou's researches show that the uterus is most liable to cancer, constituting about 32·8 per cent. of the total deaths from the disease. The stomach comes next, 25·2 per cent; then the mamma, 21·7 per cent.; and then the liver, 6·3 per cent. Among females, the mortality from cancer uteri is about 43 per per cent. of the total deaths from the disease in that sex, and the mamma, 28·4 per cent.

What is the Nature of a Diatom?

THIS question is one that will interest every possessor of a microscope. The *Society of Arts' Journal* notes that Professor Weiss, of Lemburgh, demonstrates that the silicious investment of diatoms has cellulose for its base. He shows that silicious coal is capable of polarising light, and that it contains iron oxide compounds; and he contends that each frustule of the Diatomaceæ is composed of numerous minute but individualised cells.

Phosphate of Lime as a Therapeutical Agent.

IN the *Wien. Med. Zeit.* Dr. Artus, of Jena, suggests the following method of preparing this substance for administration in cases of rachitis, mollities, ossium, &c.:—

Bones should be calcined, pulverised, and treated with hydrochloric acid, the fluid filtered, and the filtrate, which chiefly contains the phosphatic salts, treated with carbonate of soda till no precipitate falls, the precipitate being collected on silk and washed to remove the common salt. Five or six times its weight of milk is now poured over it, and it is allowed to stand for several days at a temperature of about 70° Fah. On the third day some finely-powdered milk sugar may be added; as a result of this a corresponding amount of lactic acid is formed, which aids in dissolving the phosphate of lime. After six or eight days it is diluted with water, filtered, and again reduced to a syrupy consistence by evaporation, in which form it may be administered.

Carbolic Acid as an Anæsthetic.

AT a late meeting of the Medical Society of the county of New York, Dr. Andrew H. Smith read a report on Therapeutics, from which we extract the following:—

Dr. Bill, of the U.S. Army, and Dr. Squibb, have recently called attention to the action of carbolic acid as a local anæsthetic. As their papers have had a very general circulation, I will not give a synopsis of them, but merely state the results of some experiments that I have made upon my own person, which agree entirely with their experience. In the first experiment I painted a spot on the forearm, about an inch in diameter, with carbolic acid of about the strength of 85 per cent. For about a minute there was a slight burning sensation, after which the integument became entirely insensible, the cuticle being whitened and shrivelled, and the spot slightly elevated. I then with a scalpel made an incision about half an inch in length through the whole thickness of the integument. This was done without even feeling the contact of the knife. The capillary circulation seemed not to be materially interfered with, as the blood flowed as freely as it would from a similar wound under ordinary circumstances. The reparative process was also not impaired, adhesion taking place immediately. Three hours after the application of the acid a needle could be thrust freely into the skin without causing pain. In the second experiment carbolic acid was applied as before, and ten minutes after a fly-blister was placed upon the spot. The blister remained 8½ hours without causing any pain, and without producing vesication. In two instances I have applied the acid previous to incising a whitlow. The operation was almost painless, but as the whitlow was in each case of the superficial variety, the test was not entirely conclusive. Inhaled in the form of spray I have found the acid very useful in allaying irritation of the bronchial mucous membrane; coughs which have resisted all ordinary treatment have been immediately relieved, and in the course of two or three days entirely removed. I would suggest the use of a strong solution of carbolic acid as a revulsive in cases in which a continuous impression is desired. While causing but little suffering, it produces an intense hyperœmia of the skin, which persists for eight or ten days, and is followed by desquamation of the cuticle.

The Action of Large Doses of Quinine.

IN a late number of the *Lyon Médical* Prof. Binz's views on the accidents which may result from the use of large doses of quinine were fully reported. While advocating the use of single large doses, even as high as fifteen to twenty grains, rather than repeated small doses, he calls attention to the unfavourable effects which may result in exceptional cases.

Deranged action of the nervous system and of the heart. These cases are of tolerably frequent occurrence. In one instance, in which three drachms were taken by mistake, there followed in the course of an hour pain in the head and stomach, vertigo, prostration, loss of consciousness, lividity of the lips, and coldness of the extremities. The pulse was slow and regular, and almost imperceptible, the respiration languid, and pupils widely dilated. Frictions and hot cloths with stimulants internally brought about reaction, and by the fifth day the patient was able to sit up. Sight and hearing were greatly impaired for a considerable time.

In animals poisoned with quinine the heart is found dilated and insensible even to the stimulus of electricity. Thus it appears that while in small doses the drug acts as a cardiac stimulant, in large doses it tends directly to repress the action of the heart. This suggests caution in the use of large doses when the heart is enfeebled, or when additional labour is thrown upon it.

Impairment of hearing. The deafness produced by quinine generally subsides with the other symptoms of cinchonism, but in rare instances it persists for a considerable time, or may be even permanent. A patient having a congestive chill took ninety grains during the succeeding intermission. Another chill following, the same doses were repeated. No other paroxysm occurred, but the patient was left perfectly deaf, and has remained so up to the time of writing, a period of ten years. In another case, in which the quantity given is not stated, the deafness continued three weeks.

Loss of the power of speech is occasionally observed, but it is usually of short duration.

Disturbance of vision. Four cases are mentioned in which complete amaurosis resulted from the daily use for several days of from forty-five to seventy-five grains. In two of these cases the amaurosis continued only one day. In one case it persisted for a month.

Graefe gave forty-five grains daily for a week, causing feebleness of vision in one eye, which continued for four months, when the patient was lost sight of.

In another case, in which about thirteen grains were given daily for a long period, there followed complete loss of sight in one eye, which was relieved after six weeks by local depletion.

In a few cases hæmorrhage from mucous surfaces, and an erythematous or pruriginous eruption on the skin have been observed to follow the use of large doses.

Irritation of the digestive organs so often observed will, he thinks, be almost always avoided by giving the quinine in solution.

Albuminuria is occasionally produced when the kidneys are required to eliminate a large quantity of quinine. It ceases, however, when the medicine is suspended. Vesical catarrh has also been observed to follow under similar conditions.

Solid Food in Typhoid Fever.

Dr. Samuel D. Turner, writing in *The Clinic*, dissents from the views of Flint, Niemeyer, Reynolds, Murchison, and others in regard to use of fluid food in typhoid fever. His experience of eighteen years has taught him that the advantages of solid over fluid food in this disease are as great as the latter is acknowledged to be over the older practice of semi-starvation. He has yet to see the case in which solid food has aggravated in any way a single symptom. Where this has been properly administered he has never known death from perforation of or hæmorrhage from the bowels, or from intractable diarrhœa.

Management of Croup.

In a late discussion of the St. Louis Medical Society on Dr. E. Boerck's paper on Croup, Dr. Edgar differed with the author as to croup being a constitutional or blood disease. Dr. Kennard thought the atomiser liable to abuse; that while it did good in some cases, a large part of the liquid must be retained in the mouth and fauces, hence failing to reach the seat of the disease. He thought calomel in two or three grain doses, repeated as indicated, serviceable. He had used cold compresses to the throat with apparent advantage in some cases occurring in vigorous children. Dr. Johnston concurred generally with Dr. Kennard as to the value of old-time treatment; and thought as many cases of membranous croup were saved thirty years ago as now.

Cases of Tracheotomy.

The recent papers on this subject in our columns lend additional interest to the following cases related in the last number of our able contemporary the *Boston Medical and Surgical Journal*, by Geo. W. Gay, M.D. :—

H. T. G., æt. 6½, "caught cold" the first week in February in the present year. Very little was thought of it till a week later, when the cough became severe and the breathing laborious. Dr. J. E. Walker was called, and found the little fellow suffering with great dyspnœa; face pale and lips livid. When first seen by me, at 10 a.m of that day, in consultation with Dr. Walker, air was entering the lungs fairly; there were some dry *râles*, but the principal obstruction seemed to be in the throat, although no membrane could be seen there. Patient was conscious and answered questions well enough, but said he "felt drunk." P. 136, respirations 30-40. An unfavourable prognosis was given, and tracheotomy advised, with the idea of giving him the last chance for life or an easy death. The parents readily agreed to the proposition, and tracheotomy was done *without ether*. The first incision seemed to hurt the patient a little; he put up his hand, but there was no fear and no struggling. After the first incision through the skin there was no more trouble, and the operation was finished as leisurely as it could have been done under ether. As soon as the tube was introduced and a little bloody mucus was thrown out, the patient breathed easily and dropped asleep. Room ordered to be kept warm and the air as moist as possible with boiling water and hot bricks. To take milk and brandy. Ammon. carbonat. gr. i. every hour. 3 p.m.—Sleeps much of the time. Pulse 120-130. Respirations 30 and easy. Some dry *râles* in lungs. Tube lined with a very tenacious substance, and cleaned with difficulty. Takes nourishment well. 9 p.m.—Pulse 120-130. Respirations 28-30. Bright and playful and perfectly comfortable; condition in decided contrast with that of twelve hours before. Running at nose; no *râles* in lungs. Tube more moist; not gummed, and easily cleaned. Continue treatment.

Feb. 11th, 9 a.m.—Semi-conscious. Pulse 140-160. Respirations 40. Trachea and bronchi filling with mucus. He slept well and took his food till near morning, when his breathing became shorter and he began to lose his senses, but there was no suffering from suffocation, as before the operation. He died very easily, at 10½ a.m., twenty-four hours after the operation. No membrane was seen at any time; but the symptoms, mode of attack, and exclusion of other diseases seemed to point to true croup as the most rational diagnosis.

The great and instant relief which this little fellow experienced justified the operation in all our minds, although we felt that the ultimate result of the disease was almost sure to be fatal. We think few parents, having seen this case before and after the introduction of the tube, would ever, in similar circumstances, refuse a child this comfort, even if they knew his life could not be saved; relief always follows the operation, life is prolonged and sometimes saved, and death made comparatively easy. As soon as respiration becomes laborious in true croup, we would open the trachea and let the patient breathe warm, moist air, and thereby prevent the waste of strength in breathing through a narrowed glottis; the operation, done with ordinary skill at this stage of the disease, is never fatal, and rarely dangerous.

Should there be much exhaustion or carbonic acid poisoning, we would not use either in the operation. Most hospital surgeons have seen respiration stop entirely when ether is used under these circumstances, and reinstated only by a hasty tracheotomy and persistent artificial respiration. We remember two such cases at the City Hospital within the past year. The pain is comparatively slight, and the patient is too anxious for his breath to have any fear or dread of the operation.

Foreign Body in Bronchial Tubes—Tracheotomy—Recovery.—Miss W., æt 16, while chewing sweet flag root (acorus calamus), during a fit of laughter, drew a piece into the trachea. Violent coughing followed immediately, and continued at intervals for three days before Medical aid was called. Dr. Fleaman, of Wilton, N. H., where the young lady lived, was summoned and gave her morphia with temporary benefit. Four days after the accident, the patient was seen by the writer, in company with the attending physician, and Dr. T. B. Dearborn, of Milford. She was being supported in an upright position in bed, breathing with great difficulty. The respiration was hurried, laborious, and somewhat resembled hysterical dyspnœa. She had violent coughing spells, and a severe pain in left side at lower edge of ribs; there was no lividity or sign of insufficient aëration; moist *râles* at upper part of both lungs; respiratory sounds very faint in lower half of right lung, much more so than in the left; no dulness. Pulse feeble and patient weak. Takes very little nourishment and has slept little since the accident. Patient was etherised, and respiration became easy, but the physical signs remained unchanged.

The trachea was now opened in the usual manner, and the first expiration threw the offending substance half way across the room; it was of the size of a pea, and was slightly softened. The tracheal wound was left to itself, but the external incision was partially closed with sutures. One hour after the operation there were fewer *râles*, and air entered the lungs much more freely than before. The wound in the throat troubled her very little; she had no more dyspnœa; the cough and the pain in the side gradually subsided, she made a complete recovery, and is well at the present time.

Œdema of the Glottis—Tracheotomy—Recovery—The following case came under the writer's care when on service as Dr. Cheever's house-surgeon, at the City Hospital, in 1867:—

D. H., coloured, æt. 26, carpenter, entered the hospital May 3rd, with enlarged and suppurating glands in the neck, which had troubled him fifteen months. When first seen, at 6 p.m., he was very feeble, though able to walk to the hospital; he was stupid, and answered questions very slowly; said he had eaten nothing for five days, as he could not swallow; could open his mouth only about half an inch; drank a little milk with considerable difficulty. No dyspnœa or trouble in chest, nor had he any other difficulty except that above mentioned. Ordered to be put to bed, poultice to neck, and to have an enema of beef-tea and brandy. 10 p.m.—Coughing up a little frothy mucus; otherwise same. Morph. sulph. gr. $\frac{1}{4}$ subcutaneously.

May 4th, 1 a.m.—Called in great haste by the night watch, who said there was "some trouble with that new patient's breathing." Reached him just in season to see him gasp once and then stop breathing entirely. Pulse barely perceptible. The trachea was hastily opened with a knife from an ordinary pocket case, and was held open with scissors and a finger till a tube could be procured. Respiration, which had ceased for nearly or quite a minute, began again with the usual expulsion of mucus and blood. He soon had a most violent fit of coughing, during which Dr. Cheever entered the ward and ordered a quarter of a grain of sulphate of morphia injected into the arm. He soon became quiet, and was removed to the steam-room. Entirely unconscious. Enema of brandy and milk. 3 a.m.—Pulse. 132. Respiration quiet and easy. 5 a m.—Pulse, 120. Respiration, 20. No *râles* in chest. Tube lined with thin mucus and easily cleaned. Sleeps most of the time. Repeat injection every three hours. 7 a.m—Pulse, 112. Still unconscious. 10 a.m.—Pulse, 120. Partially conscious. Urine drawn with catheter. 4 p.m.—Pulse, 98. Respirations normal. Patient has his senses.

May 7th.—Tube removed; respiration easy and natural. Takes solid food.

May 21st.—Glands are much dimished in size, and the suppuration has nearly stopped. Wound of operation closed. He is much better in every way than when he entered the hospital. Discharged this day at own request. He was soon entirely well, and at work at his trade; he had no further trouble with neck or throat for four years; since then he has been lost sight of.

Blood Relationship.

In a memoir read by Mr. Galton, F.R.S., on Wednesday, before the Royal Society, he explained that hitherto in attempting to define the connection between relatives great confusion has arisen from the necessity of taking into account the latent elements which every one inherits from his ancestors, and may transmit to his posterity, but which are wholly without effect on his own personal qualities. The author showed that this confusion may be wholly avoided by the simple expedient of tracing the intervals of descent, not from person to person, but from ovum to ovum. In each of these intervals there are three well-marked stages, *i. e.*, the ovum which has no structure, and the embryonic, and the adult forms, and we know enough to be able to describe, as the author did, in general terms, the processes by which each stage, either in the personal or the latent line, is derived from its predecessor. When these stages have been protracted into a diagram, the true relation of a man to either of his parents becomes quite clear. It has a two-fold character, one part passing by the latent and the other by the personal line. The former of these is shown to be much the more important, but it is collateral, not direct, because it will be found to ascend through five steps to the parental ovum, and thence to descend through three other steps to the parental person. The personal line, though of less importance, is nearer, and is quite direct; it descends through three steps. Brothers and sisters are more closely connected together than parents are to their children; their sources are four in number, being the latent and personal contribution of either parent, and though their descent passes through three steps, yet the processes by which they are successively reached are strictly parallel.

We have pleasure in reporting that Mr. Macnamara, of Dublin, whose serious illness we noted last week, is making steady progress towards convalescence. On Friday last he was not so well as on the previous day, but has since made sensible progress towards recovery.

Action of Spirituous Liquors on the Liver.

MAN is not the only created being who seems to find a pleasure in the use and, too often, the abuse of alcoholic drink. According to the experiments of M. Pupier, recently communicated to the Paris Academy of Sciences, he participates in this taste with other animals, for gullinaceous and gnawing animals display a partiality for the impressions created by wine and spirituous liquors on their gustatory papillæ.

NOTICE is given in our advertisement columns of an examination in London in August, for appointments in H.M. Naval Medical Service.

ON Thursday last the death was announced in the *Times* of a retired builder, aged 99, leaving 4 daughters and 3 sons, 45 grand-children, and 90 great-grand-children —142 surviving descendants.

THE Dean of the American University of Philadelphia has contradicted the report that the charter had been suspended by the State. He says the Institution was never in a more prosperous condition; the Degrees cannot be purchased nor granted in *absentiâ*.

IN accordance with the provisions of Her Majesty's Order in Council, Staff-Surgeon C. Forbes, M.D., has been placed on the retired list. It is stated that there are as many as 370 candidates, viz., 109 for the Fellowship and 261 for the Membership of the College of Surgeons of England, now under examination.

WE print at length in the IRISH SUPPLEMENT of the MEDICAL PRESS AND CIRCULAR a lengthened statement emanating from the directors of the Dublin Cow-pox Institution, to which we invite the attention of our readers. Inasmuch as, without the statement of receipts and expenditure which it appears has been supplied to the Chief Secretary's office, the report is quite imperfect, we reserve our observations on it until we shall be in possession of further details.

ON Saturday last a woman applied to the magistrate at the Clerkenwell Police-court for redress under the following circumstances:—She stated that whilst waiting in the out-patient department of the Hospital for Sick Children her child died in her arms. She placed the body in charge of the authorities whilst she went for an undertaker; on her return, she found a *post-mortem* had been held without her sanction, and the shock to her system was so great that she had been ill ever since. The magistrate, upon the house-surgeon certifying that the operation was necessary to determine the cause of death, declined to interfere.

Apothecaries' Hall of England.—At a Court of Examiners held on the 6th instant the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. W. H. Anderson, of Theddlethorpe; T. J. Dixon, of South Africa; John Dobson, of Leeds; Alfred Edwards, of the Scilly Isles; William Arthur Gerrad, of Ticknall, Derbyshire; and Frank Greaves, of Bishop's Waltham. —At a Court of Examiners held on the 13th instant Messrs. Armiroux Godfray, of Jersey; George Henry Savage, of Nenthead, Cumberland; and Edward Welchman, of Winchester, having passed the necessary examinations, received the L.S.A. diploma.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

BY W. HANDSEL GRIFFITHS, PH.D., L.R.C.P., L.R.C.S.Edin.,
Assistant-Librarian Royal College of Surgeons in Ireland.

DECOCTA (DECOCTIONS).

THERE are fourteen formulæ for the preparation of decoctions, viz.—

1. **Decoctum Aloes Compositum.**
2. ,, **Cetrariæ.**
3. ,, **Cinchonæ Flavæ.**
4. ,, **Graniti Radicis.**
5. ,, **Hæmatoxyli.**
6. ,, **Hordei.**
7. ,, **Papaveris.**
8. ,, **Pareiræ.**
9. ,, **Quercus.**
10. ,, **Sarsæ.**
11. ,, **Sarsæ Compositum.**
12. ,, **Scoparii.**
13. ,, **Taraxaci.**
14. ,, **Ulmi.**

Decoctions are watery solutions of the active principles of vegetables obtained by boiling.

The process of decoction is unsuitable in the case of vegetables whose active principles are volatile.

The length of time prescribed for boiling (in a covered vessel) varies, and is proportionate to the solubility of the active matter, it is 10 minutes in every case except *Decoctum Aloes Compositum* (5 minutes), *Decoctum Pareiræ* (15 minutes), and *Decoctum Hordei* (20 minutes). *Decoctum Graniti Radicis* is boiled from 2 pints to 1 pint.

Infusion is more effective than decoction as a means of abstracting the principles of sarsaparilla, and hence in *Decoctum Sarsæ* and *Decoctum Sarsæ Compositum* the solid ingredients are directed to be *digested in boiling water* for one hour before being boiled in it.

The majority of the decoctions are ordered to be *strained while hot* as a deposit of active matter occasionally takes place when the preparation becomes cold; the exceptions to the rule are *Decoctum Aloes Compositum*. *Decoctum Sarsæ*, and *Decoctum Sarsæ Compositum*, which are to be strained *when cool*, and *Decoctum Cinchonæ Flavæ* which is to be strained *when cold*.

In every case except *Decoctum Hordei*, after straining, as much distilled water is directed to be poured over the contents of the strainer as will make the strained product measure one pint, or, in the case of *Decoctum Aloes Compositum*, 30 fluid ounces.

In *Decoctum Cetrariæ* and *Decoctum Hordei* the moss and the barley respectively are directed to be washed with cold water before boiling, in the former case to remove any impurities, and in the latter case to remove any mustiness or disagreeable flavour.

All the decoctions are simple except *Decoctum Aloes Compositum* and *Decoctum Sarsæ Compositum*, it must, however, be remembered that although *Decoctum Hæmatoxyli* is a simple decoction 60 grains of powdered cinnamon bark are directed to be used in its preparation.

The following table shows the strengths of the decoctions:—

2½ ounces to 1½ pint	*D. Sarsæ* *D. Sarsæ Co.* *D. Ulmi*	= 1 in 8.
2 ounces to 2 pints	*D. Graniti Rad*	= 1 in 10.
2 ounces to 1½ pint	*D. Papaveris*	
1½ ounce to 1 pint	*D. Pareiræ*	= 1 in 14.
2 ounces to 1½ pint	*D. Hordei*	= 1 in 15.

1¼ ounce to 1 pint { *D. Cinchonæ F.*, *D. Quercus* } = 1 in 16.

1 ounce to 1 pint { *D. Scoparii*, *D. Cetrariæ*, *D. Taraxaci*, *D. Hæmatoxyli* } = 1 in 20.

D. Aloes Co. = 1 in 120.

The ingredients of the compound decoctions are as follows :—

D. Aloes Comp.	*D. Sarsæ Comp.*
Extract of Socotrine Aloes.	Jamaica Sarsaparilla.
Myrrh.	Sassafras.
Saffron.	Guaiacum Wood.
Carbonate of Potash.	Liquorice Root.
Extract of Liquorice.	Mezereon Bark.
Compound Tincture of Cardamoms.	Boiling Distilled Water.
Distilled Water.	

The use of the carbonate of potash in the preparation of *Decoctum Aloes Compositum* is to render the aloes and the resin of the myrrh more soluble in water. The extract of liquorice is useful for aiding in the suspension of the undissolved substances, while the compound tincture of cardamoms acts to a certain extent as a preventative of decomposition.

The *Decoctum Sarsæ Compositum* is an imitation of the "Lisbon diet drink."

In the former formula for the preparation of *Decoctum Papaveris* the seeds of the capsules were ordered to be rejected. The seeds are now *retained*, for it is found that their oil, which is suspended in water by the mucilage of the capsules, enhances the medicinal effects of the decoction.

EMPLASTRA (PLASTERS).

There are fourteen officinal plasters, viz.—

1. **Emplastrum Ammoniaci cum Hydrargyro.**
2. „ **Belladonnæ.**
3. „ **Calefaciens.**
4. „ **Cantharidis.**
5. „ **Cerati Saponis.**
6. „ **Ferri.**
7. „ **Galbani.**
8. „ **Hydrargyri.**
9. „ **Opii.**
10. „ **Picis.**
11. „ **Plumbi.**
12. „ **Plumbi Iodidi!**
13. „ **Resinæ.**
14. „ **Saponis.**

Plasters are external applications adhesive at the temperature of the body and employed either to afford mechanical support or to convey medicinal effects.

For the directions for the preparation of the individual plasters reference must be made to the Pharmacopœia.

The following table shows the constitution of all the Emplastra :—

Oxide of Lead, Olive Oil, Water. { *E. Plumbi* {
- *E. Resinæ* (Resin and Hard Soap). {
  - *E. Belladonnæ* (Extract of Belladonna dissolved in rectified spirits).
  - *E. Opii* (Opium).
  - *E. Calefaciens* (Cantharides, Expressed Oil of Nutmeg, Yellow Wax, Resin, Boiling Water).
  - *E. Plumbi Iodidi* (Iodide of Lead).
- *E. Saponis* (Hard Soap and Resin). {
  - *E. Calefaciens.*
  - *E. Plumbi Iodide.*
- *E. Ferri* (Hydrated Peroxide of Iron, Burgundy Pitch).
- *E. Galbani* (Galbanum, Ammoniacum, Yellow Wax).
- *E. Hydrargyri* (Mercury, Olive Oil, Sublimed Sulphur).

E. Ammoniaci cum Hydrargyro	*E. Cantharidis*	*E. Cerati Saponis.*	*E. Picis*
Ammoniacum	Cantharides	Hard Soap	Burgundy Pitch
Mercury	Yellow Wax	Yellow Wax	Frankincense
Olive Oil	Prepared Lard	Olive Oil	Resin
Sublimed Sulphur	Prepared Suet	Oxide of Lead	Yellow Wax
	Resin	Vinegar	Expressed Oil of Nutmeg
			Olive Oil
			Water

In reference to the above table it will be seen that *Emplastrum Plumbi* forms the basis of no less than *nine* plasters and that, of the remaining four, *Emplastrum Cerati Saponis* also contains a compound of olive oil and oxide of lead. *Emplastrum Ammoniaci cum Hydrargyro*, *Emplastrum Cantharidis* and *Emplastrum Picis* owe their consistence and adhesiveness to resinous substances, or to a mixture of these with wax and oleaginous matter. *Emplastrum Plumbi* is an *oleo-margarate of lead*, in its preparation the oleic and margaric acids of the oil combine with the lead forming oleate and margarate of lead, while the glycerine which is set free remains dissolved in the water or mechanically mixed with the plaster.

In *Emplastrum Hydrargyri* and *Emplastrum Ammoniaci cum Hydrargyro* the sublimed sulphur is employed as a means of more minutely dividing the mercury.

It would be waste of time for the student to endeavour to commit to memory the relative proportions of the constituents of every plaster ; it will suffice for him to learn what the ingredients are, and the proportion of active ingredients in the mass.

The following are the strengths of the Emplastra :—

E. Belladonnæ (Extract dissolved by Alcohol	1 in 2.
E. Picis	
E. Cantharidis	1 in 3.
E. Hydrargyri	1 in 3⅔.
E. Ammoniaci cum Hydrargyro (Mercury),...	1 in 5.
E. Cerati Saponis (Soap)	1 in 5½.
E. Saponis (Soap)	1 in 7.
E. Plumbi Iodidi	1 in 8.
E. Opii	1 in 10.
E. Resinæ	
E. Galbani	1 in 11.
E. Ferri (Peroxide)	
E. Calefaciens (Cantharides)	1 in 25.

◆

Literature.

TILT'S CHANGE OF LIFE (*a*).

THE great efforts Italy is making to keep pace with and progress with modern Medicine are well illustrated in the person of Dr. Eugenio Rey, of Rome, who has just completed the translation before us of Dr. Tilt's book on "Change of Life." Our learned Italian *confrère* is one of the leading gynæcologists of his own country, and also a very successful *littérateur*. He was, therefore, just the person to undertake the translation of such a work, and we congratulate Dr. Tilt on his good fortune in being thus represented to the Italian Profession. It will scarcely be expected that we should attempt to pronounce upon the felicity of the translator's diction. Suffice it for us to say that he has been complimented for it by the leading critics of his own nation. Prefixed to this edition is a letter from Dr. Tilt to Dr. Rey, which has also been very properly translated in order that Italians

---

(*a*) "De l' Età Critica, nello State di Salute e di Malattia." Per E. J Tilt. Versione Italiana del Dottore Eugenio Rey. Roma : 1872.

may see how the author appreciates the labours of their countryman in the branch of practice of which the book treats.

SCIENCE PRIMERS (*a*).

We have before us two little volumes edited by Professors Balfour Stewart and Roscoe, and which will, we believe, be found fully equal to the task the authors have undertaken of stating the fundamental principles of these sciences in a manner suited to young pupils. The introductory Primer to the series is not yet completed, but as it is written by Professor Huxley it will be largely welcomed, and we delay no longer announcing vols. II. and III. of this useful series. The authors both confess that they have felt the necessity of endeavouring to discipline the mind rather than to impart information. They have, with this intention, devised a series of simple experiments leading gradually up to the chief truths of each science, and they would have teachers perform those experiments in the presence of their classes. There can be no doubt that this plan is most valuable. It is likely to arrest the attention of the pupils, and cultivate the faculty of observation. This is really what is required in a science primer, and it affords us pleasure to report so favourably of these neat little works. Oh that in youth we could have met with such treasures!

Correspondence.

A VACCINATION QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is it questionable practice to apply, without delay, vaccine lymph obtained from the arm of a person resident in a house wherein small-pox is existent? The propriety of utilising such lymph under the reservation that time proves the purity of its source by the subject's due period of immunity from variola, can scarcely admit of doubt. Small-pox breaks forth in a dwelling, and one is called upon to promptly re-vaccinate a whole household. Can the virus recently had from an apparently healthy member of an infected house be safely applied?

I am, Sir, very obediently yours,
R. Hanslip Sers.

Epperstone, Notts,
June 14th, 1872.

Sir,—Will you kindly allow me to express my obligations to Dr. Lawlor, of Tralee, for having established the right of Licentiates R.C.S.I., exclusively, to the Surgeoncy of Irish County Infirmaries. It would have been an injustice if men, many of whom were induced by this special privilege attached to Letters Testimonial to take them out, were supplanted in their rights by others who sought their qualifications in England or some other country instead of in their own, to discourage which proceeding was probably the patriotic object of the Legislature in making the enactment.

Dr. Lawlor did not in the least impugn the professional merits of his opponent, or of those whom he represents, London surgeons, but he contended and successfully, that not having *Irish* Diplomas, they are not qualified by Law to hold Irish County Infirmaries.

He carried out this contest with good sense and good temper and at heavy expense which he ought not to be suffered to bear unaided. I beg to suggest that every Licentiate R.C.S.I. ought to subscribe to a fund in aid, or to a suitable testimonial. For my part I will gladly contribute my mite.

I remain, Sir,
Your obedient servant,
L.R.C.S.I.

SCOTLAND.

GLASGOW.

Resignation of Professor Rainy.—The chair of Medical Jurisprudence in the University of Glasgow has become vacant by the resignation of Dr. Rainy, who was appointed in 1841.

◆

Legal Intelligence.

PROSECUTION UNDER THE MEDICAL ACT.

On the 14th inst., at the Marlborough Street Police Court, John Hamilton, of 404 Oxford Street, W., was summoned before Mr. Knox, under the 40th section of the Medical Act, for falsely using the titles of M.D., Surgeon and Accoucheur, and as his name did not appear in the *Medical Register*, he was called upon to show what right he had to assume those titles and carry on a practice as a Medical practitioner. The defendant, who has been more than once before the Court, formerly kept a disgusting museum, which was some time since suppressed as a public nuisance; since then he has obtained his victims by distributing books and pamphlets of the usual character adopted by the quacks.

In a very able address Mr. Froggatt, who appeared for Mr. Chandler, the prosecutor, dilated upon the abominable class of practice that the defendant was engaged in, and the injury these quacks inflicted upon simple-minded young men, whose fears were worked upon to extort large sums of money.

Mr. Deakin, House-surgeon to the Lock Hospital, and other witnesses, were called for the prosecution.

On behalf of the defendant it was contended that he was entitled to use the Medical designations, and to practice, as he possessed and produced a diploma from the Metropolitan College of New York, a few of which diplomas are still to be found in the Medical Register.

Dr. Hawkins, the Registrar to the Medical Council, was called, and explained the utter worthlessness of the defendant's diploma.

Mr. Chandler, Surgeon, of 66 Berner's Street, Oxford Street, deposed that such diplomas as the defendant's are publicly advertised for sale in the daily papers, and one had been offered to him. He, however, was informed that this so-called College had not been in existence for about twelve years, and that it only existed for twelve months and never had any students, or instituted any examinations. These diplomas can still be purchased from the Dean, who is now the sole representative of the College, and has on hand a large stock of the blank forms.

Mr. Knox was of opinion that the so-called New York diplomas were merely a sham, and conferred on the defendant no right whatever to practice in this country; and as Mr. Ricketts, who appeared for defendant, intimated that it was his intention to appeal against the magistrate's conviction, only a nominal fine of 40s. and costs would be inflicted.

A case will be agreed upon by the solicitors, to go to the Court of Queen's Bench.

◆

Medical News.

Scurvy in the North Carolina State Penitentiary.—In a recent number we noticed the fact, reported in one of the Parisian journals, that during the siege of that city, although numerous cases of scurvy occurred among the inmates of the prisons for males, no cases whatever were observed among the female prisoners, although the diet had been similar in the two instances. We have lately received a communication

---

(*a*) "Science Primers." II. Chemistry, by Prof. Roscoe. III. Physics, by Prof. Balfour Stewart. London: Macmillan.

from Dr. William G. Hill, Physician to the State Penetentiary of North Carolina, in which he remarks that about the middle of July last, this disease broke out in the institution named, owing to deficiency in the supply of vegetables, and the number of cases rapidly increasing, 63 of the 372 men were attacked with the disease (or nearly one in every six), while he does not mention a case as occurring among the women, seventeen in number. It would be of interest, in connection with this subject, to know if the females, in consequence of duties about the kitchens, had facilities, denied to the men, for obtaining vegetables. The addition of potatoes and onions to the dietary, with, moreover, apples and lemons for those most affected, speedily brought the disease to an end.—*N. Y. Med. Record.*

Royal College of Surgeons of England.—The following members having passed the required examinations for the Fellowship on May 23, 24, and 25, were, at a meeting of the council held on Thursday last, duly admitted fellows of the College, viz.:—

Cumberbatch, Alphonso Elkin, M.B. Lond., of St. Bartholomew's Hospital, January, 1870.
Durham, Frederic, M.B. Lond., of Northampton, November, 1869.
Elliott, Arthur Bowes, L.R.C.P. Lond., of Bartlett's Buildings, Holborn, April, 1867.
Elwin, John Fountain, L.S.A., of Weston-super-Mare.
Evans, George Harrison, M.B. Edin., of Birmingham, April, 1868.
Goodsall, David Henry, L.R.C.P. Lond., of Finsbury Square, May, 1868.
Harvey, William, L.S.A., Bengal army, January, 1862.
Joubert, Charles Henry, M.B. Lond., of the Royal Victoria Hospital, Netley, May, 1868.
Railton, Thomas Carleton, M.B. Lond., of Hulme, near Manchester, January, 1869.
Sympson, Thomas, L.R.C.P. Edin., of Lincoln, diploma of membership dated July, 1847.
Thom, William, of Botton Gardens, Kensington.
Wells, John Soelberg, M.D. Edin., of London, December, 1860.

At the same meeting the following members were admitted Fellows of the College by election:—

Allen, Robert Marshall, Deputy Inspector-general, of Brackley, Northamptonshire, and
Weeks, Henry, L.S.A., of Barnstaple, Devon.

Digest of Sanitary Laws.—In the House of Commons on Thursday, Sir M. Lopes asked the President of the Local Government Board whether he had completed the digest or code of existing sanitary laws for the use of the local authorities which he had referred to as being in progress two months since; and, if so, whether he would give members of this house the benefit of the information which it contained by laying such digest upon the table of the House previous to going into committee on the Public Health Bill. Mr. Stansfeld said he had never intended to issue such a digest before the Public Health Bill had become law. The proposed digest would assume an easy, intelligible, and popular form for the information and guidance of local sanitary authorities. With regard to the second question, no more complete digest of existing sanitary laws could be had beyond than that contained in the report of the Commissioners, which had been laid on the table of the House. Sir M. Lopes remarked that the report contained 167 pages of printed matter, and therefore could not be said to afford the precise digest which would be useful to hon. members.

USE OF ETHER IN IRELAND.

In the House of Commons last week, Colonel Knox asked the Chief Secretary for Ireland whether his attention had been called to the great intoxication in the north-west of Ireland, caused by the use of ether and a mixture of naphtha and ether, sold by chemists and grocers, and whether he was prepared to take steps to put a stop to the abuse, and deter parties who turn their establishments into dram shops.

The Marquis of Hartington said the attention of the Irish Government had not been called to that matter lately, but as long ago as 1868 its attention was directed to it by a presentment of the Grand Jury of the county Tyrone, forwarded by Mr. Justice George. The Government then made a full inquiry into the subject, and ascertained that the practice of using ether as a stimulant instead of ordinary spirits was confined to the north of Ireland, and principally to the counties of Tyrone and Londonderry, where ether was taken not as an addition to whiskey, or any other spirit, to strengthen it, but merely diluted with water as a stimulant instead of ordinary spirits. Thereupon, the Irish Government communicated with the Board of Inland Revenue as to whether any measures should be taken for checking that practice. The Board of Inland Revenue reported that in the existing state of law they could not interfere. The subject appeared to have been further considered by the Government; but, looking to the fact that that practice was almost confined to the two counties he had named, and that ether was very largely used for medicinal and many other purposes, it was not then thought necessary to take any further steps in the matter. At present an inquiry was, however, being conducted under the direction of the Irish Government into the alleged adulteration of whiskey in many parts of Ireland. As soon as the reports on that subject were received, they would be considered by the Government, who would also take the opportunity of considering the question to which the hon. and gallant member had referred.

It will be remembered, that the Medical Press and Circular was the first to call public attention to the growth of ether drunkenness in the district of which Draperstown is the central. In a communication from Mr. Harry N. Draper, F.C.S., of the firm of Bewley and Draper, of Dublin, it was pointed out that the consumption of ether in certain northern counties, was altogether out of proportion to any therapeutic want. The Government is certainly engaged in a most useful and paternal work in investigating adulteration of whiskey, a fraud which carries with it results much more serious to the Commonwealth than are involved in the perpetration of the roguery.

Gleanings

Electricity in Diseases of the Skin.

Dr. George M. Beard, one of the highest authorities in this country on all that relates to electricity, has contributed a most valuable article to the American Journal of Syphilography on the uses of this agent in the treatment of diseases of the skin. He says: "It is yet too early to lay down *special* conclusions concerning the prognosis of different diseases of the skin under electrical treatment, but from what has already been accomplished this general proposition seems to be justifiable. For many cases of psoriasis, eczema, anæsthesia, pityriasis, and prurigo, and so forth, that under ordinary treatment are obstinate or incurable, electricity is of such great efficacy, both temporary and permanent, as to entitle it to a very high rank among the resources of the dermatologist."—*The American Practitioner.*

An Enormous Collection of Earthy Matter in a Human Lung.

By V. Gorup-Besanez.

The two cases were under the care of Prof. Zenker; V. Gorup-Besanez made the chemical examination of the lungs.

One was a woman who was employed in the manufacture of the books of thin red paper in which gold-leaf is placed. Fifty-seven grm. of one lung was incinerated, the ash treated with muriatic acid and examined for oxide of iron, of which 0·828 grm. were found. Supposing the oxide equally distributed through both lungs, the total amount would be between 21 and 22 grm.

The second case was a manufacturer of ultramarine. Two-hundred and twenty-seven grm. were incinerated, and the ash remaining gave 3·1,935 grm. siliceous sand, 0.3,298 grm. quartz sand, and 0·329 grm. of oxide of iron.

Considering the total weight of both lungs 1,500 grm., and these substances to be equally distributed, the total weight of sand, &c., would be 29·86 grm.—*Annalen d. Chimie u. Pharmacie.*

Three Cases of Vaccination from a Syphilitic Subject.

By W. F. Munroe, M.D., Physician to the Boston Dispensary.

At the present time, when vaccination and re-vaccination are so imperatively demanded by the public safety, popular prejudices as to inoculation of blood-poisons and "humours" do a vast amount of damage, and any facts which aid the truth are of value.

In the summer of 1866, when small-pox was prevalent, I vaccinated a robust-looking infant, two weeks old, with virus from a healthy child, aged about one year, of whom there could be no suspicion. The progress and character of the vesicle were perfectly normal, and on the seventh day I charged a small number of points, of which I used but three. With these I successfully vaccinated two children and one adult. Three weeks after I had taken the virus from the first case, I was sent for to see the child, then five weeks old, and found it covered with a perfectly characteristic rash, and also learned that the father had been under treatment for syphilis during the year in which the child was born. In the three cases of vaccination from this undoubted syphilitic stock, there have been no symptoms of any infection. One I saw two years after the operation; one I have seen at short intervals ever since; the third—the adult—was in my office but a few days ago.

The result of the long—one might say interminable—discussion before the French Academie de Médicine, and those which have taken place more recently in England, seems to establish the fact that vaccine lymph without blood cannot infect. For this reason, bloody lymph should never be employed; ivory or quill points should never be used a second time, and the lancet should be carefully cleaned after each operation. Inasmuch as erysipelas, eczema, and various eruptions are sometimes "driven out" by vaccination, a record containing the sources from which lymph is obtained, the cases upon which it is used and the results, is a great protection to the physician in affording him a series of cases which can clear him from the suspicions of credulity and ignorance.

In cases where there is a possibility of inherited disease, a delay of seven or eight weeks, until the symptoms would probably appear, may save the doctor from reproaches properly belonging to the parents.

As even the shadow of a doubt should not be ignored in such an important matter, it is better to take the virus from children more than two months old.

Veratrum Viride an Antidote to Opium.

Dr. E. H. Sholl, of Alabama, communicates a case of poisoning by morphia, which was cured by veratrum. The patient, a negro boy, æt. 15 years, had typhoid fever, and took an overdose of morphia, which had been prescribed for hiccough. It was followed by stertorous breathing, contracted pupils, and so forth. His mouth was pried open, and gtt. xviij. Norwood's tincture poured in with two ounces of brandy. In one hour every symptom of poison had vanished.—*Medical and Surgical Reporter.*

Case of Lead Poisoning Following the Use of a Hair Preparation.

By J. M. Crocker, M.D., Provincetown.

The following case of lead palsy, from using a "hair preparation," may not be uninteresting. R. W., æt. 55, labourer, was attacked with what appeared to be muscular rheumatism, affecting mainly the deltoid and other muscles of the shoulders, last February. When first visited, he was suffering from pains which he had felt more or less severely for a month or two. Both arms were in this manner crippled. Ordered cotton batting to affected parts, lemon-juice and opiates internally. Made quite a rapid recovery, but when seen in March following, he was suffering from an almost complete paralysis of extensor muscles of fingers and hands, with dropping of wrists. He could readily and forcibly grasp, but found difficulty in letting go. No lead lines about gums could be seen. Said he had had several attacks of colic within a few years The water used for drinking purposes was obtained from a brick well, and stood in a wooden bucket. Ordinary cooking utensils were used in his family. Subsequently, upon inquiry, I discovered that for fifteen years had used a "hair renewer," made by himself of three teaspoonfuls lac sulphur and two teaspoonfuls sugar of lead to a pint of water. With this he had drenched his hair and scalp as often as once a week. Under use of iodide of potassium and galvanism has made a good recovery, the hair-dressing having, of course, been discontinued. The urine was not examined after treatment began. No colic since use of sugar of lead was stopped.—*Boston Medical and Surgical Journal.*

◆

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Dr. D. McN.—We have forwarded your note to the gentleman named.

S. P. S.—Cornil et Ranvier's "Manuel d'Histologie Pathologique" is the best upon the subject, if you read French.

Mr. W. Atkin.—The gentleman referred to is a properly qualified Medical practitioner.

Human Myology.—Professor Humphry will continue his lectures on this subject at the Royal College of Surgeons of England at 4 p.m. to-day, and on Friday next at the same hour.

Dr. Edmunds.—Your letter upon "The Sham Diploma Question" will appear in our next.

F. E. M.—You will find full information as to fees, professors, &c., in our last students' number, published in September. We invariably decline to recommend one school in preference to another, and therefore give each year the most authentic information obtainable, in order that parents may judge for themselves.

Dr. E. J.—Thanks for your complimentary letter.

Communications, Enclosures, &c., have been received from:—Dr. Angus Smith, Manchester. Dr. Cooper, Paddington. Mr W. Adams. Dr. Armstrong. Mr. Chandler. Dr. Humphrey. Dr Desgranges, Lyons. Dr. Mitchell Mr. Lethbridge. Dr. Dale, Plymouth. Mr. Verkrüzen. Mr. Tichborne, Dublin. Dr. Edmunds, London. Mr. G. T. Keene, Islington Mr. Gamgee, Birmingham Mr. J. M. Gay. Dr. Tilton, Gloucester. Mr. S. Osborn, Guy's Hospital Dr. Morgan, Dublin Dr. D. McNab, Epping. Dr. Barr Meadows. Mr. Atkin, Nottingham. Secretary of the Liverpool Medical Society. Dr. F. L., Scarborough. Dr. Pierson, Scarborough. Clerk of Tullamore Union. Dr Shanley, Strokestown. Dr. MacLaughlin, Newtownlimavady. Dr. Wordsworth, H.M.S. "Penelope" Dr. Boxwell, Gorey. Mr. Hanslip Sers, Enperstone. Dr. Roche, Fermoy Dr. Morgan. Clerk of Rathkeale Union. Dr. Thompson. Dr. Luther, Cappoquin. Mr. Brakey. Dr. Scott, Angheracloy. Dr. Gilmore, Castlebey ey. Dr. Kilis, Boston. Dr. Hearn, Clonakilty. Mr. Eccles, London. Dr. Lynch, Glendalough. Dr. Jacob, Maryboro'. Mr. Stoehr, Manchester. Dr. Edmunds, London. Mr. Hyslop, Church Stretton. Dr. Cameron. Mr. Wilson. Mr. Hutchinson, &c.

◆

VACANCIES.

Royal Bridewell Hospital. Assistant Medical Officer. Salary £300 per annum, with residence.

Hospital for Sick Children, London. Assistant Physician, and a Medical Registrar.

York County Hospital. Non-Resident Dispenser. Salary £70.

Seamen's Hospital, Greenwich. House-Physician. Honorary.

Carnarvon Infirmary. House-Surgeon. Salary £-0, with board.

Oulart District, Enniscorthy Union. Medical Officer. Salary £-0.

Glasson District, Athlone Union. Medical Officer. Salary £1 0.

Ely District, Enniskillen Union. Medical Officer. Salary £100.

◆

BOOKS, PAMPHLETS, and MEDICAL JOURNALS RECEIVED.

Lettsomian Lectures on Diseases of the Liver. By S. O. Habershon, M.D. London: J. & A. Churchill.

Sick Children, a Lecture by F. R. Hogg, M.D. London: Churchills

Dress and Care of the Feet. London: Wm. Tegg.

Report of the Birmingham Queen's Hospital for 1871.

Notes on Sanitary Reform. London: J. & A. Churchill.

The Practitioner; Science Gossip; The American Chemist; Boston Medical Journal; Bordeaux Médical; Pacific Medical Journal; La Presse Médicale Belge; Lyon Médical; La France Médicale; Allgemeine Weiner Medizinische Zeitung.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 26, 1872.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Abstract of Lectures on Myology, at the Royal College of Surgeons of England. By Professor Humphry, F.R.S.—Lecture I. 555
Peculiar Case of Strangulated Femoral Hernia. Under the care of Benjamin F. McDowell, F.R.C.S., Surgeon to Mercer's Hospital, Dublin 556
Two New Forms of Enema Apparatus. By W. L. Shepard, M.R.C.S., &c., late Tutor St. Bartholomew's Hospital 557

HOSPITAL REPORTS.

Glasgow Fever Hospital—
Small-pox treated by Xylol, &c. Dr. Russell's Clinic (*continued*) 558

Special Reports on Foods, including different kinds of Farinaceous Preparations for Infants and Invalids, Meat Extracts, Australian Meats, &c., together with reliable Chemical Analyses by Competent Professors. (Prepared expressly for the Medical Press and Circular.)—Report on the Farinaceous Foods now being Advertised and largely used for Dietetic Purposes. (*Continued.*)—Barry Du Barry's Revalenta—Neave's Farinaceous Food 559

LEADING ARTICLES.

Plucking 560
Workhouse Accommodation 561
Surgery of the Franco-German War 561

NOTES ON CURRENT TOPICS.

China Clay and Lung Disease 563
Surgical Treatment of Aneurism 563
Alcohol 563
Microscopical Examination of Tissues ... 563
Nursing as a Profession 564
University of Oxford 564
Treatment of Syphilis in Vienna 564
Ophthalmic Medicine 564
Hereditary Drunkenness 564
Changes in the Harvard University School 565
Three Cases of Bronchocele 565
Irish Coroners and the County Officers Bill 565
The Royal College of Physicians of London 566
Syphilis Corpuscles 566
Courts Medical 566

LITERATURE.

The Pharmacopœia of the Hospital for Diseases of the Throat. Edited by Morell Mackenzie, M.D. 567

CORRESPONDENCE.

PAGE
Sham Degrees. By James Edmunds..... 570
The Guaiacum Process for the Detection of Blood in Medico-Legal Cases. By John Day, M.D. 571
Courts Medical like Courts Martial. By C. R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng. 571
Medical Ethics. By An Ignorant Fellow 571
The Contagious Diseases Acts. By Ewing Whittle, M.D., M.R.I.A., Lecturer on Medical Jurisprudence to the Liverpool Royal Infirmary 572

GLEANINGS.

Elixirs and Wines 572

MEDICAL NEWS.

Royal College of Surgeons of England .. 573
King and Queen's College of Physicians, Ireland 573
Gift of a Cottage Hospital 573
Coroner for the City of London and Borough of Southwark........ 573

Notices to Correspondents 573
Vacancies 574
Appointments 574
Marriages 574
Deaths 574

Original Communications.

ABSTRACT OF LECTURES ON MYOLOGY,

AT THE

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

By Professor Humphry, F.R.S.

Lecture I.

Professor Humphry gave his first lecture on Human Myology, at the College of Surgeons, on Monday the 17th. After paying a tribute to the College for the good work done by it in promoting the sciences of anatomy and physiology, and so, in elevating the character and social status of the Profession, he stated that it was his intention to consider the muscular system of man, morphologically and teteologically. Morphology and teteology are always associated in nature, and should, therefore, be associated in our study of nature. Every muscle and every fibre of muscle is formed with relation to the work it has to do, and to the manner in which it may do that work best. The performance of work, *i.e.*, function, is the stimulus to the maintenance of the nutrition of muscle, but is not the stimulus to its formation. Each fibre is formed of a length proportionate to the range of action required; and there are various provisions for lessening the range of action, and so for shortening the muscular fibres. Such are the obliquity of the direction of the fibres, their crossing, as in the case of the *pectoralis major*, the passage of tendons under loops or bands, as at the ankle, and the insertion of the tendons near the centre of motion. These, and other like provisions, diminish the operative force of the muscles concerned; but they compensate for this, inasmuch as they increase the motor effect produced by a given amount of contraction of the individual fibres. Hence, the fibres can be shorter, and admit of being massed together in convenient positions, and of being so arranged that a great number can, through the medium of tendons, be brought to bear upon a given point.

The osseo-muscular system of the trunk is composed of a series of alternating transverse skeletal and muscular planes. The skeletal parts may be membranous, cartilaginous, or osseous. This is best illustrated in the fish. In higher animals and man the regularity of the alternation is much broken, in some instances, by the obliteration of the skeletal inter-muscular septa, consequent on the extension, or ankylosis, of the muscular fibres through them, and, in other instances, by the prolongation and varying direction of the skeletal septa, which thus come to form tendons. It was thus shown that the successive tendons of the dorsal muscles are modified inter-muscular septa, and so correspond, homologically, with the transverse or oblique septa of the dorsal division of the lateral muscle of the fish (*a*).

The dorsal muscles are divisible into three groups:—1. A superficial oblique group, passing from the spines towards the transverse processes, and including the *splenii and the obliquus capitis inferior.* 2. A middle "*rectus*" group, including the *erector spinæ*, the interspinales and intertranspinales. 2. A deep, oblique group passing from the transverse processes towards the spines, and including the complexus and biventer, the semispinales, multifidus spinæ, and rotatores.

In considering the ventral part of the lateral muscle of the trunk, the Professor showed how, by alteration of the direction of the fibres and the loss of the transverse septa, the oblique and transverse muscles of the abdomen are modified from the primitive simple pattern, which is still, to a great extent, preserved in the *rectus* muscle. He entered into the purposes served by the septa in that muscle, as well as into the cause of their comparative absence below the umbilicus, and gave suggestions to account for the disposition of the oblique and transversalis

---

(*a*) For the fuller elucidation of these views he referred to papers recently published by him in the *Journal of Anatomy and Physiology*, and to his "Observations on Myology" just issued.

tendons at the lower part of the abdomen being different from that higher up.

The series of ventral muscles admit of being divided into three strata, as shown in the accompanying table :—

SCHEME OF VENTRAL MUSCLES.

	Superficial Stratum.		
Gracilis.	External oblique.	Pectoralis.	Digastric ant. Genio-hyoid. Sterno-cleido mastoid.
Sartorius.			
Tensor vaginæ femoris.	External oblique.	Deltoid.	
Gluteus max.		Latissimus dorsi.	Trapezius.
	Middle Stratum.		
Compressor urethræ.	Internal oblique.		Sterno-hyoid, Stylo-hyoid.
Ischio-cavernosus.	Quadratus lumborum.		„ thyroid, Digastric ant.
Transo perinea.		Intercostals ext.	Omo-hyoid, Lingual.
Sphincter ani int.	Internal oblique.	Serratus.	Thyro-hyoid, Pharyngeal. Subclavius. Levator scapulæ.
Muscles from Pelvis to Femur.	Rectus and Pyramidalis.	Intercostals ext.	Scaleni.
	Deep Stratum.		
Levator ani.	Transversalis Diaphragm.	Intercostals int. Triangularis sterni.	
	Transversalis.		
Levator ani.	Psoas & crura of Diaphragm.	Intercostals int.	Longus colli. Rectus capitis ant. major.

In speaking of the intercostals, the Professor showed, by diagrammatic expositions of their arrangement with reference to the ribs in different positions, that both the external and internal fibres are, in their whole extent, agents in inspiration, and that there is not, as has been supposed by many observers, an antagonism in the action of the different parts of the internal intercostal series. He gave also mechanical reasons for the absence of the external intercostals near the sternum, and of the internal intercostals near the spine.

Speaking of the cervical muscles, he associated the form of the digastric muscle with its derivation from two strata of the ventral part of the lateral muscle. The anterior belly belonging to a superficial stratum, and the posterior belly to a deep stratum ; whereas the connecting tendon is a remnant of one of the connecting transverse septa of the lateral muscle, of that septum in which the hyoid bone is formed.

◆

PECULIAR CASE OF STRANGULATED FEMORAL HERNIA (*a*).

Under the care of BENJAMIN F. McDOWELL, F.R.C.S.,
Surgeon to Mercer's Hospital, Dublin.

DR. McDOWELL, in describing the case, observed, the recent specimens which he had the honour to exhibit, appeared to be possessed of so much novelty, as well as practical importance in regard to the operation for the relief of strangulated hernia, that he trusted he would be excused for occupying a few moments in speaking about them. They were taken from the body of a woman, æt. 40, who died of rupture of the intestine after the reduction of a strangulated femoral hernia in Mercer's Hospital on Sunday last. She had been admitted to Mercer's Hospital the evening before, about 7 o'clock. Although the intestine had been strangulated for three, probably indeed, for four days, there were literally no urgent symptoms present. She was bright and cheerful, and spoke freely upon subjects which had no relation to her illness. There was but slight nausea, and no hiccup or persistent vomiting ; there was complete absence of abdominal tenderness ; not even over the femoral ring, the seat of strangulation, did the patient complain of pain upon pressure ; there was, moreover, no tympanitis. Her pulse was remarkably free from even an approach to a symptom of departure from its state in perfect health. A momentary examination nevertheless proved the case to be one of strangulated femoral hernia. The tumour was about the size of a *Bantam egg*, and had, springing from its outer side, a second tumour about half that size. It appeared that about eight years ago she first observed the original hernia, which she stated was caused by some slight muscular exertion. She was, however, able to reduce it herself without difficulty whenever it came down, and it caused her no uneasiness. Upon this last occasion, unfortunately, her efforts were unavailing, and after three or four days she sought admission to hospital. After her admission to hospital, beyond the gentle manipulation necessary to a correct diagnosis, the tumour was not meddled with until the patient was placed under the full influence of chloroform, at the same time the instruments were at hand to operate if the taxis under chloroform should fail. At this operation he (Dr. McDowell) had the able assistance of his colleagues, Mr. O'Grady and Mr. Morgan. Having been now placed upon a table near the gaslight, and the pubis shaved, her thigh was flexed upon the pelvis, in order to relax the femoral ring. It was also adducted so as to relax Poupart's and Gimbernat's ligaments, in the usual way : the greatest gentleness of manipulation was observed, and, by making concentric pressure upon the tumour obliquely downwards and backwards first, and then upwards and inwards, he succeeded in reducing the great bulk of the tumour. It did not *all* retreat into the abdomen, however,—and this he wished particularly to direct attention to, it was the feature in the case, fraught with the greatest interest. What was this remaining tumour ? It felt extremely like a small knuckle of intestine ; but then against this view was the fact that three-fourths of the original protrusion had returned unmistakably ; or, was it a portion of omentum which we know so often to accompany a femoral hernia ; or, was a gland pushed before the hernia in its early development, and had since become adherent to it from organised lymph ? Under every consideration, it was determined to leave the case until morning without further

---

(*a*) Communicated to the Surgical Society of Ireland on the 17th of April, 1872.

Fig. 1.

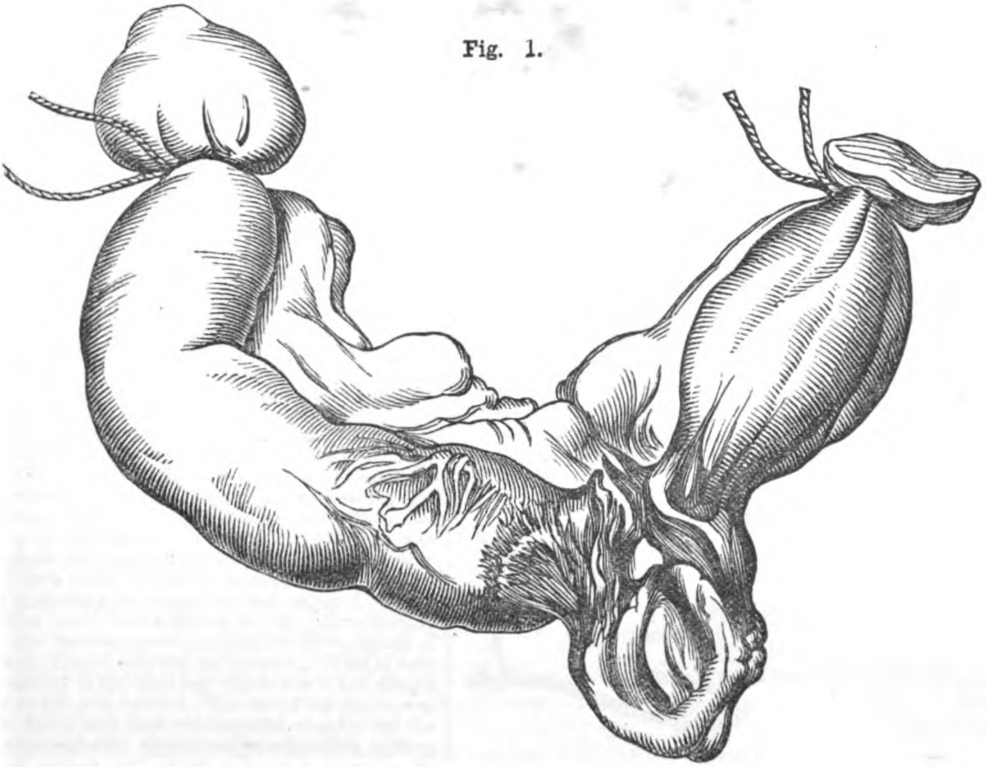
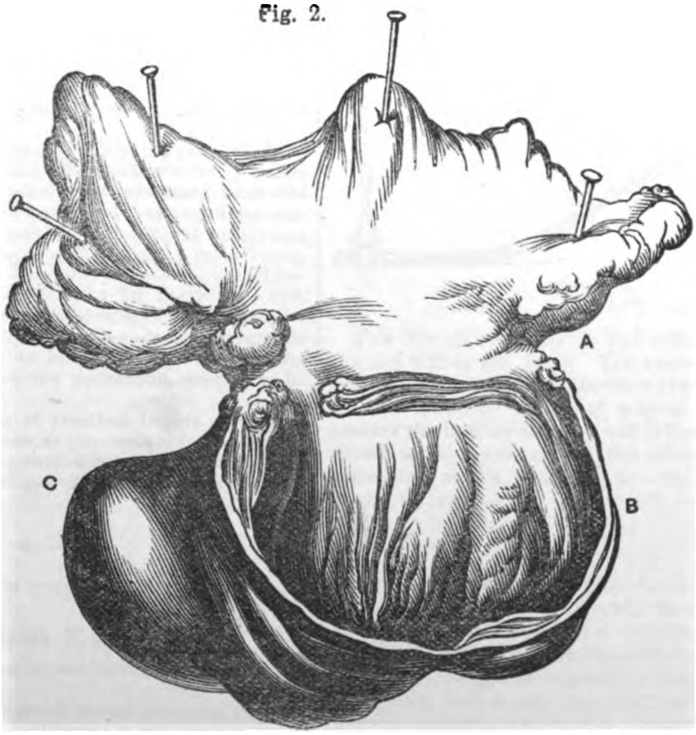


Fig. 2.



PECULIAR CASE OF STRANGULATED FEMORAL HERNIA,

UNDER THE CARE OF

BENJAMIN F. McDOWELL, F.R.C.S.I., *Surgeon to Mercer's Hospital Dublin, &c.*

Fig. 1,—Represents the Strangulated Intestine in a complete state of Sphacelus at apex.
Fig. 2,—Represents the Sac of Hernia laid open, and Cyst springing from its outer side.
Fig. 2,—A, Neck of Hernial Sac; B, Sac laid open; C, Peculiar Cyst springing from outer side of Sac.

interference. The patient was accordingly replaced in her bed with a pillow under the thigh, and a cold lotion over the femoral canal. She also had an opiate containing a few drops of dilute hydrocyanic acid to allay any sickness from the chloroform. She was allowed a little milk and soda water with ice as a drink. She passed a quiet night, and had a small cup of fresh tea at 7 a.m., which she retained. At about 8.30 a.m., during the temporary absence of the nurse, she got out of bed and walked to the water closet, when suddenly she said she "felt something give way within her," from that moment she sank rapidly, and passed away at 10 a.m.

Her husband being a man of good sense, at once consented to a *post-mortem* examination. This was made some few hours after her decease. The skin and fascia having been divided, this extraordinary cystic tumour made its appearance (Dr. McDowell here exhibited a drawing of the sac laid open with the tumour attached, taken by Mr. Burnside). They of course could not tell at first what it really was, but it resembled extremely in colour and consistence a knuckle of intestine. The abdomen was now laid open in order to examine the state of things from within: the first feature that attracted attention was the highly vascularised condition of the great omentum, and of the peritoneum, which contained a considerable quantity of serous fluid, and some fæcal matter. The strangulated portion of the intestine was now seen; about two inches were included in the strangulation, and the strangulated part was situated about one foot from the cæcum; this was in a state of general disorganisation, and was surrounded by granular lymph at its neck, whilst the part which had given way was quite gangrenous, showing clearly that no operative measures, at the late period she sought admission to hospital, could have saved the poor creature's life.

The femoral ring was now sought for and exposed, the tip of the little finger could be introduced into it. Surrounding the orifice of the femoral canal, a considerable quantity of lymph was found effused into the peritoneum. This is very faithfully represented in the drawing, which was taken almost immediately after the *post-mortem*. The sac of the hernia was next laid open fully, and now was revealed clearly, for the first time, the remarkable cystic outgrowth which sprung from its external surface, and which is so well shown in the drawing.

In addition to the peculiarities in the above case, it is interesting to consider what course would have been pursued in the event of the taxis having failed, and that operative measures were employed. How perplexing it would have been to encounter a structure so closely resembling the intestine, and yet so thoroughly incorporated with the structures constituting the sac.

There is another point of great practical interest, which is, that the evidences of peritoneal inflammation entirely ceased at the femoral orifice. They were not prolonged below the ring, and did not engage the peritoneal covering of the sac. This, although not applying so much to femoral hernia in a practical sense as regards the operation for its radical cure, (which is rarely employed in this form of rupture) is still important in its relation to the operation for the radical cure of inguinal hernia. Reasoning from analogy of structure, we are taught that the sacs of old herniæ become altered in their character, and are not likely to be affected by injury in the same way by which we know the peritoneum proper to be attacked.

Again: the above case is of practical import as demonstrating the fact, that gangrene, as the result of inflammation, may follow strangulation, notwithstanding the almost complete absence from the first of the usual signs and symptoms of so severe a lesion (*a*).

◆

TWO NEW FORMS OF ENEMA APPARATUS.

By W. L. Shepard, M.R.C.S., &c.,

Late Tutor St. Bartholomew's Hospital.

Most of the enema apparatus hitherto invented present some disadvantages which militate against their usefulness. The ordinary brass enema apparatus is cumbersome, and extremely inconvenient to use alone, as it needs both hands to work it, so that it is difficult to keep the canula *in situ*. Again, if not often used, the packing on the piston is sure to get very dry, and in hot climates especially; the instrument is, in this way, often rendered useless, it being no easy matter to pack a piston properly.

The irrigateur of Dr. Eguisier is easy to manipulate, but it is very bulky, very liable to get out of order, and could only be repaired by an instrument maker.

Perhaps the best form of apparatus yet made is either the Higgenson or Kennedy. They are both of them portable, and can be used with one hand, but they have also both of them one radical defect—namely, the vulcanised india-rubber ball. However good this may be when first manufactured, after a time it undergoes some molecular change and becomes worthless. Again, if the ball be made thin it fills but slowly, and if made thick it is very tiring to the hand; but worse than all, oil or turpentine (so often used in enemata) soon destroy the india-rubber. I have endeavoured to remedy all these various defects; in the two forms of enema apparatus I have had made for me by Messrs. Arnold, of 35 and 36 West Smithfield, E.C. I propose to call that depicted in Fig. 1, the Simplex, and the other, Fig. 2, the Facilis.

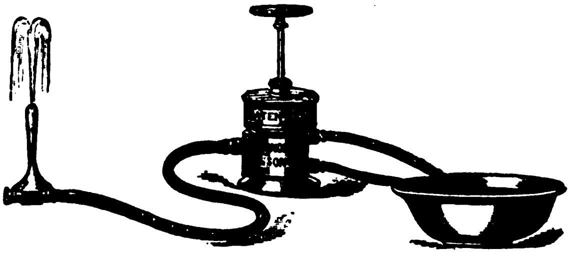


Fig. 1.

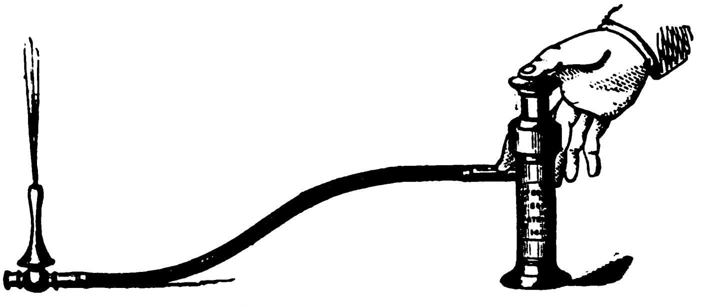


Fig. 2.

The Simplex consists of two cylinders, *sliding easily* the one within the other. The upper and smaller of the two is closed at the top—as shown in the engraving—and is kept raised by means of a spiral spring which rests against the bottom of the lower cylinder. This latter is closed at its lower end by the solid base on which the instrument stands, and its upper end is made of rather larger diameter than the rest, so as to form a circular chamber, which has holes pierced at its under surface. An inlet valve is fitted into the base of the lower cylinder, and an outlet valve to an opening leading to a space between the inner and outer surface of the lower cylinder, which space is continuous with the discharge pipe. To use the apparatus it is placed in a bason or other vessel containing the liquid; the upper cylinder is pressed down by the hand, and then allowed to rise again by the action of a spring, it thus acts as a piston, and the fluid is drawn through the inlet valve into the cylinder. On again depressing, the greater part is forced through the outlet valve, and the little that escapes between the cylinders is forced into the circular chamber, from whence it runs through the holes on its under surface back into the vessel.

(*a*) The preparation and preservation of the recent specimens were kindly done by Dr. John Barker, Examiner R.C.S.

The Facilis is made essentially on the same principle, but it is constructed to feed itself from any vessel, and is intended to be used in cases where it would be inconvenient to stand the apparatus in the fluid. For instance, when it is required to be used in bed, or with delirious or unruly patients. It consists of a cylinder, having the upper part of larger diameter than the lower, and fitted with a water-tight cover, which is pierced with an opening fitted with a stuffing box. Inside the cylinder is a *loosely fitting* metallic piston without packing, kept pressed against the cover by means of a spiral spring. In the centre of the upper surface of the piston is a depression corresponding with the opening in the cover. The piston rod which is loose drops into this. An inlet valve is fitted to an opening in the lower part of the cylinder, to which the feed tube (the lower of the two shown in the engraving) is attached. The upper tube is fitted to an opening on the under surface of the enlarged part of the cylinder, and acts as a waste pipe. An outlet valve is fitted to the opposite side of the cylinder, and is connected with the discharge pipe. To use this apparatus the feed pipe and waste pipe are both allowed to dip into the vessel containing the fluid. Then on alternately depressing the piston and allowing the spring to raise it, the liquid is drawn into the cylinder through the inlet valve, and forced through the outlet valve. What little makes its way beside the loosely fitting piston gets into the large upper part, and runs through the waste pipe back into the vessel.

The advantages which I think these apparatus possess are—

1. They are very easy to use, needing only one hand to work them.
2. They are eminently portable, the Simplex being only 4 in. high, and 1¾ in. in diameter at its widest part. The Facilis is 3 in. high, and 2 in. in diameter.
3. There is no packing on the piston, and they are so simple in construction that it is next to impossible they should get out of order.
4. They can be taken to pieces to clean and put together again in a few seconds, and without trouble.
5. They are made entirely of metal, and the springs are of plated steel, so they are not likely either to rust or become weakened.

◆

Hospital Reports.

GLASGOW FEVER-HOSPITAL.

Small-pox treated by Xylol, &c.

Dr. Russell's Clinic.

(*Continued from page* 539.)

Case VIII.—Isabella D., aged 18, admitted March 27, *unvaccinated*, in the 5th day of confluent small-pox. On the 6th day there was considerable dusky erythema, especially of nose and chin; and min. xxx. Xylol was ordered every two hours. On the 9th day the eruption was still of that ominous pale clayey colour, and the breath had a disagreeable fleshy odour; pulse only 100, but soft. In the evening it had run up to 132, and the patient sank rapidly, expiring on the 10th day of the disease at 6 a.m.

Dr. Russell has used xylol in other cases; but not observing any obvious effect, he has not prosecuted its further use, until Dr. Zuelzer's paper is published. Meanwhile, he remarks that the progress of the disease, its complications and its sequelæ seem to him to be recognisable in those cases exactly as if no xylol had been introduced. We have persistent delirium, pulmonary congestion, erysipelas, pulmonary gangrene and numerous boils, these latter being rather inconsistent with any antiseptic theory of the action of xylol.

Dr. Russell next mentions that in the *Berliner Klinische Wochenschrift* for the 22nd April there is a paper "On the use of Xylol in Small-pox," by Dr. A. Burkart, assistant-physician to the Catherine Hospital, at Stuttgart. He seems to have started with the conviction that the drug must have some beneficial effect in small-pox; and, consequently, he reviews the various points successively to which he would naturally look for such effects. He confined his observations to the severe pustular and to the hæmorrhagic form (N.B.—No word of vaccination). "Temperature observations carried out with the greatest exactness show that xylol exercises no influence on the fever and the temperature of the body." "The temperature curves show that xylol acts as an anti-pyretic neither during the fever of the eruption nor of suppuration." It did not seem to diminish the eruption; neither did the stages of development succeed each other more rapidly. He laughs at the notion of its being a specific. "Yet," he continues, "there is no denying that xylol exercised a happy effect on the majority of cases of *Variola pustulosa*." "I have no hesitation in associating this result with the action of the xylol. Yet it acted neither as a febrifuge, nor as a specific, but on the local throat-affection, moderating the angina, so that the patients could always take fluid food in sufficient quantity." Dr. B. thinks that xylol excels chlorate of potash and chloride of lime used as gargles, but that it is much more effectually applied in the act of swallowing.

As to the administration of xylol, Dr. Russell says his assistant, Dr. Tennent, made a variety of experiments with various agents, as in water simply it is very acrid and the vapour of it is apt to induce spasm of the glottis. It makes an imperfect emulsion with yolk of egg, and it is soluble in rather more than its own bulk of spirits of wine, and also in all proportions of olive oil. The spirituous solution was rejected both because the spirits of wine is itself an active agent, and might have vitiated the results; and also because the olive oil solution was found to be so eligible. In equal parts it forms a perfect solution, the resulting liquid having none of the viscidity of oil, pouring readily and being quite palatable, without dilution. A teaspoonful gives the usual dose of min. xxx.

As to other effects of xylol, Dr. Zuelzer has been in the habit of using xylol in *Tic Douleureux*. From observations of its effects on himself, Dr. Russell is sure that in doses of min. xx. to min. xl. xylol acts as a peripheral sedative. In about ten minutes after taking the larger dose on an empty stomach, numbness and languor were felt in the limbs, and in fifteen this had increased so that the one leg resting on the other, or the hand rested on the thigh, gave but a dull sense of pressure. Locomotion was uncertain and languid; and the intellect was drowsy but without marked stupidity. This condition disappeared slowly.

It will give a decidedly practical and positively useful ending to this desultory paper, if I allude to the treatment of small-pox in its final stages by continuous warm baths, as revived by Professor Stokes, in a short article in the January number of *The Dublin Journal of Medical Science*. The condition of a small-pox patient during the suppurative stage of the disease, and especially after the healing process has commenced, or ought to commence, is one which is eminently susceptible of surgical treatment. The cutaneous surface suffers from a lesion, which, quite independent of its specific cause, is serious and sufficient in a confluent case to threaten life, however produced. The application of local treatment is evidently to be desired, but how to carry it out on a scale commensurate with the extent of the lesion is the puzzling question. There can be no doubt that the warm bath meets the necessities of the case perfectly. Since the publication of Dr. Stokes' paper, I have endeavoured to employ the warm bath, and, while I hope to publish at a future period some more precise results, I cannot refrain from recommending in a general way this mode of treatment. Dr. Russell seems to approve the treatment of small-pox by tepid baths, lately revived in this country. The great requisite is to make the bath comfortable for the patient, and easy in its use. An ordinary full-sized portable bath may be at once made comfortable by the use of a quarter-sized water-bed, filled with tepid water, used as a water-pillow. The temperature of the water ought to be slightly higher than that of the body, so as to prevent any sensation of chill. In most cases this is about 100° to 101° F. Patients can rest, and even sleep in such a bath, for from three to four hours. At the expiry of that period, or before it, faintness is complained of. If alcoholic stimulants are judiciously administered, this faintness will be overcome, and the patient's stay in the bath can be prolonged. Dr. Russell advises that the bath should be employed under the immediate observation of the Medical attendant, and that he should give, as the symptoms indicate, wine, whisky, or brandy, with beef-tea, milk, or other nutriment, from time to time. The effect of such treatment is to soothe the patient. The body is borne up by the water, so that the painful pressure of the raw surfaces on the bed is replaced by comfortable repose. The healing process is facilitated and stimulated, and pyæmia, which proves fatal in many cases where the healing process is prolonged, is averted.

◆

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,
MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

(*Continued.*)

BARRY DU BARRY'S REVALENTA.

This preparation is put up in tins of various sizes. The one examined by us contained barely six ounces, and is retailed at 1s. 1½d. The sample presented a pinkish hue, and had a taste of pea-meal. It contained 57·5 per cent. of starch, and 10·8 per cent. of moisture. When examined microscopically it was found to consist almost entirely of the Arabian lentils with what appeared to be barley flour.

Hardly any food has been more vigorously advertised than Barry du Barry's Revalenta. We have come across the following, which some time since was issued in connection with this preparation :—

"I hereby certify that, having examined Du Barry's Revalenta Arabica, I find it to be a pure vegetable farina, perfectly wholesome, easily digestible, likely to promote a healthy action of the stomach and bowels, and, therefore, to counteract dyspepsia, constipation, and their nervous consequences.

"ANDREW URE, F.R.S., &c."

Besides giving testimonials from the Archdeacon of Ross and others, he gives one apparently from his Holiness the Pope, but in reality from the *Gazetta du Midi*, of July 25, 1866.

Barry says—"No more Pills nor any other Medicine;" "70,000 Cures," &c.; "Perfect Health Restored without Medicine, Inconvenience, or *Expense* by Du Barry's Delicious Health-Restoring Revalenta." The italics are ours : it is really interesting to find that here is a remedy for —— "the thousand natural shocks that flesh is heir to."

"This delicious food is adapted to remove dyspepsia (indigestion), constipation, acidity, cramps, spasms, fits, heart-burn, diarrhœa, dysentery, hæmorrhoidal affections, nervousness, biliousness, affections of the liver and kidneys, flatulency, colic, distension, palpitation of the heart, nervous headache, irritability, deafness, noises in the head and ears, giddiness, pains between the shoulders and in the chest, chronic inflammation and ulceration of the stomach, eruptions on the skin, scurvy, fevers, scrofula, impurities, poverty of blood, incipient consumption, dropsy, diabetes, rheumatism, gout, influenza, grippe, nausea and vomiting during pregnancy, after eating, or at sea, low spirits, spleen, general debility, paralysis, cough, asthma, tightness across the chest, phlegm, inquietude, sleeplessness, tremors, dislike to society, unfitness for study, delusions, loss of memory, vertigo, blood to the head, exhaustion, melancholy, groundless fear, indecision, &c. The best food for invalids generally, as it never turns acid on the weakest stomach, like arrowroot, but imparts a healthy relish for lunch and dinner, and restores the faculty of digestion and nervous and muscular energy to the most enfeebled. Likewise adapted to rear delicate infants with."

We find from a statement issued as far back as 1851, that "Messrs. Du Barry and Co." deny the use of lentils. Thus they say, "The only lentils we ever bought of Mr. Neville was a small quantity shortly after we took out his patent, but the greater portion of them we had to sell for pigs' food, as, upon an analysis, we found the article most undesirable for the use of invalids. This was towards the latter part of last year, since then we have not even seen lentils."

We know nothing of Du Barry and Co.'s preparation in 1851, but certainly, in 1872, it mainly consists of a lentil meal.

Of all the food preparations we have so far examined this is the most worthless, although issued at a most exorbitant price; in fact, the lentil is of food stuffs, one of the most unpalatable, indigestible, and flatulent. Lentils are worth about twopence per pound, and are used on the Continent as a cheap food.

The nitrogenous part of peas, lentils, &c., mainly consists of legumin or vegetable casein, which is even more indigestible than insoluble animal casein.

NEAVE'S FARINACEOUS FOOD.

Manufactured by Josiah R. Neave, Fordingbridge.

Amongst a considerable number of testimonials the two following analyses appear :—

DR. LETHEBY'S Testimonial.

Neave's Farinaceous Food for Infants.

"A sample of this food has been submitted to analysis in my laboratory, and the results are as follows :—

Moisture	4·9
Flesh-forming matter, gluten, &c. . .	13·6
Respiratory food, starch, sugar, gum, &c.	78·0
Saline matter, chiefly phosphates . .	1·2
Cellulose, &c.	2·3
	100·0

"Compared with the best descriptions of wheaten flour, this food is remarkable for the small proportion of moisture and for the large amounts of the three principal constituents,—namely, the flesh-forming matter. This will be evident from the following table:—

	Neave's Food.	Wheaten Flour.
Moisture	4·9 .	. 15·5
Gluten, &c. . . .	13·6 .	. 11·4
Starch, sugar, gum, &c.	78·0 .	. 72·1
Saline matter . . .	1·2 .	. 0·7

"It is manifest, therefore, that this is a nutritious article of diet; and from the circumstance of its containing so large a proportion of nitrogenous and saline matter, it appears well adapted for the sustenance of young children whose growing tissues require a large supply of these constituents. The 2·3 per cent. of cellulose and bran matter contained in it will no doubt increase the peristaltic action of the intestines, and so give to the food a slightly laxative quality.

"Henry Letheby, M.B., &c.,
"Professor of Chemistry in the College of the London Hospital and Medical Officer of Health for the City of London.
"Chemical and Microscopical Laboratory,
"74 Wimpole Street, Cavendish Square, W.,
"June, 1863."

Dr. Hassall's Testimonial.

"The chemical analysis of a sample of Neave's Farinaceous Food recently made by me furnished the following results:—

Moisture	5·77
Nitrogen, 3·07 per cent., equal to gluten	18·98
Fatty matter	2·39
Starch, gum, cellulose, &c.	78·51
Saline matter, chiefly phosphates .	1·35
	100·00

"These results are remarkable in several respects,—as for the small quantity of moisture contained in the article, the large amount of flesh-forming material, of fatty matter, and of phosphates. Further, they demonstrate that this food is of a highly nourishing character, and admirably suited for the sustenance of infants. The microscopical examination confirmed the favourable result of the chemical analysis, and by revealing the presence of a small proportion of branny matter in a state of minute division, tends to show that this food would exert a slightly laxative action often so desirable in children.

"Arthur Hill Hassall, M.D."

Our examination of Neave's Food leads us to the conclusion that it is mainly prepared from wheat. It contains a little more cellular matter than is usually found in foods such as these; but it seems carefully prepared, and a pure article. It will be observed that the sample analysed by us was much more moist than those analysed in the testimonials. If the sample had been drier, it would have brought out the analysis nearer to the testimonials.

It contained:—

Starch	74·5
Gluten	12·3
Ash	1·16
Moisture . . .	8·44
Cellulose, &c. . .	3·6
	100·00

The ash consisted chiefly of phosphate of potassium. This food is retailed in pound tins at 1s.

Registered for Transmission Abroad.

THE
MEDICAL PRESS AND CIRCULAR
is published simultaneously in London, Dublin, and Edinburgh, every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers	£1 2 6
" If Paid in Advance	1 0 0

*** Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20, King William Street, Strand, London, W.C.
A. H. Jacob, Molesworth Hall, Molesworth Street, Dublin.
Maclachlan and Stewart, South Bridge, Edinburgh.

Subscriptions for France are received by Messrs. Bailliere, Publishers to the Academie de Médicine, Paris—post free in advance, £1 6s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers; Baltimore, by Messrs. Kelly and Piet; Philadelphia, by Messrs. Lippincott and Co., and Dr. Butler, post free in advance, £1 6s., about six and a-half dollars; or direct from the offices in this country for the same amount, by the new Post-office Order system.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 26, 1872.

PLUCKING.

At the Universities as well as other examining bodies the great army of the plucked seems to be on the increase, and the subject derives additional interest from the returns of the Court of Examiners of the Royal College of Surgeons of England, which have been a subject of conversation during the past week or more.

It is almost a pity that these returns have not been made more ample and published to the world as authoritative, but this, it is probable, will some day be accomplished, the present report being the commencement of a new system. When this number comes before our readers hundreds of young fellows will be undergoing the ordeal of the matriculation examination at the London University, and a large proportion of these are thinking of following the Profession. As the University has gone on increasing its proportion of rejections, the number of plucked will be considerable, and it is not improbable that many of these will seek admission to the Profession through easier preliminary examinations. This shows a weak point in the University system, which has often given rise to remark. Indeed, a contemporary lately pronounced, with more boldness than accuracy, that the London University was, on this account, altogether "a sham." This is, of course, extreme, but we think there is something to appal young men in the great number of candidates who are plucked, as well as in the many subjects on which they are required to show proficiency.

We are exceedingly anxious that the University should attract the bulk of Medical students, and this will never be the case so long as matriculation is made so much more difficult than at any other examining body. The knowledge that hundreds are at this moment being passed through what is to them a terrible ordeal by no means detracts from the argument, and if the examiners continue to show the severity they have hitherto done they can only drive candidates to the easier portals.

Leaving the preliminary examinations we recur to the professional, and add a few statistics of the recent return of the College of Surgeons.

For the primary, or anatomical and physiological examination at the College during the three years, 1868-9 to 1870-71, there were 1,735 candidates, of whom 1,254 passed, and 481 were rejected ; or, in other words, 1 in every 3·6 of the candidates was rejected. The examination seems to have become more difficult as years go on ; for, while in 1868-69 the proportion of plucked to passed was 1 in 4·9, in 1869-70 it was one in 3·0, and in 1870-71 1 in 3·3.

The proportion of rejections for the three years is as follows :—Guy's, 1 in 3·6 candidates ; St. Bartholomew's, 1 in 4·3 ; University College, 1 in 3·9 ; King's College, 1 in 3·0 ; London, 1 in 2·8 ; St. George's, 1 in 3·8 ; St. Thomas's, 1 in 3·7 ; Charing-cross, 1 in 3·2 ; St. Mary's, 1 in 3·05 ; Middlesex, 1 in 4·7 ; Westminster, 1 in 2·8. Birmingham, Liverpool, and Bristol seem below, and Manchester and Leeds about equal to, the general average of the metropolitan schools, so far as these returns afford a criterion of success.

For the pass or surgical examination there were 1,085 candidates for the three years, with 178 rejections and 907 successes ; or 1 rejected in every 6·1 of the candidates. The proportion of plucks increases again in the three years from one in 7·2 to one in 6·6 and 1 in 5. The rejections at Guy's were 1 in 8 ; at St. Bartholomew's 1 in 5·8 ; at University College, 1 in 6·5 ; at King's College, 1 in 5 ; at St. Mary's, 1 in 5·1 ; at St. George's, 1 in 5·6 ; at St. Thomas's, 1 in 12·9 (the total number of candidates being only 38) ; at Charing Cross, 1 in 2·4 ; at the London, 1 in 4·5 ; at Middlesex, 1 in 7 ; and at Westminster, 1 in 5·2. The plucks in the provincial schools were 1 in 4·1 at Manchester ; 1 in 5 at Birmingham ; and 1 in 4·6 at Leeds. At Newcastle, Liverpool, and Bristol, the numbers were smaller, and the success greater ; at Cambridge 1 candidate was plucked out of 6⅔. There are many lessons to be learned from these statistics, but we have already alluded to the foremost of all.

WORKHOUSE ACCOMMODATION.

AMONG the most unpleasant duties of an editor may be fairly enumerated the perusal of the lengthy reports of the proceedings of boards of guardians that are published by our provincial contemporaries. And yet among these interminable discussions we not unfrequently come upon points of more than local interest. This is well illustrated by the report of a meeting of the West Ward Union which we find in the *Penrith Observer*, at which Mr. Basil Cane, the Poor-law Inspector, was present and gave the guardians some very important information as to what he should report to the Local Government Board unless they took immediate action with a view to provide better accommodation than now exists. From what transpired we gather that there have been continual squabbles for years as to whether it is necessary to build a new workhouse, and, so far as we can judge from the *Penrith Observer's* report, the board are as far off a settlement as ever.

Some very wholesome truths were told by Mr. Cane, who also took the trouble to explain what powers of coercion were possessed and would be exercised by the Local Government Board. He informed them that in the course of his experience he had examined almost every workhouse in the kingdom, that he had examined their workhouse carefully with a view to ascertain its general structure and capabilities, and that he never met with a house so little adapted to the requirements of the union. It was impossible in that workhouse to receive and take proper care of the inmates—it would be far better if they could be boarded out among respectable and decent families at the expense of the union, than that the children should be constantly, by day and by night, contaminated—the boys by associating with the adult men, and the girls with the adult women. It would be far better if the sane paupers were boarded out in cottages, and the lunatics and imbeciles in the county asylum ; but the best of all, as a temporary measure, would be to send them to the Penrith Workhouse. He further told them that he himself had been called upon to advise in cases in which, when there was a refusal to meet the requirements of the Poor-law Acts, the Poor-law Board have exercised their authority so far as to shut up the workhouses altogether. The Poor-law Board could fix a day beyond which they could not admit or retain pauper inmates in the house. In referring to this matter he was not speaking as though this were really to be the case here. He mentioned two workhouses that had been closed by order of the Poor-law Board ; and comparing those houses with the one in which they were assembled, he stated positively that they were superior buildings. That being the case, he intimated that he had made up his mind to recommend the Local Government Board to shut up that workhouse as not only unfit and incapable of affording proper restraint or accommodation for the imbecile and the young, but as calculated, by reason of the present arrangement of the paupers, to exercise a dangerous influence upon the moral and physical welfare of the children—which he was sure none of them would wish to see inflicted upon them both by night and by day. Boards of guardians should, however, be referred to an Act of Parliament passed in the reign of William IV., in which there was a clause giving the Poor-law Board the power to dissolve unions, and attach the different parishes of which they were composed to other unions adjoining. Under that Act it was necessary to obtain the sanction of the union from which the parishes were to be separated, and so that clause became invalid. Since that time, however, section 66 of the 7th and 8th Victoria, c. 101, empowered the Local Government Board to exercise their authority in the shutting up of unions without the interference of the union or unions interested.

Thus this board, if recalcitrant, may easily be brought to book, and we strongly urge the guardians to take their responsibilities into serious consideration, to consider the helpless condition of the paupers, and to adopt those measures which both law and justice demand.

SURGERY OF THE FRANCO-GERMAN WAR.

(*Continued from page* 545.)

V.

Leg.—A sailor received a bullet wound in the right leg on 13th October. The bullet entered from behind, penetrating the middle part of the calf, fracturing the tibia comminutively, and being itself divided into two portions,—one struck and fractured the head of the fibula, the other being lost among the muscles. On admission, an incision over the head of the fibula permitted the extraction of the fragment of the missile and of several pieces of the bone, the second half being removed by means of a free incision over the upper and inner part of the tibia. At first there was great tumefaction of the limb, and for several days considerable fever. The limb was placed in a *gouttiere*, irrigation with cold water applied, bleeding practised to the extent of 300 grammes, infusion of *tilia* and *eau de Pullna* being given for the constipation from which the patient suffered. While the reaction in the limb continued great pain was present, and *phlyctenæ* appeared on the anterior surface. Afterwards abscesses occurred in different parts in the vicinity of the wound, requiring free incisions for the evacuation of their contents. Discharge from the posterior opening was profuse, and not until January did the process of reunion between the fragments of the tibia set in. On 3rd February recovery had so far advanced as to permit of the application of a dextrine bandage, the patient at the same time being removed to a couch. On 18th March he was in a satisfactory state of convalescence.

A naval captain was wounded by a bullet on 24th November. It entered the centre of the right tibia on its anterior aspect, traversed the bone, and escaped posteriorly. Near the anterior wound was a second, produced by a fragment of the broken tibia, which projected as the patient endeavoured to drag himself under shelter after receiving his wound. The fibula was also fractured a little above the seat of injury in the tibia. On being admitted, the hæmorrhage was found to be taking place to such an extent that amputation was contemplated; but this ceasing for the time being, the limb was placed in a *gouttiere*, extension and counter extension employed, lateral splints applied as supports, and irrigation with cold water used continually during six days. The constitutional disturbance was comparatively inconsiderable, the local pain moderate, suppuration was "healthy," and thus matters continued till the 7th December, when hæmorrhage recurred, coming from the anterior opening. On that day a fragment of the tibia, 2 centimetres by ½, was extracted, and for the succeeding three days the progress of the case was in all respects favourable. On the 11th a fragment of the bullet was extracted by the posterior opening, its weight 1 gramme 80. On the 14th another recurrence of hæmorrhage took place, this time from the posterior opening. From the 27th the process of consolidation at the seat of fracture progressed, the anterior wound discharged but very slightly, the posterior one also healing gradually. On 17th January the latter had cicatrised, and it was found that union was complete between the broken portions of the tibia. On the 31st a dextrine bandage was applied. On 2nd February the patient was removed to a couch, and for the first time walked by means of crutches, full convalescence being considered to have set in.

A soldier of the marine artillery was wounded by a shell on 2nd December, 1870. A fragment had caused a large injury of the lower third of the left leg with comminuted fracture of the tibia, but the fibula intact. There being at the time of admission great distortion, extension and counter extension were applied, the limb being then placed in a *gouttiere* and subjected to irrigation during three days. On the 3rd intense febrile reaction set in, and continued till the 6th, with great pain in the wounded limb. On the 7th *typhoid symptoms* appeared with muttering delirium, stupor, epistaxis, gurgling in the iliac fossæ, and involuntary stools, the pulse extremely rapid, this state continuing till the 24th, the state of the wound being satisfactory; but on that date the aspect changed, and the discharge assumed a fetid and infected odour. On the 29th a fragment of the tibia, 3 centimetres by 1, was extracted. Diarrhœa persisting, the patient was treated by sulphate of magnesia, doscordium, sub-nitrate of bismuth, opium, ratanhia, and preparations of quinine. On the 8th and 9th violent attacks of shivering, followed by intense fever, came on; the suppuration in the wound decreased notably. On the 11th there was subsultus tendinum, and on the 12th the patient died.

A naval lieutenant received a rifle bullet in the left leg on 21st December, the projectile entering the lower part of the ham, and lodging. When admitted on the 23rd tumefaction of the part was very great; ecchymosis extended downwards along the leg, there had been copious hæmorrhage from the wound; any attempt to move the limb caused great pain; the patient complained of inability to sleep, but was without fever; he was in a very anxious state, having at the time war was declared been on sick leave, on his return from long service in China. The treatment used consisted of light food, tartarised lemonade, opiates at night, cataplasms and frictions with camphorated oil; but for four days more, namely, till the 29th, the state of the patient continued as described; after the 30th diarrhœa occurred as a complication. On 2nd of January tumefaction at the seat of the wound increased, and a free flow of blood took place from it, the smaller vessels being, it was believed, those whence it came. For the succeeding three days the state of the leg was less favourable; swelling increased greatly, the limb was ecchymosed, the skin distended, the discharge from the wound reddish in colour; an indistinct sensation of suppuration felt by pressure with the finger. The knee-joint was considerably swollen. Deep incisions were made on the 6th, and a large quantity of blood in an offensive and partially decomposed state, evacuated. On the 7th the skin of the foot began to suppurate, and while examining the deep incisions for the extraction of clots so great a flow of blood took place as to require the application of a tourniquet for its suppression. The condition of the patient, however, was desperate. His strength was giving way, the pulse small. He gradually lost consciousness, and died exhausted on the 8th.

A baker of marines was wounded on the 9th of January. A shell struck the oven at which he was at work, and then exploded, his right leg being fractured comminutively by a fragment which struck it internally and partially upon its lower third. On admission there was considerable swelling of the neighbouring part, but with inconsiderable pain, and without constitutional fever. The limb was placed in a *gouttiere*, immobilised, and submitted during eight days to cold irrigation. On the 14th of the month severe pains came on with great local heat, but without general fever. On the 15th and 16th there was increased swelling of the limb, sleeplessness; and the surface of the wound had assumed a greyish hue. The patient was sleepless. On the 22nd a large collection of pus was found to exist in the calf of the leg; on pressure it escaped through the wound, and was then found to have an infected odour. The patient continued in much the same state till 9th February, suffering from daily accessions of fever, extensive suppuration, the pus being at times muco-purulent. After that date an improvement set in, the aspect of the wound improved, strength began to return, the pyrexia less marked, the appetite to return, and although there was still redness of the limb, the fragments of the fractured part were in good apposition, the spirits of the patient good. When the last report on his case was made at the end of February, the patient was advancing in convalescence.

◆

Notes on Current Topics.

China Clay and Lung Disease.

Dr. Buchanan's report "On certain sizing processes used in the cotton manufacture at Todmorden, and on their influence upon Health," has been presented to Parliament. On the 20th July, 1871, a memorial on the subject was addressed to the Privy Council, signed by about 1,650 weavers of the district of Todmorden, in the counties of Lancaster and York.

In the course of a lengthened report, Dr. Buchanan says that the Todmorden death-rates of the last few years as compared with those ten years ago, from lung disease and consumption, show only one important change, and that consists in a considerable increase, of such mortality among people over 55 years old.

Examining the mortality registered as from lung diseases separately from that registered as consumption, there would appear to be great and growing excess of "lung diseases" in Todmorden; while there has been a lower death-rate from "consumption" there than in England, and this death-rate is less now than formerly. However, experience has shown that in an instance like the present it is unsafe to draw inferences from the death returns, in regard to the prevalence of the one class of diseases apart from the other, as the appearance of disease in the death register under the one or the other class may be more a question of nomenclature than of facts.

All the Medical men in Todmorden, agree that lung diseases are greatly prevalent there, and that the circumstances of employment in the cotton manufacture conduce to such diseases. There is a general agreement, too, that cotton workers with a family tendency to consumption have that tendency developed, and that those who without such tendency continue to work in mills up to 40 or 50 years of age very commonly break down with lung disease. It is also agreed that they suffer much, and more than other people, from dyspepsia. But here the general agreement ends. On the whole, Medical opinion inclines to there being more ill effect on the lungs of weavers now than formerly, and to the weavers approaching now more than formerly, to carders in their liability to chest complaints.

Dr. Buchanan concludes his report, with the opinion that "unless in the practice of sizing, or in other ways important changes occur, it is to be expected that the already excessive and increased mortality will still further increase; for the dust diseases are slow in their nature, and the heavy sizing processes that are giving rise to them have not yet had time to produce their full effect."

Surgical Treatment of Aneurism.

The lectures of Mr. Holmes before the Royal College of Surgeons of England were devoted to this subject. The main propositions sustained by the accomplished lecturer were as follows:—

1. Aneurisms, of whatever form or however near the heart they may be, ought not to be regarded as incurable, but should be made the objects of definite methodical treatment, internal or external.

2. There is definite proof, from pathological anatomy and from surgical experience, of the curative influence of Brasdor's operation in innominate aneurism, and of its beneficial effects in some cases of aortic aneurism.

3. Arteries may be successfully tied and obliterated without their continuity being interrupted; and this modification of the ligature, whilst affording much security against secondary hæmorrhage, and thus much diminishing the danger of the operation in general, may very probably in future enable surgeons to deal successfully with cases in which it may be necessary to tie the first part of the subclavian (whether on the distal or the proximal side of an aneurism) or the innominate artery.

4. Galvano-puncture may be used with, at any rate, temporary benefit in thoracic aneurism; its use is not so dangerous as to render further trials of it inexpedient; and there is good hope that the method may be so far perfected as to make it a safe and regular plan for the treatment of thoracic, subclavian, and other forms of aneurism.

5. Many cases, such as those in which ligature of the artery near to the heart has been resorted to for the cure of subclavian and subclavio-axillary aneurism, may be made amenable to improved methods of pressure.

6. Aneurismal tumours situated even as high as the lower part of the abdominal aorta, those of the mesenteric and other branches of the aorta, and of the iliac arteries, may be treated with success by rapid coagulation of blood under pressure; but this method is a dangerous one, and should not be used until internal treatment had failed.

7. There are cases of abdominal aneurism in which Mr. Syme's suggestion of reviving the old operation is worthy of further trial.

Alcohol.

Commenting on Dr. Wilks's recent paper, the Editor of *Medical Cosmos* says:—"We have repeatedly verified both the safety and value of withdrawing alcoholic drinks in delirium tremens and other neuroses engendered by their excessive use, and substituting therefor other agents more directly antagonistic to the abnormal condition, according to the special indications. Even in complications with wounds they may be suddenly withdrawn not only without detriment but with benefit. Thus, in a case of cut-throat from *mania-à-potu* they were discontinued with manifest advantage, as the general condition immediately improved, the wound healed rapidly, and the patient soon recovered under a soothing, supporting and invigorating treatment."

Microscopical Examination of Tissues.

At the present time it will be interesting to many of our readers to notice the tenour of a communication to the Biological and Microscopical Section of the Academy of Natural Sciences of Philadelphia, upon "The Preparation and Preservation of Tissues," by Dr. J. Gibbons Hunt, who has of late quite discarded the use of glycerine, and the terebinthinate media, for mounting such objects, in favour of watery solutions of low specific gravity. As evidencing the superiority of aqueous fluids, he exhibited to the society a specimen of Aspergillus which he maintained could only be seen as thus prepared; no gradual condensation of a heavier liquid, such as glycerine or balsam, being sufficient to answer the purpose. Dr. Hunt stated that any extremely delicate cell-walls are most clearly visible when mapped out by carmine or aniline solution, and this staining, if done with care, may be accomplished without any other alteration of the tissue whatsoever. The green portion of plants cannot be satisfactorily preserved in alcoholic liquids, because spirit of wine dissolves chlorophyll, but the verdant hue may be admirably imitated by staining with a solution of indigo aniline, to which a few drops of tincture of picric acid have been added. The speaker here exhibited a specimen of Sphagnum from Washington, mounted in balsam, which he said showed almost nothing, whilst a similar preparation mounted in a watery solution displayed every detail of its structure. In regard to animal tissues, Dr. Hunt observed that epithelial cells and sections of mucous membrane can hardly be seen at all when mounted in balsam, but when preserved in an aqueous fluid of low specific gravity, show to great advantage; and mentioned further, in reference to staining animal structure, that he had found that a neutral solution of carmine, prepared according to the formula of Rollett, enabled us to display, in muscle for example, not only nuclei but also well-defined cell-walls.

Nursing as a Profession.

Mr. Hinton, of Guy's Hospital, has reprinted a little book from "Thoughts on Health," in which he recommends many of the ladies who at present are turning their attention to the study of medicine, to think rather of becoming skilled nurses. He thinks, indeed, that in many cases the fee for such nurses might become quite equal to that of Medical men, and is not afraid to name a sum of three guineas a day. But we would submit that medicine is a science and nursing more or less of an art and that ladies might study both.

University of Oxford.

The honorary degree of Doctor of Civil Law has been conferred on Dr. George Burrows, of Caius College, Cambridge, F.R.S., President of the Royal College of Physicians of London, and some time President of the General Medical Council; Samuel David Goss, M.D, LL.D, Professor of Surgery in the Jeaffreson Medical College, Philadelphia; and on Sir Benjamin Collins Brodie, Bart., M.A., F.R.S., some time Waynflete Professor of Chemistry at Oxford.

Treatment of Syphilis in Vienna.

It seems, according to Dr. Henry, *Boston Med. and Surg. Journal*, May 9th, that in Vienna there are nearly a dozen wards in the large hospital dedicated to syphilis. Dr. Henry insists on great cleanliness in the treatment of the disease, conjoined with absence of tobacco smoking; warm fomentations are preferable to bran poultices, which may act as the bearers of contagion in syphilitic wards. After the patient suffering from syphilis has passed through a systematic system of treatment, a resort to the mineral-springs or sea-baths will undoubtedly prove beneficial in restoring the general health. The indications for their use will of course be manifest to the physician. There is no mineral water which is really a specific for syphilis. The customary sponge is a very doubtful, not to say really dangerous cleansing article; especially when diseases are of a contagious nature, the sponge should never be tolerated in a hospital.

Ophthalmic Medicine.

In the *Presse Med. Belge.*, June 2, Dr. De Smet continues his remarks on the patients in the wards of M. Thiry, of Brussels. In blepharitis the inflammation may attack simultaneously or successively the skin, with the hair bulbs, and the ciliary glands, or on the posterior border of the lids the meibomian glands. In the first case he may have furfuraceous blepharitis, but most commonly the ciliary glands are attacked, for although the palpebral border may sometimes be attacked in its entirety, it is not the less true that in the majority of cases it is the ciliary glands which at first are the seat of inflammation, which extend soon to the merbomian glands and neighbouring structures. The ciliary border is then red, injected, and showing turgescent vessels; the part of the derma which supports the lashes is a little swollen, and its surface covered either simply by epidermic lamellæ, or by little crusts, the eyelash is at first unaltered, but gradually becomes thin, brittle, and altered in direction. The secretion of the meibomian follicles augments at first, becomes mingled with that of the ciliary glands and contributes to form these crusts, which, especially in dirty patients, are noticed in the whole extent of the ciliary border. The orifices of the meibomian follicles become closed and the inflammation extends to the conjunctiva. Then may supervene hypertrophy of the lid; at first localised in the hair follicles, and then causing the production of epithelial elements. The lashes are full and are not reproduced, and the conjunctiva in its turn participates in the hypertrophy and its consequences the turning out of the ciliary border of the lid called ectropion. The causes of this disease are filth, over-work, lymphatic constitution, scrofula, and herpetism.

Hereditary Drunkenness.

It is observed by Dr. Dodge, of the New York State Inebriate Asylum, in his last report that a peculiar feature in connection with one class of inebriates is an alcoholic diathesis, or hereditary predisposition to drunkenness. "This is not only evident, but well marked in a goodly number of patients admitted to this asylum. The statistics show a large percentage who have intemperate, or who have had intemperate parents or ancestors. I find, by referring to the record, that out of 379, the whole number admitted during the past twenty months, 189 have inherited the disease from intemperate parents or ancestors, and these men are nearly all periodical drinkers. It is a well-established fact, that of those who inherit the predisposition to alcoholism, by far the largest proportion lead a miserable existence, and few escape being afflicted with disease or physical deformity, and frequently with both combined in one; and it is a notorious fact that of all the crimes committed, seventy-five per cent. is chargeable to intemperance alone. It furnishes a large majority of subjects for our poor-houses, insane asylums, workhouses, penitentiaries, and prisons. What is equally as well known to Medical men, is the pathological fact or facts that intemperance is a frequent cause of scrofula, and may be held responsible for more than fifty per cent. of all the cases of idiocy and insanity; and when we add to disease and dementia, that intemperance is the father of all crime, how necessary, how imperative, that the State should come to the relief of the public by providing suitable asylums for the inebriate, where he may resort for cure and reformation, thus lessening the temptation to inebriety and decreasing the number of its victims.

Changes in the Harvard University School.

The "revolution" in the Harvard Medical school is said by the *Philadelphia Medical Reporter*, to embrace the following features:—Instruction is given by lectures, recitations, clinical teaching, and practical exercises, uniformly distributed throughout the academic year; and the student is expected to attend throughout the year just as he does in the college or the schools of theology, law, and science. Secondly, the course of instruction fills three years, beginning with the fundamental subjects of anatomy, physiology, and chemistry, in the first year, and carrying the student progressively and systematically from one subject to another, until at the end of his third year he will have studied all the recognised subjects of a good Medical education. Thirdly, in anatomy, physiology, chemistry, and pathological anatomy, laboratory work is substituted for, or added to, the usual diadactic lectures. Every student has his place and time in the anatomical and chemical laboratories, and in the microscope room; and he is made to feel that such work is quite as much required of him as attendance at recitations and lectures. Lastly, every candidate for a degree must pass a satisfactory examination in every one of the main subjects of Medical instruction; and these examinations are, in part at least, by questions and answers upon paper, so that the governing Boards of the University and the Profession at large may hereafter know what the standard for the degree really is.

Three Cases of Bronchocele.

Dr. Warren Greene gives the details of three cases of bronchocele in which he was compelled to have recourse to extirpation to save life; all of these proved successful. The first case was published in the *New York Medical Record* in 1866, and occurred in a German lady who had suffered from goïtre for twenty-six years. Terrible spasms of dyspnœa occurred occasionally from pressure. She was unable to sleep long at a time for fear of being suffocated. She suffered also much from pains in the head, and from vertigo. Assisted by Dr. Storer Paddock and many students, Dr. Greene had the patient laid as if for the purpose of tying the artery, and made one incision from the inferior jaw as far as the clavicle. The external jugular vein was not wounded. The sterno-mastoid muscle was divided on the sound, and the cellular tissue by the handle of the knife. Whilst dividing with the knife, the thin membrane investing the tumour, various veins were wounded, and the hæmorrhage was profuse, but was arrested by the finger of the assistant. It was found that the entire tumour was covered by a network of vessels, so tender and thin in their walls that no ligature could be applied. The operator separated rapidly the cellular attachments, in a few seconds arrived at the peduncle which was found to contain three large arteries clearly enough pulsating, and which guided him in dividing the peduncle into three parts, which he then immediately tied. Having cut the peduncle close to the goïtre he removed the tumour. During its dissection out, he found the tumour in one point firmly adhering to the sheath of the vessels, and whilst he was separating the one from the other, the deep jugular vein was injured. This was tied. The operation lasted twenty-two minutes, the ligatures came away on the twenty-sixth day, and the patient did well. This also happened to the two other patients, in spite of which so serious is the operation that Dr. Greene says he hopes he never may have another similar to perform.

Irish Coroners and the County Officers Bill.

The County Officers (Ireland) Bill proposes to deal with county coroners, secretaries of Grand Juries, county surveyors, and their deputies.

With regard to coroners, it recognises the principle advocated by Dr. Hayes, of Naas, on the part of the coroners of Ireland, before the Select Committee of the House of Commons, that of payment by salaries, instead of fees and mileage. The Grand Juries are to fix the salaries on the average amount of money presented for each coroner for the last five years. When this is done, a presentment is to be made at each spring assizes, and paid in one sum at the ensuing summer assizes.

The coroners of Ireland were entitled to hope that the salary would have been fixed at £100 a year, and that on arriving at a certain age superannuation would be granted them; but this Bill, while it permits the salaries of deputy-surveyors to be increased to £120 a year, and grants them retiring allowances, refuses the reasonable demands of the coroners, both as to the amount of salary and superannuation.

The Irish Coroners' Committee has been in communication with Lord Hartington, and we are in hopes when the Bill arrives in Committee, that Government may be induced to do justice to those officers, more especially as they propose to limit the appointment in future to physicians and surgeons, lawyers and solicitors.

From this it would appear that the Government were anxious to elevate the status of the office, but surely unless they increase the salary no respectable or independent member of either Profession will be found to undergo the turmoil and expense of a contested election, for the old and objectionable system of appointment by the Parliamentary voters of the country is to be continued, whilst the property qualification is to be abolished. Doubtless there are some good and useful changes proposed, but the appointment to this ancient office should be placed in the hands of the Government, or in the Court of Queen's Bench. The present mode is often attended with great expense, much more than the emoluments of the office are worth, whilst men are chosen more from political or religious motives than their fitness for the office.

Dr. Hughes Bennett, Professor of the Institutes of Medicine in the University of Edinburgh, has returned from Italy and the South of France so far reinstated in health as to commence his clinical course in the Royal Infirmary.

The Royal College of Physicians of London.

At the last Comitia a petition from the Medical Board of Trinidad, accompanied by an explanatory note from the Governor of the island, was presented, praying the College to institute a special examination, to be held by means of sealed papers in Trinidad, for the granting of an English qualification or degree to those gentlemen in Trinidad who may wish to be admitted members of the Medical Board of that island. At present only members of the Medical Board can recover fees for Medical services. The Board is anxious to admit to registration as members many practitioners who are now or may in future become residents in the island, and are possessed of foreign degrees only; but they do not see their way to allow the mere possession of a foreign degree as sufficient to entitle the holder to membership of the Medical Board; in many cases such degrees are worthless, especially those of American origin. If the residents in Trinidad were able to obtain an English licence by examination the difficulty might be got over, say the petitioners.

Dr. G. Milroy, who has returned from his mission, stated that he had held personal communication on the subject with the Medical men of Trinidad, and urged the College to take into consideration the petition submitted to them. There were many excellent and distinguished men holding good qualifications in the island, upon whom the existing regulations pressed unfairly.

The petition was referred to the Council for its consideration and report.

An application was made from the University of Bishop's College, Montreal, for recognition as a Medical school, but it was agreed that the university should be informed that, in anticipation of the formation of a Conjoint Board, the College thought it undesirable to add at present to the existing list of schools already recognised by the College.

A report from the Council was then presented. It stated in the first place that the Council recommended that to the application of the Dalhousie College for recognition, a reply be sent similar in terms to that stated above as regards the University of Bishop's College. Secondly, the Council reported that Dr. Pitman had undertaken to prepare an abstract of the proceedings of the College to be furnished to the Medical journals, with a view of carrying out the wishes of the College in regard to the fuller publication of its proceedings from time to time. The Council remarked that they could not accede to this offer on the Registrar's part without calling attention to the serious additions made to the labours of the Registrar since his appointment to that office, and to the fact that these extra duties were unrequited.

Dr. Quain gave notice of a motion in reference to the Conjoint Scheme, as follows:—"That it is desirable that the recommendations of the Conjoint Examination Committee, laid on the table at the last meeting of the College, should be submitted to the Fellows for consideration, and for approval or otherwise, prior to their being transmitted to the Committee of Reference now about to be constituted."

Dr. C. J. B. Williams was unanimously elected a councillor in the room of Dr. Bence Jones, who resigned on the score of ill health.

We understand that, in accordance with a recent resolution of the College, an abstract of the proceedings of each meeting will, on the day following such meeting, be suspended in the College Hall. Members, therefore, who are interested in any meeting that has taken place, will be able to satisfy themselves as to the result, without waiting for the information in the Medical journals.

Syphilis Corpuscles.

We last week had the pleasure of giving our readers a full account of Lostorfer's corpuscles from the pen of Dr. Bronson, of New York, a gentleman who has studied the subject at Vienna.

Dr. Bronson has given a faithful sketch, to which we draw attention as the first published in this country by an actual observer. He has been a long time in Vienna, and is now on a visit to London, and at once kindly furnished us with a communication at our request. This journal has also given several translations in reference to this subject.

Courts Medical.

We beg to draw attention to a letter on this subject which appears in another column. We so often dissent from the views of Dr. Drysdale on other topics, that we have much pleasure in supporting him on this. In making this remark, however, we feel bound to add that in reference to the contagious diseases and other points on which Dr. Drysdale may differ from us and others, he has the merit of asserting his opinions in language which is never offensive to his opponents, and it is for this reason chiefly that we have so frequently been willing to publish his letters. We have no sympathy at all with those journalists who either burke unpopular topics, or try to bully writers on them.

It is said that yellow fever still prevails at Pernambuco.

Cases of sunstroke have occurred in Paris, and one or two are reported in our own country.

The death is announced of Sir Michael Cox, the eleventh baronet. He was a Doctor in Medicine.

It is stated that there is a considerable decline in the number of admissions to the Small-pox hospitals.

We regret to hear that ill-health has induced Dr. Nunneley to retire from St. Mary's Hospital.

Sir James Clark, son of the late physician to Her Majesty, is one of the Liberal candidates for the representation of Aberdeen city.

The allotment of the "Hospital Sunday" Fund at Manchester has taken place. The Royal Infirmary has received £2,800; St. Mary's Hospital, £593.

Dr. Paget, Regius Professor of Physic, and Dr. Humphry, Professor of Anatomy, have been elected to represent the University of Cambridge in the Conjoint Board.

An examination of candidates for appointments as Assistant-Surgeons in the Royal Navy will be held in London in August next.

THE mortality in London and twenty other large towns last week was at the rate of twenty-two deaths annually to every 1,000 of the population.

THE Bastardy Laws Amendment Bill has been read a second time, and the committee is fixed for the 12th of July.

THE post of Secretary to the Royal Society is about to become vacant by the resignation of Dr. Sharpey, M.D., LL.D. Dr. Sharpey has held the office since 1854.

A MEETING of the general committee of the International Ophthalmological Congress will be held in London on the 2nd proximo, in the rooms of the Royal Medico-Chirurgical Society.

WE hear that Dr. Sabben is a candidate for the lectureship on Mental Diseases at the Middlesex Hospital. His long experience in asylum practice and high scientific training make him an unusually eligible candidate.

MR. SAMPSON GAMGEE, whose efforts as Chairman of the Working Men's Fund for the Queen's Hospital are familiar to our readers, was last week presented with a testimonial.

THE Waynflete Professorship of Chemistry at the University of Oxford has been conferred on Professor William Odling, M.B., F.R.S., late Fullerian Professor at the Royal Institution.

MR. EDWIN RAY LANKESTER, B.A., has been elected to a Natural Science Fellowship at Exeter College, Oxford. Mr. Lankester had obtained, in 1869, the Burdett-Coutts Scholarship, and in 1870 the Radcliffe Travelling Fellowship.

H.R.H. THE PRINCESS OF WALES has signified her intention of laying the first stone of the new building in connexion with the Children's Hospital, Great Ormond Street. The Prince of Wales is expected to accompany the Princess on the occasion.

THE Governor-General of India has ruled that a commissioned Medical officer in the army, holding a civil Medical appointment, is subject to the rules applicable to other military officers in civil employ, in respect to privilege and other matters.

MR. WAGSTAFFE tied the common carotid artery at St. Thomas's Hospital last week in a man who suddenly lost a large quantity of arterial blood five days after his upper jaw had been removed for a tumour affecting it. Mr. Wagstaffe used the catgut ligature, and cut the ends short, leaving them in the wound.

WE hail with the greatest satisfaction the statement, which we trust may prove accurate, that the Committee on Dr. Dalrymple's Habitual Drunkards Bill have decided with unanimity in favour of inebriate reformatories. It is now some years since the MEDICAL PRESS devoted its most earnest advocacy to that proposal, and while we then, as now, thoroughly appreciated the caution which should be exercised in such a matter, we expressed our opinion that humanity and public polity alike required that the alcoholic lunatic should receive from the State the same protection from himself and for the public which is provided for others of the dangerously insane class. We do not venture to hope for any speedy action by Parliament, but if Dr. Dalrymple has obtained for the principle of inebriate asylums the approval of a Committee of the House of Commons, he has achieved a solid triumph which might well be envied by some of his Medical colleagues in the House.

THE New Sydenham Society having purchased of the executors of the late Dr. Mayne the copyright in the Lexicon of Scientific Terms, is about to prepare a new and emended edition, and invites the co-operation of its Members and of the Profession generally in the undertaking. An editorial sub-committee has been appointed, which will be glad to receive items of information, suggestions, &c., on all subjects connected with the work. Lists of scientific words not found in the last edition of the Lexicon, corrections of errors as to derivation or definition of words, and new definitions, will be specially acceptable. The Council also wishes to appoint for that purpose a small staff of editors. A sound classical, scientific, and Medical knowledge is indispensable. Gentlemen desirous of being appointed to the work are requested to state whether they have been engaged in any similar undertaking, and also whether they are familiar with the contents of Dr. Mayne's book.

◆

Literature.

THROAT HOSPITAL PHARMACOPŒIA (a).

THE hospital of which the present is the official publication has now been established nearly ten years, and has overcome many of the difficulties of new institutions. In fact, the hospital is well attended by numerous patients, possesses special facilities for the treatment of cases, and attracts Medical visitors from all parts.

The pharmacopœia may be supposed to furnish a kind of key to the practice of the hospital, and yet it cannot possibly fairly represent the practice to those who have not seen it. At the same time it naturally contains a considerable number of formulæ by no means special, for no one would expect the physicians of the hospital to confine themselves to special treatment. The book is divided into two parts—1. Materia Medica ; 2. Formulæ. Passing over the former we cannot, even in the latter, do more than specify some of the classes, and extract some of the prescriptions. To review a book of this sort is, manifestly, not to be expected, and we think the general reader will be best satisfied with a mention of some of the formulæ that have been found most useful by the staff of the hospital.

Gargles are not recommended by the editor when the disease is behind the anterior pillars of the fauces, or where movement of those parts is painful. There are, however, nearly twenty forms given for gargles, which are classified as astringent, disinfectant, soothing, and stimulating.

(a) "The Pharmacopœia of the Hospital for Diseases of the Throat." Edited by Morell Mackenzie, M.D. London : J. Churchill and Sons. 1872.

Lozenges also are divided into the same classes and seem to be more in favour than gargles. They are made with fruit paste, and are, therefore, not so hard as common lozenges, but dissolve passively in the mouth. This is a great recommendation.

We naturally look, in a book like this, to inhalations, especially as the hospital has fitted up a complete inhaling room. In this class the forms are very numerous, and as they are of much interest to all practitioners, we propose to quote some of the formulæ given, as they come before us with considerable authority, and give proof of the care with which this volume has been edited.

INHALATIONS.

Inhalations as prescribed at this Hospital are of five kinds:

1. Steam Inhalations—*i.e.* steam impregnated with volatile matter. Temperature 130° F. to 150° F.
2. Cold Inhalations. Temperature 50° F. to 60° F.
3. Dry Inhalations—*i.e.* volatile matters vaporised by heat.
4. Atomised Inhalations—*i.e.* inhalations of atomised fluids.
5. Fumigating Inhalations—*i.e.* inhalation of smoke on ignition of nitrated papers.

STEAM INHALATIONS.

For steam inhalations the Eclectic inhaler, invented by the Editor, is recommended as most effectually combining the chief requisites of an efficient inhaler.

A description and engraving of this inhaler have previously been published in our pages, and we need not therefore, dwell upon its excellencies.

SEDATIVE AND RESOLVENT STEAM INHALATIONS

Are chiefly recommended in acute Pharyngeal or Laryngeal catarrhs. Here are examples :—

VAPOR ACIDI ACETICI.

Take of
Acetic Acid, B.P.
Acetic Acid (glacial), each 1½ fl. oz.
Mix.

A teaspoonful in a pint of water at 140° F. for each inhalation.

VAPOR ÆTHERIS ACETICI.

Take of
Acetic Æther, Rectified Spirits of Wine . each 1½ fl. ounce.
Mix.

A teaspoonful in a pint of water at 140° F. for each inhalation.

VAPOR ALDEHYD.

Take of
Aldehyde . . 2 fluid drachms.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR ANISI.

Take of
Oil of Aniseed 20 minims.
Light Carbonate of Magnesia 10 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR BENZIONI.

Take of
Compound Tincture of Benzoin 1 fluid drachm.
Water at 150° F. 20 fluid ounces.
Mix.

VAPOR CONII.

Take of
Extract of Conium . 20 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful to be added, with 5 grains of Carbonate of Soda, to a pint of water at 150° F. for each inhalation.

VAPOR LUPULI.

Take of
Oil of Hops . . 20 minims.
Light Carbonate of Magnesia 10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

Note.—This inhalation will be found a great improvement on the inhalation derived by macerating hops in hot water. The bulk of the hops renders this old inhalation inconvenient, and it is most uncertain in its effect, according to the quality and age of the hops.

VAPOR SANTALI.

Take of
Oil of Santal 20 minims
Light Carbonate of Magnesia 10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

STIMULATING STEAM INHALATIONS.

VAPOR ABIETIS PECTINATÆ.

Take of
Oil of European Silver Fir 2 fluid drachms.
Light Carbonate of Magnesia 60 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CAJUPUTI.

Take of
Oil of Cajuput 30 minims
Light Carbonate of Magnesia 15 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CALAMI AROMATICI.

Take of
Oil of Calamus Aromaticus 16 ms.
Light Carbonate of Magnesia 8 grs.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CAMPHORÆ.

Take of
Spirits of Camphor 6 fl. drachms.
Rectified Spirits of Wine 9 fl. drs.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

Note.—As previously stated, Camphor in the proportion of 20 grains in three ounces, will be found a useful additional stimulant to any of the other inhalations.

VAPOR CARUI.

Take of
Oil of Caraway . 20 minims.
Light Carbonate of Magnesia 10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CARYOPHYLLI.

Take of
Oil of Cloves 30 minims.
Light Carbonate of Magnesia
15 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CASSIÆ.

Take of
Oil of Cassia 20 minims.
Light Carbonate of Magnesia
10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CINNAMOMI.

Take of
Oil of Cinnamom 20 minims.
Light Carbonate of Magnesia
10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CREASOTI.

Take of
Beechwood Creasote . 3 fl. drs.
Glycerine . . 3 fluid drachms.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR CUBEBÆ.

Take of
Oil of Cubebs 2 fluid drachms.
Light Carbonate of Magnesia
60 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F. Useful in laryngorrhœa.

VAPOR CUBEBÆ C LIMONE.

Take of
Oil of Cubebs 1½ fluid drachm.
Oil of Lemon ½ „ „
Light Carbonate of Magnesia
60 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

The Oil of Lemons is useful to mask the disagreeable odour of the Cubebs.

VAPOR JUNIPERI ANGLICI.

Take of
English Oil of Juniper . 1 fl. dr.
Light Carbonate of Magnesia
30 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR MYRTI.

Take of
Oil of Myrtle 20 minims.
Light Carbonate of Magnesia
10 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR ORIGANI.

Take of
The Oil of Origanum 15 minims.
Light Carbonate of Magnesia
7 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR PINI SYLVESTRIS.

Take of
Oil of Scotch Pine (Fir-wood oil)
2 fluid drachms.
Light Carbonate of Magnesia
60 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

A mild but useful stimulant in chronic laryngitis.

VAPOR PUMELII.

Take of
Oil of Pumelio 1½ fluid drachms.
Light Carbonate of Magnesia
45 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR SALVIÆ.

Take of
Oil of Sage 30 minims.
Light Carbonate of Magnesia
15 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR SASSAFRAS.

Take of
Oil of Sassafras 30 minims.
Light Carbonate of Magnesia
15 grains.
Water . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

VAPOR THYMOLIS.

Take of
Hydrate of Thymol 20 grs.
Rectified Spirits of Wine 3 fl. drs.
Light Carbonate of Magnesia
10 grains.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation, temperature 150° F.

Note.—Thymol, like Camphor, will be found a most useful addition to many of the essential oil inhalations.

2. COLD INHALATIONS.

Temperature 50° to 60° F.

For these inhalations the Eclectic* Inhaler answers equally as well as for steam inhalations.

VAPOR ACIDI HYDROCYANICI.

Take of
Dilute Hydrocyanic Acid (B.P.)
2 fluid drachms.
Water . . . to 3 fluid ounces.
Mix.

A teaspoonful for each inhalation in a pint of water.

Sedative.—Very useful in the cough of laryngeal phthisis, and in some spasmodic affections.

VAPOR ACIDI CARBOLICI.

Take of
Carbolic Acid 60 grains.
Water . . . 1 fluid ounce.
Mix, and add to a pint of water
for each inhalation.

Disinfectant and stimulant.

VAPOR ACIDI SULPHUROSI.

Take of
Sulphurous Acid 1 fluid drachm.
Water, 20 fluid ounces for each
inhalation.

The temperature of this inhalation may vary from 60° F. to 140° F.

Note.—The use of this remedy has been very much over-estimated, both by the public and the Profession.

VAPOR ÆTHERIS.

Take of
Æther . .
Rectified Spirits . each 1½ fl. oz.
A teaspoonful for each inhalation in a pint of water.
Sedative and anti-spasmodic.

VAPOR AMMONIÆ.

Take of
Sesquicarbonate of Ammonia
(Volcanic) 50 grains.
Water at 60° F. 20 fl. ozs.
Dissolve and inhale.
Stimulant.

Note.—The strong salts of Ammonia, as smelling salts, are very useful in cases of obstinate sneezing, as in hay-fever, influenza, &c. The patient should be directed to smell the salts *directly a disposition* to sneeze is felt.

VAPOR AMYL NITRITIS.

Take of
Nitrite of Amyle 24 mms.
Rectified Spirits of Wine to 3 fl. ozs.
A teaspoonful for each inhalation.
Anti-spasmodic.
Very useful in some cases of asthma.

Note.—This inhalation may be used with hot water. It has also been recommended as a dry inhalation, but in this form it is likely to produce *giddiness*, &c.

VAPOR CHLORI, B.P.

Stimulant.
Useful in functional aphonia; also disinfectant.

VAPOR CHLOROFORMI.

Take of
Chloroform, Proof Spirits of Wine,
each . . . . 1½ fluid ounce.
Mix.

A teaspoonful to be added to a pint of water at the desired temperature (from 60° F. to 100° F.) and an additional teaspoonful to be added every five minutes during the time that the inhalation is used. Not more than three teaspoonfuls to be used on any single occasion.

3. DRY INHALATIONS.

Dry hot inhalations are difficult of administration without a very complicated apparatus, as it is almost impossible to raise the temperature in any small inhaler to a sufficient height.

Volatile substances may, however, be vaporised and the air somewhat warmed, by inserting a tin cylindrical case (open at the top) into the vase of the Eclectic Inhaler, into which about six ounces of boiling water have been placed. The substance to be inhaled is then placed in the bottom of the tin vessel, the spirit lamp is lighted and the lid of the inhaler fixed. The patient is then directed to inhale as in steam or cold inhalations.

Any of the essential oils, camphor or thymol, may be used as dry inhalations.

VAPOR IODI.

Take of
Tincture of Iodine . 5 minims.
The fumes to be inhaled, and, if necessary, repeated twice or thrice on each occasion of inhaling.

Stimulant.—Useful where pus is formed in large quantities. Sometimes restores the voice in functional aphonia. It is also recommended in some forms of hay-asthma.

Heartburn.

A WRITER in the *Pharm. Jour. and Trans.* claims that heartburn is produced by butyric acid, fermentation of food in the stomach. This fermentation will be stopped by the bisulphites and proposes a bisulphite of magnesia as a remedy; magnesia having no injurious effect on the stomach as lime, soda, and potash have.

Correspondence.

SHAM DEGREES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The active and useful work which has recently been done by the MEDICAL PRESS AND CIRCULAR in exposing the vendors of sham degrees, induces me to ask whether some active steps should not now be taken to expose those who have purchased and continue to use these degrees for the purpose of deluding the sick and obtaining money under false pretences.

The "Metropolitan Medical College of New York," the "Philadelphia University of Medicine and Surgery," and other aliases under which certain scoundrels have traded in the sale of sham diplomas, have been sufficiently exposed in your columns; but it is not, I fancy, known that the Medical Register and the Medical Directories contain several names to which these degrees are attached. For instance, there is one person known to myself who is registered as an "M.D. of the Metropolitan Medical College of New York." Diploma conveniently dated Jan, 20, 1858, a few months anterior to the date of the Medical Act.

In reference to this individual, the following is a copy of letter which I received from the Medical Registrar under date of March 2, 1871:—

"Dear Sir,—In reply to your inquiry, I have to inform you that, shortly after the passing of the Medical Act, two or three persons who had submitted to the Medical Council proof, which there was then no reason to discredit, that they had been regularly examined at the Metropolitan College of New York for their diplomas, and that they had been practising as physicians in the United Kingdom before the Act passed, were allowed by the Council to be entered in the Medical Register. Amongst them was this Dr. —. It was not until the year 1861 that it was discovered that some diplomas, purporting to have been granted at New York by the above named College, were found to have been sold in this country. Of two such diplomas the dates were proved to have been forged, and the holders of them were erased from the Register. But no grounds have been adduced for erasing the names of others. However, since 1861 no diploma of this College has been registered, and I believe it no longer exists.

"I am yours faithfully,

"FRAS. HAWKINS, M.D.,

"Dr. Edmunds. "Registrar."

I conclude that the Medical Council does not act unless set in motion by some one with reference to a name once admitted to the Register; but after the recent revelations you will probably think it right to publish Dr. Hawkins' letter, and I am sure that you will give any persons holding these "degrees" a fair hearing for explanation as to their association with those notorious forgers of Medical diplomas.

Considering the large revenues which go out of the pockets of Medical men to support the Medical Council, it is very hard if there be no remedy for the improper or accidental admittance of a name upon the Register. When registration was first made compulsory, the rush was so great that some mistakes were pardonable. But here we have the scandal of impudent rascals enjoying legal recognition, and obtaining the confidence of the sick on the strength of a diploma proved to be a worthless sham, and in many cases with a previous date forged upon it in order to anticipate the effect of the Medical Act of 1858. Surely the Medical Council must have the power, by obtaining an information in the nature of a *quo warranto* or in some other way, to make persons so flagrantly open to suspicion show cause why their names should not be erased from the Register. If there be no such power it is only evidence of another flaw in the Act. If, on the other hand, there be mere supineness on the part of the Medical Council it would be very remarkable. Probably, Dr. Hawkins will favour your readers with some explanation on this point.

Your obedient servant,

JAMES EDMUNDS.

4 Fitzroy Square,
London, June, 1872.

THE GUAIACUM PROCESS FOR THE DETECTION OF BLOOD IN MEDICO-LEGAL CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your Journal for January 31st there appeared an article under the head of Foreign Medical Literature, entitled "Dr. Alfred Taylor's Test for Blood by means of the Tincture of Guaiacum, and its reaction with Antozone." It was translated from the *Union Médicale* by Dr. F. M. Luther specially for the MEDICAL PRESS AND CIRCULAR.

As I was the originator of the above-named method of testing for blood, you will, I trust, permit me to inform your readers how the mistake of attributing the discovery to Dr. Taylor most probably arose. In November, 1866, I wrote to Dr. Taylor, and asked his opinion regarding the value of this test in medico-legal investigations. I also sent him some of the tests I had employed, and I related a case in which, by its aid, I had succeeded in detecting blood under very difficult circumstances.

After having carefully repeated my experiments, and also extended them, Dr. Taylor, like a true man of science, at once gave me full credit for my work, and acknowledged the guaiacum process to be a valuable addition to those tests hitherto employed for the detection of blood. In "Guy's Hospital Reports for 1867" he published a full account of the process, giving the results of his own experiments, and also of mine. This was translated into French by Dr. Louis Penard, and, as Dr. Taylor's article was headed—"On the Guaiacum Process for the Detection of Blood in Medico-legal Cases: the Antozone Test," I have little doubt that this gave rise to the supposition in the minds of the French savans that the test had been discovered by him.

I am proud to say that nothing could exceed Dr. Taylor's kindness to me in relation to this test. He has taken great pains to make it better known among scientific men, both at home and abroad; and he has kindly promised to give a full account of it in the next edition of his large work on "Medical Jurisprudence." I may mention that in 1867 I discovered a very simple and reliable test for pus, which adds greatly to the value of the blood-test in Medico-legal investigations, as it enables a Medical expert to at once decide on whether blood-stains, submitted to him for examination, have been derived from a suppurating surface or from a recent wound.

This test was described by me in a paper "On Colour Tests as aids to Diagnosis," read before the Medical Society of Victoria in October, 1839, and published in the *Australian Medical Journal* for the following month.

I have the honour to be, Sir,

Your obedient servant,

JOHN DAY, M.D.

Geelong, Australia,
April 20th, 1872.

COURTS MEDICAL LIKE COURTS MARTIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is the common conviction of all thinking Medical men of the day, that we ought as soon as possible to have some sort of court of arbitration in Medical ethics; and the events of the last two or three months has made us all too painfully aware of this fact. The Orthopædic Hospital difficulties, the London Hospital bitternesses, and the present attitude of the *Medical Times and Gazette* editor towards a distinguished Hospital Physician, make me feel that the time is come when we ought to endeavour to put in practice what we have so long theorised about, and at once establish a Court of Arbitration on Medical Customs. Mr. Fairlie Clarke, in the *Lancet*, suggests that the College of Surgeons should appoint a set of gentlemen to act as umpires in difficult questions; and I have only to add to this valuable suggestion, that no more fitting opportunity for combined action between the Colleges of Physicians and Surgeons could well exist than the present. Why should not these two colleges from time to time appoint a jury of say six persons from each college, to hear any case of difference occurring between members of our Profession, and pronounce an opinion? The present plan of editorial articles, written anonymously, is a very imperfect one, because such articles are of course written by persons who can scarcely have heard the case tried as it would be before a Court Medical, and after all, the opinion contained in an editorial article is only the opinion of an individual. Such Court Medical might sit in the evenings, and the contending parties might themselves appear, or get some other person to plead their cause. Were this the case, I feel convinced that there would be far less discourtesy between members of our excellent fraternity than we have lately had to deplore. I remain, sir, your obedient servant,

C. R. DRYSDALE, M.D.,
M.R.C.P. Lond., F.R.C.S. Eng.

99 Southampton Row, W.C., 17th June.

MEDICAL ETHICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am about settling in an Irish provincial town, where many of my professional brethren are already practising. I am aware the established etiquette in England requires the new comer to call or leave his card on the latter gentlemen, to inform them of his arrival to reside and practice amongst them. Might I ask you to inform me if this custom has been extended to or is usual in Ireland?

Yours faithfully,

"AN IGNORANT FELLOW."

June 17th.

[The custom of a new comer leaving his card on his professional brethren is one which would be certainly "honoured in the observance," and we should advise our correspondent to pursue it, but we regret to believe it is not as universal in Ireland as it should be.]

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We are continually reminded that the lights of the Profession in the Metropolis are unanimously in favour of these Acts, and we poor benighted members of the Profession in the country have long been waiting for some announcement of the grounds on which their support has been given to these Acts, other than the police platitudes with which we have hitherto been favoured. However, the oracles have at length spoken through their organ, the *Lancet*, and the Profession throughout the length and breadth of the land now knows the utter shallowness of the grounds upon which we are to be treated to the so much boasted State medicine. We are told that these unhappy women were neglected until they could be made political capital of. Most true! And now they are protected and petted by Messrs. Bruce and Co., when they can be got to send up petitions in favour of these Acts, justly stigmatised as *infamous* in the House of Commons. Again, they say that the opponents of the Acts have no objection to police espionage as applied to men. No, we want neither police spies nor Medical police tools; but if you will stamp out the disease physically, be logical and be honest, and apply your remedies to both sexes; incarcerate diseased men as well as women, and particularly married men, for the protection of their innocent wives and children.

Again, we are told that the ranks of these women are recruited by the temptation of seeing them parading Regent Street in silks and rich dresses. Very likely, and the advocates of the Acts boast that the operation makes the women smarter and more attractive, consequently directly increasing the evils.

Again, the trade of prostitution is overcrowded. Here, at least, the supporters of the Acts are logical. Go to, let us make the practice of fornication safe and simple, let us supply the demand.

Finally, "we must deal with facts and actions, not with motives and hypotheses," "Our life and our duties are among the events now actually around us." These two last sentences at last have truth in them, but if honestly acted on how fatal to these Acts! Ye Medical men of England! weigh them well, and ask yourselves whether you are prepared to recognise as Medical brethren the men who throughout the country may be found base enough to prostitute their Profession and their manhood by accepting the office of police tools in the carrying out of these Acts.

Talk of facts! It is a fact that but for the energy and devotion of a few ladies these Acts would have been forced upon the country this very session.

It is a fact that one of these examining surgeons has admitted that the worst cases of these diseases are brought from abroad by men.

It is a fact that but the other day an innocent woman at Dover was dragged into court, and compelled to prove her innocence before she was discharged by the magistrates.

It is another fact that the prostitutes' petition thanking the House of Commons for protecting them in their career of vice and sin, was received with cheers by that House; these cheering members thus, with unblushing cheeks, branding themselves as the representatives and eager tools of these unhappy women, whom they habitually speak of as the most abandoned of mankind. These are indeed facts and actions which surround us and amongst which we live. Let the working men, the moral and religious working men of England ponder them well, for in their hands and at the next general election the issue will lie.

Will they allow their infant daughters as they grow up to have their liberty and honour absolutely in the power of a Government spy police?

Such facts might be enumerated without end. The few I have jotted down are more than an answer to the very weak arguments that are paraded as the best that can be offered by the great lights of the Profession in the Metropolis.

Your obedient servant,

Ewing Whittle, M.D., M.R.I.A.,
Lecturer on Medical Jurisprudence to the Liverpool Royal Infirmary.

Liverpool, June 20, 1872.

Gleanings

Elixirs and Wines (a).

BY C. LEWIS DIEHL.

At the request of the committee on unofficinal formulæ, I present in the following the formulas used by me for preparing some of the elixirs and wines prescribed by the physicians of Louisville. Many of these have been used by me for several years, as the elixirs of Calisaya, &c., and have been found to be good preparations. Others have only lately been prepared by me, but seem to be desirable preparations, if this class of preparations is at all desirable or necessary. It is not my intention or desire to criticise the propriety of introducing these preparations; but that a necessity exists for formulas which will secure uniformity in their preparation seems to me beyond question. Our markets are flooded with numberless preparations of this kind. Physicians prescribe them, and usually signify the manufacturer whose particular preparation they prefer. As a result of this we are either compelled to keep all of these preparations in stock, or to depend upon the courtesy of our fellow-pharmaceutists when they are prescribed. If we attempt to keep them in stock a considerable outlay of capital is required, with in but isolated instances more than a very meagre chance for a fair return. To depend upon our neighbour for the occasional calls is unfair to him, as it in a measure compels him to carry the stock upon which we may reap profit. But in every way it is unfair to the patient, who is often caused to pay exorbitant prices—even when such price is only a fair advance upon the cost—for preparations that, if prepared by the pharmaceutist, would not exceed the cost of ordinary tinctures.

I have attempted to simplify formulas as much as possible, in order that such as are but seldom demanded may be prepared as wanted. With this in view I prepared a simple elixir, an elixir of Calisaya bark, a wine flavoured with orange, various solutions of essential oils in alcohol, and cochineal colouring; of which I usually keep in stock, and prepare by their aid, such preparations as may happen to be in demand.

Elixir of Calisaya Bark.

Take of Calisaya bark	℥xxiv.
Curaçao orange-peel (ribbons)	℥xvj.
Coriander	℥iv.
Cardamom	℥iss.
Cinnamon (Celon)	℥ij.
Anise	℥j.
Cocoa (Baker's)	℥viij.

Reduce to a moderately fine powder; displace with a mixture consisting of one part by measure of stronger alcohol and three parts of water; obtained two and a half gallons of percolate.

Meanwhile prepare from six pints of solution of tersulph. of iron, hydrated sesquioxide of iron by the formula of the Pharmacopœia, measure it, and add to every four measures one measure of alcohol; then add of this sufficient to the percolate obtained as above to deprive it of its cincho-tannic acid. The absence of the latter is readily ascertained by the addition of a drop of muriated tincture of iron to a filtered portion of the liquid in operation, which should not be coloured by such addition. Should colouration result, the intensity or faintness will serve as a guide to the further quantity of hydrate sesquioxide of iron necessary to completely detannate the preparation. As soon as this result is obtained, strain the mixture upon a muslin strainer; and, when the liquid ceases to pass, wash the residue upon the strainer, with sufficient of a mixture of one measure of stronger alcohol to three of water to make the strained liquid measure five gallons. Now triturate together oil of orange (fresh) f℥ss. (or solution, five fluid ounces; see further on); carbonate of magnesia, six ounces. When thoroughly mixed, incorporate it with the strained liquid obtained as above, agitate well, and filter through paper; express the filter between muslin, filter the expressed liquid, and mix with the previous filtrate, in which dissolve 15 lb. av. of sugar. If necessary, filter the elixir thus obtained; but simple straining will usually answer.

Simple Elixir.

Take Oil of orange (fresh)	fʒj	(or sol. fʒx).
Oil of cinnamom	♏x ,,	♏c.
Oil of anise	♏iv ,,	♏xl.
Oil of bitter almonds	♏ij ,,	♏xx.
Tinct. of cardamom	fʒx.	
Stronger alcohol	℈ij.	

Dissolve the oils in the alcohol, add the tincture, and triturate the solution with a previously-powdered mixture of cocoa (Baker's) one ounce; carb. magnesia, two ounces. Then add gradually four and a half pints of water, transfer the mixture to a one-gallon bottle, agitate occasionally for several hours, and filter; express the filter between muslin, filter the expressed liquid, mix the previous filtrate, and dissolve in it 3lb. av. of sugar; filter or strain as may be necessary.

The simple elixir thus prepared has the colour of dark Madeira wine, and an exceedingly pleasant taste. It serves as a vehicle for many medicines, disguising them to a great extent and rendering them generally more palatable.

Wine of Orange.

Take Oil of orange (fresh)	♏v (or sol. ♏l).
Alcohol	f℥ss.
Carb. magnes.	℥ss.

Triturate together; and add syrup, two fluid ounces; sherry wine, f℥xiij. ss.; mix thoroughly and filter.

The wine obtained in this way has an agreeable flavour of orange. The use of carbonate of magnesia renders it neutral, and thus enables the introduction of medicinal compounds that are liable to decomposition in the presence of acids.

Solution of Essential Oils.

I have been in the habit of dissolving essential oils that are liable to change in alcohol, and have found these solutions very convenient for measuring minute quantities of oils. They are prepared by dissolving essential oil, one part (by measure); in alcohol fort., nine parts; which strength is invariably meant when, in the formulas I direct the use of solutions of essential oils.

(a). Read before the Louisville College of Pharmacy, January 16th, 1872.

Cochineal Colour.

Take of	Cochineal	℥j.
	Carb. potassa	℥ss.
	Powd. alum	℥ss.
	Cream of tartar	℥j.
	Water	℥viij.

Reduce the cochineal to a fine powder, add the carbonate of potassa, and triturate with three ounces of the water. Allow the mixture to stand one hour, add the alum and cream of tartar successively, and, when effervescence has ceased, the remaining water; filter. This solution imparts to the elixirs a fine red colour; but is in some respects unsatisfactory, as it soon spoils.

The above are all the preparations that need to be kept in stock; and with them, and such other ingredients as are readily obtained by purchase, almost all the elixirs and wines now prescribed may be prepared extemporaneously. The exceptions to these are :—

Compound Elixir of Taraxacum,

which being used for the purpose of disguising the extreme bitterness of quinia, should be prepared according to the original formula of Mr. Candidus, as communicated by him to the American Pharmaceutical Association.

(*To be concluded in our next.*)

Medical News.

Royal College of Surgeons of England.—At the ordinary meeting of the Council on the 13th inst., a short account of which appeared in *The Lancet* of last week, a certificate of the conviction of William Brett, admitted a member of the College in 1862, for stealing a book, and his sentence of two months' imprisonment with hard labour, was laid before the Council. Whereupon it was resolved—"That in the opinion of this Council the criminal offence by which William Brett has been convicted is of such a nature as to render him unfit to remain a member of the College, and that he accordingly be removed from being a member thereof, under Section 17 of the Bye-laws." A letter from Dr. Edwards Crisp, of Beaufort Street, Chelsea, was read, offering himself as a candidate for the office of professor. Mr. Holmes, Mr. Flower, Mr. Wilson, and Dr. Humphry were nominated for election in July to their respective offices of professors and lecturer for the ensuing year. Dr. Arthur Farre, Dr. Robert Barnes, and Dr. Priestley were nominated for election in July as examiners in midwifery for the ensuing year, and Dr. Peacock and Dr. Wilks were nominated for election in July as examiners in medicine for the ensuing year. The following members were elected Fellows of the College :—J. F. Elwin, Weston-super-Mare; William Thorn, Bolton Gardens, Bayswater.

King and Queen's College of Physicians, Ireland.—At examinations held on June 11th, 12th, and 13th, the following gentlemen obtained the licences in Medicine and Midwifery :—*Medicine.*—Charles Joseph Mahon, John Leonard O'Keefe, John Ryan, William Josiah Smyly, Frederick William Warren. *Midwifery.*—John Campbell Fullerton, Charles Joseph Mahon, John Leonard O'Keefe, John Ryan, William Josiah Symly, Frederick William Warren.

Gift of a Cottage Hospital.—Miss Southwell, who is owner of considerable property in the neighbourhood of Wisbeach, Cambridgeshire, has decided to build and endow a hospital for the town, at a cost of £5,000. This munificent gift has been supplemented by one of £2,000 from Mr. W. Peckover, and another of £500 from his brother, Mr. A. Peckover, both of the same town.

Coroner for the City of London and Borough of Southwark.—Dr. Holt Dunn is a Medical candidate for this office. He studied medicine at Guy's (where he was House-Surgeon) and Bethlehem Hospitals; he has had Medical charge of a large Lunatic Asylum; he has been Admiralty Surgeon in charge of a District; performed the duties of Medical officer of Health for Paddington. He is Guardian, Vestryman, and Member of the Public Health and Sanitary Committee of Paddington, also of the Legal and Parliamentary Committee.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To Our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE POSTAL AND TELEGRAPH SERVICE.

Previous to the present uniform buttoned-up coat and belt being introduced about two years ago, a much more suitable open tunic or coat with waistcoat was in use. However, in accordance with the then prevailing rage to give the men a semi-military appearance, the present ill-adapted close fitting uniform was adopted. The *employés* have heretofore respectfully protested against being compelled to wear these belts, and now evade their use as much as possible. It has, therefore, become necessary to re-issue the following order. It is to be hoped that the Postal authorities will see their way clear to resume the former style of open coat previous to the next issue of uniform clothing, and during the approaching warm weather rescind the arbitrary order :—

"Uniform Belts.

"The Postmaster-General having supplied the letter-carriers with belts, it is to be understood that every letter-carrier must wear his belt whenever he appears in the street in uniform, and he is strictly prohibited from leaving his coat unbuttoned.

"By Order, General Post Office."

THE TELEGRAPH AND POSTAL SERVICE.

In reference to our late articles we have received the following :—

To the Editor of the "Medical Press and Circular."

Sir,—In these times when every branch of industry find it necessary to combine for their mutual aid, you will not be surprised to learn that the postal and telegraph *employes* have at length followed the example set them, and have established a society of their own, which bids fair, judging from the support already obtained, to be a complete success. This newly formed society is called the United Kingdom General Post Office and Telegraph Service Benefit Society, and its offices are situated at 26 Olney Street, Walworth, London, S.E.

The objects of the society are to unite the whole of the Post Office and telegraph *employes* of England, Ireland, and Scotland in one common bond of brotherhood, and to aid and assist its members. It will, however, be obvious to you, Sir, that in order to inform the many thousands of *employes* in the provinces of the existence of the society nothing but the press can secure for it the publicity which is so essential to success. It is with this view, Sir, that the Council now ask if you will kindly insert this letter, and would further avail themselves of the opportunity to invite all those who desire more information with respect to the society, or who are willing to join them, to send to the society, at the offices above, for a copy of the rules, which may be had post free for 3½d., or by letter post, 4d.

Signed on behalf of the Council,

E. Hawkins, Secretary.

No More Medicines or Doctors' Bills.—As our "Food Reports" progress, we come upon some striking instances of how the public are gulled. For instance "*The Revalenta Arabica Food*," which for years has been advertised to an enormous extent, and sold in large quantities at exorbitant prices, as a cure for all maladies without the aid of "Doctors," is found to be a gross fraud, and one which we as Medical Journalists feel bound to expose. Reference to the report in another column, will satisfy our readers as to the utter worthlessness of such an article for invalids.

Sham Degrees.—We extract the following remarks from the letter of a Correspondent:—He says: "Some one ought to speak out, and I entirely support you on this question. It is monstrous that the Medical Council should have been so remiss as to allow such men to get on to the *Register* without making more careful inquiry about this bogus College; and considering that they take a large revenue out of the pockets of Professional men, I think they are bound to move *proprio motu*. Probably the dates of all these diplomas were forged in order to evade the Medical Act. One would like to know the date of their admission to the *Register*. I take it that a Professional man is bound to inquire as to the character of a degree if he have to meet and countenance a man who is using a doubtful degree *for Medical practice*. If not so using it, I take it one would have no duty cast upon one. You will probably lay down the law on this point in an editorial.

Subscriptions.—Gentlemen who have not paid their subscriptions for 1871 and—in a few cases—previous years are respectfully reminded of the omission.

Index.—The Index to the present volume will be issued with our next number.

F. A. R.—You will see the announcement to which reference was made in our last, in the advertisement columns of the present number.

Mr. R. Hanslip Sers is thanked.

Dr. O.—The number you ask for is entirely out of print. There are several others, also, which the publisher intends to advertise for.

Philo.—We have no lawyers upon our staff, and we feel certain that you will hardly expect us to pay the fee to answer your legal query. Taking a common sense but not a legal view of the question you ask, our verdict would decidedly be against you.

The Title of Doctor.—A correspondent asks us why Mr. Chandler, the prosecutor in the action against the quack Hamilton, reported in our last, adopts the very title which was the ground of complaint and conviction in that case? We quite agree with our correspondent, that Mr. Chandler's diploma of M.R.C.S. no more entitles him to style himself Dr. Chandler, than does the M.D. of the Metropolitan College of New York entitle Hamilton to its use, or to the practice of a physician in this country. Certainly, if Mr. Hamilton wishes the Profession to support him in Hamilton's appeal against the conviction obtained, his own conduct must be entirely above suspicion. Philanthropy is all very well when genuine, but if there be no higher object in view than to pull a neighbour down because there is no room for two using the same title, and to which neither can lay any legal claim, it ceases at once to be a virtue, and resolves itself, as Sir Dominic Corrigan would say, into "a battle of shops."

Communications, Enclosures, &c., have been received from:—Professor Tyndall, Royal Institution. Dr. Angus Smith. Dr. Ogilvre, Aberdeen. Dr. Farre. Dr. Day, Geelong. Dr. Sutherland, Westminster. Dr. Dale, Plymouth. Mr. Burt, London. Dr. Williams, Malvern. Mr. Boujeaurd. Secretary of the Medical Society of London. Dr. Chapman, London. Dr. Edmunds, London. Mr. Shepard, London. Dr. Burt. Dr. Jerrard, Honiton. Mr. Brown, Paisley. Mr. Chandler, London. Mr. Arnold. Mrs. Baines. Mr. Mortimer. Mr. Tichborne, F.C.S., Dublin. Dr. Francis. Mr. Wilson, London. Mr. Morgan, Kensington. Mr. Hanslip Sers, Epperstone. Dr. Holt Dunn, Bayswater. Dr. Simonnet, Paris. Mr. Milton. Dr. Langley. Mr. Cottell. Dr. Trenor, Devizes. Dr. Bolster, Limerick. Dr. Lang, Enniscorthy. Dr. Markoe, New York. Dr. Barbor, Carlingford. Dr. Tilt, London. Dr. Gordon, Saintfield. Mr. Lockhart. Dr. Sadlier, Fermoy. Dr. Erskine, Newry. Mr. Gowlland, London. Dr. Crowly, Kinsale. Dr. Barker, Brighton. Dr. Browne, Delgamy. Dr. Miles, Dingle. Mr. Masson, Paris. Dr. Palmer, Waterford. Dr. Bigger, Portadown. Dr. Pettigrew. Dr. Hewitt, Tipperary. Dr. Ewing Whittle, Liverpool. Professor Humphry, Cambridge. Mr. J. Netten, Radcliffe. Dr. C. J. B. Williams, F.R.S. Mr. R. Ward, Newcastle-on-Tyne.

◆

VACANCIES.

Birmingham Hospital for Women. Resident Medical Officer. Salary £50.

Teignmouth Infirmary. House-Surgeon. Salary £50, with board.

Lewisham Union. Two Medical Officers. Salary £60 each.

St. Mary's Hospital, London. Assistant Physician. Also an Assistant Physician Accoucheur.

York County Hospital. Non-Resident Dispenser. Salary £70.

Royal Bridewell Hospital. Assistant Medical Officer. Salary £300 per annum, with residence.

Ramsgate Dispensary. Resident Medical Officer. Salary £100.

Chontales Mining Company, Nicaragua. Surgeon to reside at the Mines. Salary £300, passage free. Apply to Mr. J. Truran, 185 Gresham House, London, E.C.

Ely District, Enniskillen Union. Medical Officer. Salary £100.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Treatise on Diseases of the Bones. By Thos. M. Markoe, M.D. New York: Appleton & Co.

Injuries and Diseases of the Jaws. By Christopher Heath, F.R.C.S. 2nd Edition. London: J. & A. Churchill.

On Some Affections of the Liver and Intestinal Canal. By S. H. Ward, M.D. London: J. & A. Churchill.

On Cerebria and other Diseases of the Brain. By Chas. Elam, M.D. London: J. & A. Churchill.

The Histology and Diagnosis of Cancer. By Hy. Arnott, F.R.C.S. London: J. & A. Churchill.

The Pulse. By A. H. Garrod, B.A. London: Lewis.

The New York Medical Journal; Le Bordeaux Médical; Boston Medical Journal; The Medical Cosmos; The Saint Louis Medical Journal; The Western Lancet; La Presse Médicale Belge; La France Médicale, &c.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday June 26.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, June 27.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Friday, June 28.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, June 29.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, July 1.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, July 2.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.

◆

APPOINTMENTS.

Banks, J. T., M.D., Consulting Physician to the Masonic Female Orphan School, Dublin.

Brown, J. J., M.B., Resident Physician to the Royal Infirmary, Edinburgh.

Garrard, W. A., L.S.A., House-Surgeon to the General Infirmary, Derby.

Hardie, J., M.D., Medical Officer to the Workhouse Infirmary, Manchester, and to the Crumpsall Workhouse.

Mayne, N., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Oughterard Dispensary District of the Oughterard Union, Co. Galway.

Meredith, W. A., M.R.C.S.E., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Morison, A., M.B., C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Morris, H. L., L.R.C.S.Ed., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Percival, G. H., M.R.C.S., Assistant Medical Officer to the Salop County Asylum.

Smith, G. J. M., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

Smith, Mr. J. T., Secretary and Treasurer to the Royal Maternity Hospital, Edinburgh.

Taylor, H. O., L.R.C.P., a Resident Physician to the Royal Infirmary, Edinburgh.

Tiley, W. G., M.R.C.S., Resident Medical Officer to the London Fever Hospital.

◆

Marriages.

Noad—Dixon.—On the 20th June, at All Saints, Kensington Park, H. C. Noad, L.R.C.P.Lond., M.R.C.S.E., of Lower Norwood, son of Dr. H. M. Noad, F.R.S., of Bayswater, to Caroline White, daughter of E. Dixon, Esq., Surgeon-Major H.M.'s Madras 2nd Light Cavalry.

◆

Deaths.

Goold.—On the 13th June, at Southsea, of phthisis, Horatio Bate Goold, M.R.C.S.E., of Brixton, aged 34.

Jerdon.—On the 12th June, at Upper Norwood, T. C. Jerdon, M.R.C.S.E., late Surgeon-Major Madras Service.

May.—On the 12th May, at Kussowlie, East Indies, W. G. May, L.R.C.P.Ed., L.R.C.S.Ed., Assistant-Surgeon Bengal Medical Service.

Paterson.—On the 5th June, at Galston, Ayrshire, R. Paterson, M.D., late of Buchanan Street, Glasgow.

Taylor.—On the 15th June, at St. Mary's Hospital, W. Taylor, M.R.C.S.E., of St. John Street Road.

Wright.—At Edinburgh, of consumption, G. A. W. Wright, M.D., Army Medical Staff, in his 31st year.

Advertisements.

TO BE SOLD.—The Interest in the Lease of the House,
29 MOLESWORTH STREET, DUBLIN,
which is well suited for a Professional Man, or for a Public Institution. Particulars can be ascertained on application.

NAVAL MEDICAL SERVICE.

NOTICE is hereby given that an Examination of Candidates for appointments as Assistant-Surgeons in the Royal Navy will be held in London, in August next.

Copies of the regulations for the Examination of Candidates, together with information regarding the pay and allowances of Naval Medical Officers, may be obtained on application to this department.

A. ARMSTRONG, Director General.
Medical Department, Admiralty, Somerset House, W.C.
13th June, 1872,

ROYAL COLLEGE OF SURGEONS OF IRELAND.
LECTURES ON PUBLIC HEALTH.

Dr. CAMERON, Professor of Hygiene, will Deliver a course of TWELVE LECTURES on "PUBLIC HEALTH," to be commenced on TUESDAY, 18th JUNE, at 4 o'clock p.m., and to be continued on Tuesdays, Thursdays, Saturdays and Mondays, at the same hour.

These Lectures are free to the public, and open to ladies. Cards of admission are procurable at the College.

MOUNT BELLEW UNION.

MOUNT BELLEW DISPENSARY DISTRICT.—MIDWIFE WANTED.—The Committee of Management of the above Dispensary District will, on FRIDAY, the 5th JULY, proceed to the Appointment of a properly qualified Midwife for the District, at a Salary of £20 a year.

Applications for the Office, enclosing Testimonials, &c., will be received up to 2 o'clock on the above-named day, by the Honorary Secretary, HUGH WARD, Esq., Mount Bellew.
7th June, 1872. (By order.)

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

ABBEYLEIX UNION.—JUNE 18.

MEDICAL OFFICERS' SUBSTITUTES.

THE following correspondence was read :—

"Poor-law Commission Office, Dublin,
June 13, 1872.

"SIR,—The Commissioners for administering the laws for relief of the poor in Ireland forward herewith for the consideration of the Board of Guardians of Abbeyleix Union, a copy of a letter which they have received from Dr. Hanrahan, Medical Officer of the Castletown Dispensary district, in reference to the remuneration of his temporary substitute during the leave of absence granted to him by his dispensary committee.—By order of the Commissioners,

"B. BANKS, Chief Clerk."

"Castletown, Mountrath,
June 8, 1872.

"GENTLEMEN,—The length of time I am in the Poor-law service and the duties I had to discharge in connection with it have told on my constitution, and I am suffering from rheumatism in consequence. My committee knowing this, unanimously gave me a month's leave of absence last year to go the spas at Lisdoonvarna, from which I derived considerable benefit. I am still suffering from rheumatism, though not in so aggravated a form, and in order to avail myself a second time of the advantages of these spas this year, I again asked my committee for a month's leave of absence, which they freely and unanimously gave me, and allowed my *locum tenens* to be paid two guineas a week during that period ; but when the resolution of the committee was submitted to the Board of Guardians at Abbeyleix on Tuesday last (five members only in attendance), the Board ratified the leave, but refused to pay a *locum tenens*. In every dispensary district in this Union the Medical officers have got leave of absence from time to time from the Board of Guardians, who *always* paid a *locum tenens* for them, as the records of the Board in your office will show. Under the circumstances in which I am placed, I respectfully submit that my case ought not to be made an exceptional one, particularly where there was only a small section of the Board in attendance, and that I am not asking too much in applying for a month's leave of absence and pay a substitute for me for the second time in twenty-one years. I confidently rely on the Commissioners carrying out the resolution of the committee, unanimously adopted at its last meeting, so as to enable me to avail myself of the benefits I hope again to derive from the spas at Lisdoonvarna.

"I have, &c.,
"W. HANRAHAN."

"To T. W. Hanrahan, Esq., Medical Officer Castletown Dispensary District.

"Poor-law Commission Office, Dublin,
June 13, 1872.

"SIR,—The Commissioners for administering the laws for the relief of the poor in Ireland acknowledge the receipt of your letter of the 8th instant in reference to the remuneration of your temporary substitute during the leave of absence granted to you by your dispensary committee ; and the Commissioners desire to state that it rests with the Board of Guardians to fix the remuneration, if any, of a Medical officer's substitute subject to the Commissioners' approval. The Commissioners desire at the same time to state that they will forward a copy of your communication to the Board of Guardians for their consideration.—By order of the Commissioners,

"B. BANKS, Chief Clerk."

Mr. Walpole—I know that this is only the second time during twenty-one years that Dr. Hanrahan has applied for leave of absence. I knew him to be ill last year, and he was scarcely able to walk. He often had to supply a substitute to visit patients for him at night.

Mr. Lalor—I would be sorry to deny a substitute when there is actual illness in the case.

Mr. Foster said Dr. O'Kelly had, on account of his wife's illness, to employ a substitute at his own expense, while Dr. Hanrahan states in his letter it is unprecedented that he should be refused.

Mr. Walpole—Under the circumstances, why should you pay because the doctor's wife was ill? But here it is for the doctor's own benefit, and two months' leave of absence in twenty-one years is very little. I will have to pay more of it than any one else, but that has nothing to say to the question. There are no officers in Ireland so badly paid for the risks they run as the Medical officers under the Poor-law Commissioners.

Mr. Phelan seconded Mr. Walpole's proposition, that Dr. Hanrahan's substitute be allowed £2 2s. per week for a month.

Mr. Walpole—Dr. Hanrahan can't get a substitute for £2 a week. He will have to give £4.

Mr. Kennedy—If he goes to Dublin he will get plenty of them to work for £2.

Mr. Foster asked would a person have to go through Dublin to Lisdoonvarna, because when the application was made he saw by the papers that Dr. Hanrahan was taking part in a public meeting there.

Mr. Foster did not think they could entertain the question without first giving a fortnight's notice to rescind the resolution.

Mr. Phelan accordingly gave the required notice.

GOREY UNION—SATURDAY.

THE following letter was read from the Poor-law Commissioners :—

Referring to the resolution in accordance with the suggestions of the Medical officer in his report—"That it be intimated to the Medical and sanitary officers of the union that no charge will be made for the support in hospital of patients suffering from infectious disease unless they consider themselves able to pay ;" and the Commissioners refer the guardians to the 4th section of Act 25 and 26 Vic., cap. 83, by which they will perceive that it rests with the board themselves to consider and determine whether a person admitted to the hospital is of sufficient ability to pay the cost of his maintenance.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 15*th June,* 1872; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 15TH JUNE, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhoea.	Violence.		
DUBLIN . . .	9,745	310,565	24	166	143	20	27	25	9	...	1	1	4	4	4	6	51
BELFAST . . .	20,687	182,214	20	108	70	18	11	1	...	1	...	2	2	3	...	...	11
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	21	30	18	1	2	...	...	...	...	1	1	...	...	...	6
LONDONDERRY . .	21,865	30,893	13	22	8	3	...	...	...	...	...	...	1	...	...	...	...
WATERFORD . .	17,209	30,838	12	14	7	1	2	...	...	...	...	...	...	1	...	...	1
GALWAY . .	21,358	19,713	32	12	12	3	3	...	...	1	...	...	...	...	1	1	1
SLIGO . . .	30,835	17,175	18	11	6	1	3	...	1	...	...	...	...	..	...	...	3

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Enniskillen ..	Ely	£100	£10 10 0	228	769	40,261	6,895	June 26	L. N. W. Rail.

◆

COLERAINE UNION.

PAYMENT OF A LOCUM TENENS.

A LETTER, of which the following is a copy, was read :—

"Poor-law Commission Office,
"Dublin, June 17, 1872.

"SIR,—The Commissioners for administering the laws for the relief of the poor in Ireland acknowledge the receipt of your letter of the 3rd instant, and of its enclosure, referring to the resolution of the Board of Guardians of the Coleraine Union of the 10th February last, in which the Guardians requested to be informed whether Dr. Barr is entitled to the fees for cases of successful vaccination performed by him during the period he acted as temporary substitue for Dr. Moore, the Medical officer of the Articlave Dispensary District, the Guardians having paid him a sum of £2 a week for his services; and in reply, the Commissioners desire to state that a Medical officer is to be paid fees in all cases of successful vaccination, distinct and separate from his salary; and, as it now appears that Dr. Barr has furnished a report in the Form H. of fifty-two cases of vaccination successfully performed by him, the Commissioners are of opinion that he is entitled to be paid for these cases, if the Commissioners of Management are satisfied that the particulars of his claim are correct.

"The documents enclosed with your letters are returned herewith.

"(By order of the Commissioners.)
"B. BANKS, Chief Clerk."

Mr. Mathews said the Dispensary Committee had put it upon the minutes of a meeting at which the account was considered that the Medical officer was entitled to the fees.

Mr. Hezlett.—But they have no power in the matter. The Committee have only to ascertain exactly that the number of cases charged for have been performed.

Mr. Rankin.—It would save us a great deal of trouble if the Doctors were to pay their own substitutes—(hear, hear)—as Dr. Lane, Medical officer, does.

Mr. Simpson.—That ought to be the rule. I do not see the use of keeping Doctors who will not do their duties.

Mr. Ellis.—That is not the question now before us. We have nothing at present to do with that phase of the question. What we have to do is to direct the Committee to comply with the law as laid down by the Commissioners, who have, I may state, taken exactly the same view of the matter as I did when the question was before us a fortnight ago. They have decided that fees for vaccination cases are paid under a separate and distinct Act of Parliament, and that the salary of the Medical officer is not to be taken into consideration.

Mr, Robb.—Oh ! I am of opinion Dr. Barr should be paid.

Mr. Black.—You can do nothing else in the face of what the Commissioners state.

Mr. Simpson.—No ; there is nothing else for it now ; but, as I am of opinion that we should not have two Doctors in the same district at the expense of that district, any Medical officer who may want a holiday or rest should furnish his substitute.

Mr. Ellis (seriously).—I think the Committee ought to examine the books of the Dispensary, and see that the number of births registered correspond with the number of cases of children vaccinated and presented in their accounts.

Mr. Mathews.—The Committee have examined the books ; but it was not for that purpose. They were of opinion that the Medical officer of the district was entitled to the fees.

The matter then dropped, no definite motion being made.

MONAGHAN DISPENSARY.

A letter from the Poor-law Commissioners, dated May 31, was taken into consideration. The letter referred to the appointment of Dr. Irwin as temporary Medical officer of the Monaghan Dispensary District, at a salary of £15 a month. The Commissioners stated that the rate of payment was in excess of the amount of remuneration usually allowed in such cases, and expressed an opinion that the subject should receive the Guardians' further consideration.

After some conversation of a rather discursive nature,

Mr. Watson moved the following resolution :—"Resolved that inasmuch as there was a large attendance of the members of the Dispensary Committee present on the occasion when Dr. Irwin was appointed to act as a substitute for Dr. Temple until the 24th of June, and the meeting, taking into consideration the expense of car-hire, lodgings, &c., which Dr. Irwin would naturally be put to, they (the committee) thought the sum of £15 per month not extravagant, seeing the appointment was for so limited a period. I therefore now beg to move that the Poor-law Guardians do confirm the proceedings of the Dispensary Committee in this matter, and grant to Dr. Irwin the sum of £15 per month whilst acting in the room of Dr. Temple."

An amendment was proposed that the remuneration be £10 per month, and a further amendment that the salary be £12 10s. per month.

The votes were as follows :—For Mr. Watson's proposition —15.

For the first amendment—6. For the second amendment—4.

Mr. Watson's proposition was therefore declared carried, and became a resolution of the Board.

TO THE EDITOR.

Sir,—As you have considered part of my correspondence with the Poor-law Commissioners, which contained very little information, on account of my having quoted a wrong Act—viz., the Contagious Diseases Act—worth a place in your paper, the concluding portion explains that boards of guardians have power, with the sanction of the Commissioners, to direct the Medical officers of dispensaries to superintend and report on the disinfection of houses where there had been small-pox cases, under the provisions of the 3rd section Public Health Act, 29 and 30 Vic., cap. 90, and to remunerate them for this extra Medical service under the 65th section, as was done in the union I referred to.

I may state it was the comment of the guardians, who said they "*considered it part of my duties as dispensary Medical officer,*" which I took exception to, and did not consider it well to allow to pass unnoticed.

Your obedient servant,

Gregory Sale.

Kilmeague, June 10th, 1872.

HEALTH OF DUBLIN.

In the Dublin District the births during the week ending 15th June amounted to 212. The average was 171.

The deaths registered were 143, the average being 137.

Twenty-five deaths from small-pox were registered during the past week, against 54 in the week preceding. Twelve of the deaths from small-pox occurred during the week, 10 in the preceding week, and 3 previously.

Fifty deaths from small-pox were registered in Cork, and 1 in Belfast.

Four deaths in the Dublin district resulted from fever, viz., 1 from typhus, 2 from typhoid, and 1 from simple continued fever.

Measles caused 9 deaths, and diphtheria 1.

Six deaths were ascribed to convulsions.

Fourteen persons died from bronchitis, and 2 from pneumonia.

Two deaths were referred to apoplexy, and 4 to paralysis.

Heart disease killed 6 persons.

Nineteen persons fell victims to phthisis, 3 to hydrocephalus, 2 to mesenteric disease, and 1 to scrofula.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND), FOR THE MONTH OF MARCH, 1872.

March 4th—George William Mac Ilwee, 19 Manor Street, Dublin, Lic. R.C.S.I., 1870, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I.

March 5th—Francis Joseph Butler, Shannon View Terrace, North Strand, Limerick, Lic. R.C.P. Edin., 1872, Lic. R.C.S. Edin., 1872.

March 6th—George Ballantine, Natal, South Africa, Lic. R.C.P. Edin., 1869, Lic. R.C.S. Edin., 1869, Lic. Soc. Apot. Lond., 1869.

March 6th—Edward Dowdall, Banbridge, Co. Down, Lic. Fac. Phys. Surg. Glasg., 1868.

March 7th—James Dawson, 5 Welford Road, Leiceste M.D. Qu. Univ. Irel., 1871, Lic. R.C.S.I., 1871.

March 10th—Patrick Stephen Wigmore, Liscarroll, Co. Cork, Lic. R.C.S.I., 1871, Lic. K.Q.C.P.I. 1872, Lic. R.C.P. Edin., 1872.

March 12th—Charles Henry Smith, Munlochy, Rosshire, N.B., Lic. 1871, and Lic. Midwy., K.Q.C.P.I., 1871, Lic. R.C.S.I., 1871.

March 12th—Richard Hayes Jackman, Thurles, Co. Tipperary Lic. Apoth. Hall Dub., 1870, Lic. R.C.S.I., 1872.

March 12th—George Vickery, Kinsale, Co. Cork, M.D. 1871, and Mast. Surg., 1871, Qu. Univ. Irel.

March 23rd—Charles Nelson Elliott, Ballintubber, Qu. Co. M.B. Univ. Dub., 1872.

March 25th—Charles Philip Coppinger, Farmleigh, Dundrum, Co. Dublin, Lic. R.C.S.I, 1869, Lic. 1871, and Lic. Midwy. 1871, K.Q.C.P.I.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.

THE SURGICAL QUALIFICATIONS FOR IRISH COUNTY INFIRMARIES.

(Before the Lord Chief Justice, and Judges Fitzgerald and Barry).

(*Continued from June* 12.)

The Lord Chief Justice, delivering judgment, said,—

No one can doubt that the qualification or examination there referred to is a qualification of the same character as that distinctly enacted for wise purposes by the previous legislation. It is to have the qualification to practise surgery declared in the diploma, that he is qualified; having been examined, as recited in the diploma, solemnly and publicly, he is declared to be qualified, and letters testimonial are given him to practice. All that is required by that section. The subsequent Acts show the importance attached to these letters testimonial It is very curious to observe that it is always at the critical moment when a person comes to demand payment for services, the law enables Grand Juries to present certain sums to these surgeons to procure their services in the county; but they must be satisfied he is a fit and proper person to give the office to which the Legislature has created; because in the 54th of George III., cap. 92, sec. 2., I find this clause:—"Provided that before any such presentment shall be made by the grand jury of any county, county of the city or county of the town, in Ireland, there shall be laid before such grand jury at assize a certificate signed by the governors of such infirmary or hospital, or by five of them at least, at a meeting to be holden by them in the month of January preceding such assizes, stating the surgeon for whom such additional salary is to be presented, has duly and faithfully executed the duty of surgeon of such infirmary or hospital for the preceding year, provided that in all cases where any such surgeon of infirmary or hospital to be appointed to be such surgeon at any time subsequently to the passing of an Act made in the Parliament of Ireland in the 36th year of his present Majesty's reign, entitled 'An Act for Further Regulating Public Infirmaries or Hospitals,' a true copy (certified under the hand of the treasurer of such infirmary or hospital) of letters testimonial of the Royal College of Surgeons in Ireland, required by said Act to be obtained by any such surgeon will be laid before such Grand Jury previous to the ordering or making of any such presentment." It appears to us that the Legislature has determined that before any such surgeon gets this money to be levied off the county, lest any mistake should arise about his possessing this qualification, he must place his letters testimonials from the College of Surgeons before the Grand Jury—that is, the gentleman having been duly examined, was declared duly entitled to practice the science of surgery, and he got letters testimonial to that effect. Unless such a document were laid before the Grand Jury they were prevented presenting. Again, in the 3rd and 4th William IV., cap. 92, the same thing is repeated at section 3—"That the said surgeon or physician hath since the last assizes diligently complied with the rules and regulations of the governors of said infirmary or hospital, and also that true copies of such letters testimonial as are required by the Act of Parliament to be obtained by such surgeon or physician shall be laid before such Grand Jury previous to their making any such presentment." It appears that the College of Surgeons applied to the Crown for a charter in modern times. The first charter that was granted pointed to the examination, and was for the purpose of securing a liberal and enlarged education in those who were to practice surgery in this county. Then there was a supplemental charter, and it seems all right until we come to the particular clause, 61, and there is not one word in it that is not in exact conformity with what had been previously done in requiring an examination. It pointed out what was to be the diploma, and then they arrived at a clause of a peculiar nature, which was justly described by Mr. Clarke as a financial one. That financial clause was to the effect that they further declared it would be lawful for the Council of the College at any time before the expiration of one year from the date hereof, by diploma or diplomas under the seal of the College, and in such form as they think fit, upon the payment of £50, to be paid and lodged to the credit of the College, to appoint and entitle any person or persons being licentiate of the College or practitioners in surgery, and whom they shall think fit to be a Fellow or Fellows of the Royal College of Surgeons in Ireland, and it may be lawful for the Council, by certificate, upon the payment of a fee of £50, to appoint and declare any one being a practitioner to be a licentiate of the College of Surgeons in Ireland; and then they have power to have him called a practitioner. They then proceeded that those who had not been licentiates of the College, but were admitted fellows were to have all the privileges. It then appears that towards the last day of that year of grace a great number of gentlemen were suddenly transferred into fellows, and amongst them Dr. Alton. He had not been a licentiate of the College of Surgeons in Ireland, and never was. It is charged distinctly in the affidavit of Dr. Lawlor that Dr. Alton was not subjected to any examination in the College of Surgeons in Ireland; and that is not denied. Therefore, the question presented to us is of this nature:—Suppose from any part of Scotland or France a document was produced to the College of Surgeons, and under this particular clause they had though fit, within the year of grace, to confer upon the gentleman who produced this testimonial the dignity and rank of a fellow upon the fact of getting this document, and gave him a certificate that he was a practitioner in surgery—does that put an end to all prior legislation and recognition of former Acts of Parliament, and dispense with the qualifications recited in the diploma, namely, that he has been publicly examined, and has been found duly qualified to practice surgery? No such diploma is produced; no fact is stated to dispense with the necessity and existence of such a diploma—nothing but the circumstances that, within the year, he had got his honorary diploma. He has it, and I don't say he is not entitled to it; but I am of opinion that he is not the duly qualified surgeon referred to through the whole of this legislation; and the language of the charter cannot dispense with the substantial requisites mentioned by former Acts, and which we think applicable to the candidate who applies for this particular situation, to be paid for in the manner described by law. Therefore the third point must be answered in the same way as the other two—in favour of Dr. Lawlor.

Mr. Justice Fitzgerald—I also think the order should be made absolute; but I wish it to be understood that we don't mean in the slightest degree to impeach in any way the qualification of Dr. Alton. I believe him to be eminently qualified to fill any other situation; but all we say is that he has not the qualification required for this particular—that is, he has not produced to us or the grand Jury Letters Testimonial of his qualification to practice surgery under the seal of the Royal College of Surgeons in Ireland. I believe he is a Licentiate, or may be a Fellow of the College in England—a testimonial very high in itself; but that is not the one the statute requires, and I may say that the diploma of the College of Surgeons in England is not in compliance with the Act of Parliament. As to what order the Court is to make here there may be some difficulty hereafter.

Chief Justice- As my Brother Fitzgerald has stated, I wish it to be distinctly understood that I did not intend to make the least reflection even by implication to the disparagement of Dr. Alton.

CONTENTS.

VOL XIII., NEW SERIES. VOL. LXV., OLD SERIES.
JANUARY TO JUNE, 1872.

A

Abscess of the spleen, 151
Abstract of lectures on myology at the Royal College of Surgeons of England, by Prof. Humphry, F.R.S., 555
Additions to the Dermatological Museum of the Royal College of Surgeons of England, 447, 474
Alcohol as a medicine, by Dr. J. Edmunds, 137
American Medical Association, 513, 535
American university degrees, 281
Aphasia, 332
Apothecaries' Hall of England, 142, 229
Appointments, 22, 45, 67, 110, 131, 154, 175, 199, 219, 243, 266, 287, 309, 333, 355, 376, 398, 420, 442, 465, 485, 510, 531, 555

B

Baby farming, 79
Barton, J. K., excision of the hip-joint, 248
Brett, Dr. W., inflammatory fever and typhus fevers, 250
Bristowe, Dr., Croonian lectures on disease and its remedial treatment, 267
Bronston, Dr., on Lostorfer's corpuscles, 538

C

Clinical report of the Rotundo Lying-in hospital, by Dr. G. Johnston, 95
Clinical lecture on cases of cholera, by C. H. Jones, 24
Clinical notes and observations, by H. Lee, 1, 69, 111, 245, 315, 425, 443, 467, 490
Clinical memoranda, reported by Dr. J. W. Martin, 7
Clinical lectures on diseases of the eye, by H. R. Swanzy, 49

CORRESPONDENCE.

Dr. C. Allen, homœopathic recantations, 174
An Old Practitioner, laryngotomy and tracheotomy, 439
Another Looker on, Royal Medical Benevolent College, 395
Dr. W. Bayes, homœopathy, 105
W. B. Woodman, case of Dr. Dyte, 105
J. Birchenall, contagious diseases acts, 196
M.D., black clothes, 196
Dr. Boulton, "Tanner" prize at King's College, 283
Caruncle of the female urethra, and its treatment by electrolysis, by R. Crean, 268
Case of intestinal obstruction, by C. Elliott, 227
Chapman, Dr. J. C., uterine neuralgia and its chief complications, 8, 51, 94
Coagulation of blood in the living vessels as a cause of mortification, 490
Cold in hyperpyrexia, 417
Congenital hypertrophy of the hand and arm, by P. H. MacGillivray, 379
Contagious diseases acts, 571
Corley, Dr. A. H., use of the Bavarian apparatus in the treatment of fractures, 136
Coroner's (Medical) witnesses, 528
Correlation of varicella and variola, by F. T. Porter, 269
J. G., P. G., are patients in delirium tremens lunatics? 416
Correspondent, public services, 395
Courts Medical like courts martial, 571
Crean, R., caruncle of the female urethra, and its treatment by electrolysis, 268
Critchett, few practical remarks on the treatment of cataract, 23, 91, 177, 291
Croly, H. G., twelve cases of bent knee-joints treated in the City of Dublin hospital, 91
Croly, H. G., case of lateral lithotomy, 184
Croonian lectures on disease and its remedial treatment, by Dr. Bristowe, 267
Dale, Dr., on dust and zymotic diseases
Death of a Medical student from chloroform, 204
Division of the frænium linguæ, by R. H Sers, 113
Dr. C. R. Drysdale, influence of marriage upon health, 127
Dr. C. R. Drysdale, visceral syphilis and its treatment, 129
Drysdale, Dr. C. R., dualism and the treatment of syphilis, 362
Monsieur Henry Dunan, 484
Edmunds, Dr. J, alcohol as a medicine, 137
Elliott, C., case of intestinal obstruction, 227
Enuresis, its causes and treatment, by Dr. B. Woodman, 182, 202
Epiphysary fracture, 97
Excision of the hip-joint, by J. K. Barton, 248
Eye diseases and injuries, by Dr. A. H. Jacob, 157, 223, 313, 377
T. Fearon, influence of ergot in midwifery practice, 128
Dr. H. O. Farrell, *post-mortem* parturition, 374
Flap operation for vesico-vaginal fistula, by E. D. Mapother, 316
Foreign bodies in the urethra and bladder, by E. Hamilton, 359
Dr. J. G. French, treatment of small-pox, 329
French army Medical service during war, by Dr. Legouest, 428, 445, 467, 492
Gamma, Government and Medical officers of militia, 395
Guaiacum process for the detection of blood in medico-legal cases, 571
Sir W. Gull, Medical science, 152
Dr. R. S. Gutteridge, milk, 212
C. J. Harris, application of cold in fever, 353
J. Haughton, alcoholic liquors, 18
Drs. Heckford and Bathurst, on some results of the introduction of irritant fluids within the peritoneal cavity, 489
B. Hill, discussion by the Medical Society of London on the contagious diseases acts, 261
Horatio, is madness caused drugs? 417
Inhalation of compressed [illegible]
Is insanity epidemic? 528
In re the Royal Orthopædic Hospital, 484
J. B. Kenny, carbolic acid in small-pox a preventative influence of re-vaccination, 18
Dr. B. Kenny, small-pox in Dublin, 195
Vindex, arts of secret poisoning, 65
Dr. A. Lane, what typhus fever really is, 19
Dr. A. Lane, does disease attack the solids or the fluids? 439
Dr. F. M. Luther, Prince's illness—typhoid influenza, 18
Dr. F. M. Luther, recent case of locomotor ataxy apparently cured by hydropathy, 307
Dr. H. MacCormac, absence of tubercle in Iceland, 174
J. J. McKeogh, circulation of the blood, 65
J. J. McKeogh, ergot in midwifery practice, 86
J. McKeogh, poisoning by carbolic acid, 195
J. McKeogh, influence of ergot in midwifery practice, 213
McNab and Fowler, scrotal hernia with complications, 128
Munster, *post-mortem* parturition, 352
Dr. J. R. Mc M. Murphy, influence of ergot in midwifery practice, 242
Dr. Murray, special report of discussion at Medical Society on statistical results of contagious diseases acts, 283
Dr. Murray, special report of discussion on statistical results of the contagious diseases acts, 353
Non-juring physician, Medical declaration respecting alcohol, 211
Denham, J., use of ergot of rye, 293
Observer, controversy on the contagious diseases acts, 20
Old Times, electricity in infantile paralysis, 416
Philologus Orthodoxus, corrected nomenclature, 106
Pratt, genesis of fever, 306
——Questions at the Lyons congress, 423

J. G., responsibility of Medical men in granting certificates, 417
Roche, supposed *post-mortem* parturition, 352
R. H. Sers, flannel in obstetric cases, 128
R. H. Sers, small pox contagion and injection, how Medical attendants may reduce the risk of becoming carriers thereof, 86
Dr. R. G. Shiel, twin-births, 65
E. P. Sharkey, origin of fever, 283
Dr. R. G. Shiel, influence of ergot in midwifery practice, 173
Dr. A. C. Swayne, extraordinary cases of alleged *post-mortem* parturition, 307
Dr. C. B. Taylor, introspection of women, 65
Dr. C. B. Taylor, special report of discussion on statistical results of the contagious diseases acts, 330, 375
Vaccination question, 552

D.

Deaths, 22, 67, 88, 110, 131, 155, 175, 199, 219, 243, 266, 287, 309, 333, 356, 376, 398, 420, 443, 465, 485, 510, 531, 554, 574

F.

FOREIGN MEDICAL LITERATURE.

Acute inflammation of the serous bursa of the ischium, 320
Ancients on sleep, from A. Bourchardat's labour and its influence on the health, 17
Dr. C. Barbier, remedy for coryza, 193
Bavarian ambulance trains, 348
Bouchardat's evil results of mental labour and the means of remedying it, 127
Carcenac, national fencing, 86
Catarrh of the bladder in man, 481
Clinical practice of Professor Dr. Spatzenegger, of Salzburg, 328
Combined action of morphia and chloroform, 392
Conjoint examination scheme for Ireland, 181
Diagnosis of syphilis from the microscopic examination of the blood, 151
Professor Dupré, pleuritic effusions and indications of thoracentesis, 263
Duquesnel, chemistry of aconitine, 85
Fallon's Boufarik and its market, 393
Few practical remarks on the treatment of cataract, by G. Critchett, 23, 91, 177, 291
Few remarks on the treatment of asthma, by Dr. J. C. Thorowgood, 27
Bernard, physiological action of crystallised aconitine, 44
Idleness a cause of suicide, 63
Medical ethics, 571
Medical jurisprudence, Dr. Taylor's test for blood by means of the tincture of guaiacum, and its reaction with antozone, 106
Poisoning by phosphorus—analysis and appreciation of lesions produced by this poison—mode of action of phosphorus on the organism and its consequences, 414
Professor Wedl upon Dr. Lostorfer's syphilitic corpuscles, 282
Report of special cases in the United States army, from 1865 to 1871, 350
Sham degrees, 570
Usefulness of bodily exercise, 351
Velpeau's experiments on the regeneration of nerves, 394

G.

GLEANINGS.

Air in the vein, 508
Action of chloral hydrate, 463
Case of chronic nasal catarrh, 463
Case of lead poisoning following the use of a hair preparation, 554
Conium maculatum in soreness of the mammary glands, 508
Election of council in the Royal College of Surgeons in Ireland, 487
Electricity in diseases of the skin, 553
Elixirs and wines, 572
Enormous collection of earthy matter in the human lung, 553
Gelseminum in irritable bladder, 508
Glue bandage as a primary setting for fractured limbs, 197
O. Hesse, alkaloids of opium, 198
Indications for the employment of catheter in old people, 463
Iodide a remedy for the incontinence of the urine of the aged, 568
Iodoform and iron in neuralgia, 508
Lint plugging in epistaxis, 508
Liver fat and fatty liver, 487
Metallic albuminuria, 507
Myopia treatment, 507
New operation for stricture, 463
Ovariotomy without clamp or ligature, 508
Pathology of consumption, 507
Polygonum hydropiper, 22
Professorship of ophthalmic and aural surgery in Ireland, 487
Progressive pernicious anæmia, 508
Reduction on dislocation of humerus into axilla, 487
Re-vaccination, 507
Speedy cure for gonorrhœa, 509
Speedy cure for rheumatism, 508
Statistics of diseases of the bone in the Vienna hospital, 22
Sulpho-carbolate of soda in scarlatina, 509
Surgery, 509
Three cases of vaccination from a syphilitic subject, 551
Traumatic tetanus—recovery, 508
Treatment of chronic trachoma with sulphate of quinia, 509
Treatment of whooping-cough with compressed air, 509
Why fish are sometimes poisonous, 508
Vaccination in variola, 508
Veratrum viride an antidote to opium, 554

H

Hamilton, E., foreign bodies in the urethra and bladder, 359
Harley, R. W., case of poisoning by carbolic acid, 137
History of sixty cases of small-pox treated on the antiseptic system—further proofs against the germ of disease, by Dr. A. Mackintosh, 335
Homœopathy, by Dr. G. de Pascale, 34
Hospital hygiene, 344
Hughes, Dr. J. S., laryngotomy in œdema of the glottis, 399
Hysteria, with epileptic fits, treated by drugs, and cured by the use of Dr. Chapman's ice-bag, 379

HOSPITAL REPORTS.

Glasgow Fever Hospital—small-pox treated by xylol, 516, 538, 558
Guy's Hospital—various operations, 251
Hampstead Small-pox Hospital and Metropolitan Asylums Board, 43
King's College Hospital—hernia, Wood's operation; clinical remarks and statistics; varicocele treated by Wood's mouse-trap spring; clinical remarks; abscess under temporal fascia; remarks, 9; removal of fibrous tumour from the side of face, 79; dislocation of the hip, reduction without chloroform, 97; removal of enormous fatty tumour; enucleation of fatty tumour situated on the finger, 295; removal of fatty tumour, 295; wry-neck; fibro-cellular outgrowth on the ala of the nose; recurrent fibroid tumour; removal, 337
Meath Hospital, Dublin—a deep-seated abscess in abdomen, recovery, onyxis, 537; gonorrhœal ophthalmia, recovery; dislocation of the bones outwards at the ankle-joint, recovery; dislocation of the head of femur on the dorsum illii, recovery; abscess of labia, recovery; compound comminuted fracture of both bones below the knee, death, 515
Metropolitan Free Hospital—hæmaturia ending fatally, 35; clinical uses of faradisation, 79; tubercular laryngitis, 294; apoplexy, hemiplegia, 291; epilepsy, 449
Richmond Surgical Hospital—case of incarcerated femoral hernia, operation, recovery, 98; wound of the radial artery, delegation, recovery, 252; dislocation of the head of left humerus forwards, reduction by Roberts and Collins's modification of Jarvis's adjuster, 365; rare form of strangulated femoral hernia, the intestine being strangulated within a sac formed by oventum; duration of symptoms of strangulation, twelve days, operation, double stricture, death from exhaustion six weeks after the operation, 431
St. George's Hospital—inflammation of the base of the tongue, 118; miscellaneous cases, 185; paracentesis thoracis, 251, cases under Dr. Ogle, 272
St. Mark's Hospital—lumbar colotomy, 251: fistula in ano, 251
Victoria Park Hospital — cases treated with palatable cod-liver oil, 381

I

Inflammatory fever and typhus fevers, by Dr. W. Brett, 250
Influence of the nerves in producing mortification, and mortification from local effects of animal poisons, 511
Inventions—vulcanite urinometers, 87
The new gynæcological bag, 529

J

Jacob, Dr. A. H., eye diseases and injuries, 157, 223, 313, 377
James, Dr. P., syphilitic diseases of the throat, 28, 181
Jones, C. H., clinical lecture on cases of cholera, 24
Johnson, Dr. R. L., notes on phthisis pulmonalis, 33, 112, 427
Johnston, Dr. G., clinical report of the Rotundo Lying-in hospital, 95

K

Kennedy, H., point in the treatment of enteric fever, connected with the use of emetics, 363
Klein, Dr. L. M., case of hysteria, with epileptic fits, treated by drugs, and cured by the use of Dr. Chapman's spinal ice-bag, 379

L

Laryngitis and tracheotomy, by B. J. McDowell, 404
Laryngotomy in œdema of the glottis, by Dr. J. S. Hughes, 399
Lateral lithotomy, by H. G. Croly, 184
Lateral lithotomy, by Dr. Laffan, 78
Lécour on prostitution in Paris and London. 493
Lectures on dermatology, by E. Wilson, 133, 155, 179, 199, 221, 246, 289, 311, 333, 357, 521
Lee, H., clinical notes and observations, 1, 69, 111, 245, 315, 425, 467, 490, 511
Legouest, Dr., French Army Medical Service during war, 428, 445, 467, 492
Legal intelligence — prosecution under the Medical Act, 552
Ligature of the sub-clavian artery, 153
Lostorfer's corpuscles, by E. B. Bronson, 533

LITERATURE.

Aitken's science and practice of medicine, 217
American journal of the Medical sciences, 107
American journal of obstetrics, 107
Annual report of the general health committee of Salford, 107
Borkart, emphysema of the lungs, 108
Chapman's cases of diarrhœa and cholera treated successfully through the agency of the nervous system, chiefly by means of the spinal ice-bag, 240
Cobbold's worms, 328
Cutler's contribution to the treatment of the versions and flexions of the impregnated uterus, 103
Dr. Morgan's origin of cancer, 392
Douglas's how to prevent small-pox, 108
Dudgeon's mechanism of accommodation for near and distant vision, 326
Drysdale's syphilis, 193, 239
Dublin quarterly, 107
First report of the Medical committee of the charity organisation society, with rules for provident dispensaries, adopted by the council, 108
Gordon's experiences of an army surgeon in India, 351
Harley's urine and its derangements, 291
Harvey and Davidson's guide to the study of the materia medica, 125
Hood's bone setting, 306
Hunt's cause of death in fever, 392
Irish Medical directory, 264
Johnston's third clinical report of the Rotundo Lying-in hospital, 328
Laffan, Dr., lateral lithotomy, 78
Law and lunacy, 461
Legg's guide to the examination of urine, 328
London Medical guide, 264
Malthus on population, 329
Morgan's phrenology, 64
Morgan's practical lessons on the nature and treatment of the contagious diseases, 171
Neumann's skin diseases, 63
Ord's notes on comparative anatomy, 508
Pereira's materia medica, 351
Powell's practice of medical electricity, 240
Practitioner, 107
Principles of organic life, 483
Proceedings of the Pathological Society of London for 1870-71, 304
Report of the Ladies' National Association for the repeal of the contagious diseases acts, Liverpool, 107

Report of sanitary committee on tea, 108
Reynolds' lectures on the clinical uses of electricity, 150
Ringer's therapeutics, 64
Rye's what the people say about the children, and what the children say about Canada, 108
Science primers, 552
Short essay on practical experimental philosophy, its use and abuse, 434
Simpson's diseases of women, 306
Sutton's systematic handbook of volumetric analysis, 17
Throat hospital pharmacopœia, 567-570
Tilt's change of life, 551
Transactions of the Pathological Society of London, 284
Trousseau's lectures on clinical medicine, 124
Williams's modern hydropathy, 107
Gibbons's tobacco, 103
Wolff's zymotic diseases, 284

LEADING ARTICLES.

Army Medical service, 59
Alcoholic manifesto, 37
Claim of Irish surgery to a decoration, 322
Conjoint examining scheme for Ireland, 188, 212
Conjoint examining board for Ireland, 333
Contract drug purchasing, 101
Debate on the sanitary bill, 164
Diagnosis of syphilis by the microscopical examination of the blood, 187
Drinking water, 275
French and British soldiers, 323
French method of Medical education, 298
Glasgow sanitary staff, 383
Government injustice to the Profession, 115
Sir W. Gull on clinical medicine, 165
Honours for Medical men, 36
Hospital hygiene, 384
Infant life protection bill, 254
London hospital, 496, 521, 543
Medical aspect of the Franco-Prussian war, 115
Medical Council, 232
Medical honours, 81
Mr. Muntz's adulteration bill, 233
Orthopædic hospital, 432, 476
Parliamentary proceedings, 370
Plucking, 560
Provident system, 368
Public health bill, 322
Sanitary measures, 343
Session, 143
Sham degrees, 277, 297
Small-pox epidemic in Dublin, 117
Small-pox in Dublin, 321
Small-pox epidemic, 409
Supply of vaccine lymph for Ireland, 144
Surgery of the Franco-German war, 452, 496, 522, 544, 561
Surgical baronetcy in Ireland, 257, 496
Swiss professors and students, 257
Syphilis corpuscles, 211
Uniformity of qualification, 186
Water supply, 433
Workhouse accommodation, 561

M

Mc'Dowell, B. F., observations on laryngitis and tracheotomy, 404
Mc'Gillivray, P. H., case of congenital hypertrophy of the hand and arm, 379
Macintosh, Dr. A., history of sixty cases of small-pox treated on the antiseptic system—further proofs against the germs of disease, 335
Madden, Dr. T. M., spurious, feigned, and concealed pregnancy, 225, 271
Mapother, E. D., flap operation for vesico-vaginal fistula, 316
Mapother, Dr. E. D., lectures on the treatment of chronic skin diseases, 3, 29, 72
Marriages, 22, 67, 88, 131, 154, 175, 199, 219, 266, 287, 333, 356, 376, 398, 420, 443, 465, 486, 510, 531, 554, 574
Martin, Dr. J. W., clinical memoranda, 7
Milton, J. L., treatment of eczema, 203
Morgan, Dr. J., occurrence of syphilitic gonorrhœa or urethritis, followed by constitutional signs, without the formation of an urethral sore, 47

MEDICAL NEWS.

A Northumberland poet and his queen, 485
Accouchement of a giantess, 485
Anatomy and physiology in Cambridge University, 485
Anniversary dinner of the University College hospital, 442
Apothecaries' Hall, 265, 308, 441
Army Medical Department, 196, 442
Arresting the pulse, 441
Assassination of Lord Mayo, 153
Australian meat preserving, 87
Bow Street division of the metropolitan police, 87
Cases of cholera, 441
Case of Christiana Edmunds, 109
Census and its results, 462
Chair of forensic medicine at King's college, 174
Charge of poisoning a workhouse surgeon, 286
Charing Cross hospital, 87
Chicago Medical college and Rush Medical college, 21
Comparative deadliness of weapons of war, 109
Congress of the German surgical Association, 375
Convictions under the Vaccination Act, 485
Deadlock at Suez, 308
Death from hypodermic injection, 286
Deaths in the Metropolis, 83
Digest of sanitary laws, 552
Distribution of prizes of the Faculty of Medicine, 442
Dover and Portsmouth, 87
Dr. W. Farr, 441
Dr. T. R. Fraser's lectures on the connection between the chemical properties and the physiological action of active substances, 397
Dr. F. T. Hulke, 66
Duchess of Saxe Meiningen, 153
Eighty-third anniversary of the Royal Literary Fund, 441
Geography of disease, 130
Glasgow infirmary, 66
Habitual drunkards, 87
Health of the navy, 308
Hospital for consumption and diseases of the chest, 506
Inspector-general Mount, 441
Indian Medical Service, 218
Kicked to death in a lunatic asylum, 419
King's College hospital, 530
Kittson, *v.* Mc'Keogh, 462
Lady dentists, 464
Last report of the sanitary commissioner for Madras, 196
Mr. R. Lockyer on the sun, 196
London Fever hospital, 152
Malignant small-pox treated with sulphur fumigations, and sulphurous acid internally, 308
Man with a watch-key in his lungs, 419
Medical congress at Lyons, 381
Medical club, 507
Medical education of women, 331
Medico-legal curiosity—Court of Queen's bench — Williams *v.* Cambrian railway company, 125
Medico-legal intelligence—Dale *v.* Constable, libel case, 285
Medical Society of London, 153
Medical relief in Chicago, 464
Meeting of Medical officers of health of London, 162
Militia surgeons, 229
Miss Jex-Blake and her co-students at Edinburgh, 331
Naval assistant surgeons, 153
Opium, 464
Pass list for Army Medical Service, 218
Paupers in metropolitan workhouses, 87
Poisoning of a workhouse surgeon in Manchester, 109
Poor-law conference at Ipswich, 330
Poplar hospital for accidents, 308
Preservation of meat, 196
Prince Leopold, 464
Prince of Wales, 66, 152
Prudential assurance, 397
Pure water, 87
Remains of a mastodon, 442
Royal College of Physicians of London, 196, 396
Royal College of Surgeons in England, 66, 108, 130, 153, 396, 418
Royal College of Surgeons of England, 330, 354, 375
Royal College of Surgeons of England, 441
Royal College of Surgeons of England, 464
Royal College of Surgeons of England, 552, 573
Royal College of Surgeons in Ireland, 396
Royal Medical Benevolent College of England, 441
Royal Society, 397
Mr. Ruskin's election as rector of St. Andrew's, 174
Sanitary committee of the Lincoln union, 174
Sanitary condition of St. George-in-the-west, 21
Sanitary inspection of shipping, 153
Scurvy in the North Carolina State penitentiary, 552
St. Olave's district board of health, 87
Science at Cambridge in 1872, 196
Small-pox in Philadelphia, 130
Sir J. R. Cormack, 87
Society for relief of widows and orphans of Medical men, 109
Teetotalism in France, 66
Test for creasote, 461
The sea-side, 507
Three fatal cases of small-pox, 441
Treatment of hæmorrhage from teeth, 354
University of St. Andrew's, 396
University of Glasgow, 507
Use of ether in Ireland, 553
Uterine tumour in a child one year old, 131
Veratrum viride as an arterial sedative, 130
War office, 109
Whitehall, 109

N

Notices to correspondents, 22, 44, 67, 88, 110, 131, 154, 174, 198, 219, 242, 265, 286, 309, 332, 355, 375, 397, 419, 442, 465, 485, 510, 530, 554, 573
Notes on phthisis pulmonalis, by Dr. R. L. Johnson, 33, 112, 427

NOTES ON CURRENT TOPICS.

Etiological influence of the use of tobacco in producing diseases of the nerve centres, 12
Brown Institution for the study of animal pathology, 12
Royal physicians, 12
Deaths in the Profession during 1871, 13
Catheter removed from a female bladder, 13
London Hospital, 13
More about chloral, 13
Contagious Diseases Act, 14
Hæmostatic properties of alnus incana, 14
Home for middle-class fever patients, 14
Sensible witness on insanity, 14
Malingerer in bed twenty-five years, 15
Duration of life of physicians—hint to life offices, 15
Fatality of single blessedness, 15
Label for bitters, 15
Bromide of iron, 15
Hypodermic injection of nicotine in tetanus, 15
Conjoint examining board for Ireland, 38
Conjoint board for England, 39
Hampstead inquiry, 39
London institution, 39
Sewage question, 39
Pink stocking craze, 39
Reparative efforts of nature after gastrotomy, 40
Poisonous effects of zinc utensils, 40
Small-pox in Belfast, 40
Disinfectants, 40
Children of our soldiers in India, 40
Vacant surgical baronetcy in Ireland, 41
Surgeoncy to the Meath hospital, Dublin, 42
Army Medical Department, 42
Fever, 42
New Hotel Dieu, 59
Hospital Sunday for Dublin, 60
Adulterated bread and analytical chemists, 60
Dr. Paget, 60
Ligature of the external iliac artery, 60
Professor H. Bennett, 61
Late Mrs. Brown's money, 61
Poisonous effects of belladonna applied externally, 61
Example for England, 61
University of Dorpat, 61
Geography of disease, 61
Royal Free Hospital, 82
Prosecution for illicit practice, 82
Injection of ammonia as an antidote to chloroform poisoning, 82
Prince's physicians, 83
Lessons of the Prince's illness, 83
Dr Arnt on electricity in insanity, 83
Infectious diseases, 83
Annual report of the surgeon-general, United States army, 1871, 84
Foreign bodies in the larynx, 84
Dr. A. S. Taylor, 84
Army Medical Department, 84
Medicine and pharmacy in Valparaiso, 101
Oral education of the deaf and dumb, 102
Re-organisation of the Army Medical Department, 102
Propagation of small-pox, 102
Thrombosis of the internal carotid, 102
Lincoln asylum, 102
Important medico-legal decision, 102
Hindoo view of cholera, 103
Dermatology, 103
American diploma market, 103
Discreditable proceeding, 103
Effect of various liquors on the kidneys and bladder, 103
Power of coroners, 103
Liability of lodging renters for the propagation of infection, 104
Army medical officers, 104
Chelmsford dispensary, 117
Miss Alice Vickery, 118
Progress of medical electricity, 118
Treatment of small-pox. 118
Dislocation of the hip-joint—Biglow's method of treatment, 119
Influence of movements of the uterus on the vomiting of pregnant women, 119
Rich man and Lazarus, 119
Saccharated cod-liver oil, 119
Sad sequel, 119
Tanacetic acid as a substitute for santonin, 120
Woman, 120
Qualification for surgeoncy to Irish county infirmaries, 120
Homœopathic recantations, 120
Specimen of an Irish pauper, 120
Training of army midwives, 120
Xylol, 121
Iron in uterine injections, 121
Progressive muscular atrophy, 121
Management of epilepsy, 121
Extroversion of the bladder, 122
Chloral in asthma and parturition, 122
Aconite, 122

New alcoholic declaration, 123
Increase of temperature in death, 144
Medico-ethical difficulty, 145
Royal College of Physicians, 145
United States army report, 145
Cundurango, 145
Reproduction of the membrana tympani, 145
First lady doctor, 145
Failure of calabar bean in tetanus, 145
Skin diseases in India, 146
Small-pox in Philadelphia, 146
Physician senators, 146
Pruritus of the face as a precursor of small-pox, 146
Clerical impertinence, 146
Nitrite of amyl and Chinese samshu, 146
New books in medicine and science, 146
Conjoint examining schemes for Ireland, 147
Testimonial to Dr. Hitchman, 147
Reform of inebriates, 148
Small-pox in utero, 148
Action of quinine on the blood, 148
Carmichael prizes, 148
Tænia in a newly-born infant, 148
How editors may serve the filthy quacks, 167
Leibrich on chloral hydrate, 167
Dr. Lostorpher's views, 167
Royal Free Hospital, 167
Scheme for a conjoint examining board in Ireland, 167
Lord Houghton on Medical peerages, 168
Hunter's day, 168
Ligature of the external iliac artery high up at St. Patrick's hospital, Dublin, 189
Medical Society of London, 189
Private practice by naval surgeons, 189
Female Medical missionaries, 189
Suppression of drunkenness in France, 190
Education of dispensers in America, 190
Preservation of food, 190
Emancipation of ladies, 190
Methylated spirit in tinctures, 190
Vegetable powder, 191
Samuel on inflammation, 191
Thanksgiving day, 213
Prince of Wales, 213, 237
New method of giving chloroform, 213
New function for coroners, 214
Cundurango, 214
Example, 214
Important changes in the Army Medical Department, 215
Prodigious gall stones, 215
Medical Council, 215
Sleep and dreams, 215
Secret poisons, 216
Sanitary inspection, 235
Sewage question, 235
Did syphilis come from America ! 235
Health of Dublin, 236
Oxysulphate of iron, 236
Nitro-muriatic acid in small-pox and other zymotic diseases, 237
Conversazione of the Medical Society of London, 237
Prussic acid under the Commune, 258
Certificates of insanity, 258
Rhinegau champagne, 258
Mediterranean, 258
Ophthalmological congress, 258, 259
Analysis of milk in New York, 259
Criminal abortion, 259
British diplomas in Canada, 259
Exemption of chemists and druggists from jury service, 260
Poor-law medical reform in England, 260
Popular pseudo-medical literature in America, 260
Indian candidates for the Indian Army Medical Service, 261
Is typhoid meat poisonous ! 261
Testimonial of respect, 261
Royal Society, 262
Medical Congress at Lyons, 277
Vacant chair of botany in the Royal College of Science, Dublin, 278
Case of electro-therapy, 278
Beauties of homœopathy, 278
Iodine for wens of the scalp, 278
Sanitary state of Truro, 278
Californian fees, 279
Royal family, 279
Domiciliary sanitary inspection, 279
Traumatic aneurism from dislocated shoulder, 279
Bromide of potassium in uræmic convulsions, 279
Life assurance, 279
Treatment of epilepsy, 280
Pills of sulph. iron—creasote—carbolic acid, 280
Prizes of the Paris Academy of Medicine, 280
Royal College of Physicians of London, 300
Chelmsford charities, 300
Medical spiritualism, 301
National ingratitude, 301
Workhouse tea, 301
Opium in Australia, 301
New Medical bill in Illinois, 302
Dr. H. Storer on female hygiene, 302
What's in a name? 302
Diamonds, 324
Temperance movement in France, 324
Canada for girls, 324
Army Medical Department, past and present, 324
Fever and the sewers, 325
Ipecacuanha in epistaxis, 345
Process of embalming, 345
Galvanic treatment of bed sores and indolent ulcers, 345
Invention of Dr. M. Croft, 345
Dermatology in Glasgow, 345
Army Medical Department, 345, 358
Army Hospital Corps, 346
Metropolitan water, 346
Manzanilla from San Lucar, 347
Royal Naval Medical Service, 347
Ticklish manipulation, 347
New specialities in medicine, 347
Birth and death registration in Ireland, 347
Aeronautical Society of Great Britain, 347
Paris Medical school, 347
Leave to British Medical officers in India, 348
Small-pox in Dublin, 348
Alcoholism in America, 371
Lord Mayo's death wounds, 371
Demonomania and witchcraft, 372
Customs and salaries of physicians before the Christian era, 372
Vital statistics of Dublin for the last quarter, 372
Antidote to carbolic acid, 372
Eye in Bright's disease, 373
New method of plugging the posterior nares, 373
British Association for the advancement of science, 373
Poisoning by a proprietary medicine, 373
Obstetrical Society of London's examination for midwives, 373
Mortality among officers of British regiments in 1870, 373
Public Health Bill, 373
Statistical results of the Contagious Diseases Acts, 373
Diphtheria in Australia, 385
Electro-puncture of the heart as a curative remedy in chloroform syncope, 385
Mortality under anæsthetics, 385
Preservation of subjects for dissection, 386
Laws against drunkenness, 386
Dr. Marvaud on the physiological action of alcohol, 386
Proofs of the Darwinian theory by facts in animal mechanism, 386
Adulteration of liquors, 387
Philadelphia sham diploma traffic, 387
Dr. Thorburn on forceps delivery, 387
Artificial fecundation, 387
Female students at Zurich, 387
Prostitution in Paris during the siege and the Commune, 388
Mortality of infants, 388
Sanitary condition and population of the city of London, 388
Rumination, 389
Clinical thermometry, 389
Elimination of alcohol, 369-413
Incorporation of the Manchester School of Medicine and Owen's College, 390
Management of provincial hospitals, 390
Society for Relief of Widows and Orphans of Medical men, 411
Mrs. Day fund, 412
Respiratory murmurs, 412
Goître, 412
New remedy for drunkenness, 412
Sir James Paget, Bart., 413
New scholarships, 413
Fact for non-smokers, 413
Psychic force, 413
Munificent charities in England, 413
Soothing syrup, 434
Coming election of council at the Irish College of Surgeons, 434
Qualifications for surgeoncies of Irish county infirmaries, 434
Accidental poisoning, 435
Cold alcoholic test for albumen, 435
Charity organisation reporter, 435
Value of taraxacum, 435
Castor oil, 435
London and Dover Convalescent Home, Dover, 436
Sham diploma swindle, 436
Precautions against accidental poisoning in Her Majesty's navy, 437
Naval courts-martial, 437
Examinations of assistant-surgeons for the rank of surgeon, 437
Army promotion, 438
Pyæmia, 438
The late Mr. Weedon Cooke, 438
Test for arsenic in sulphuric acid, 438
American diplomas, 438
The first Medical journal, 438
Doctors' coachmen, 438
Water supply, 454
The Orthopædic Hospital, 454
Public mortuary for the city of London, 454
Inspection of the Thames, 455
A dinner for a halfpenny, 455
The use of tepid baths in the treatment of febrile diseases, 456
Where was Lemprière ! 456
Dr. Verneuil on tracheotomy by galvano cautery, 456
Antidotes to carbolic acid, 457
Clinical thermometers, 457
Chloral in the cure of venereal ulcers, 457
A granular preparation of tar, 457
Iodoform, 457
The Lyons congress, 458
Sick in the workhouse, 458
The sanitary state of Hastings, 458
The vital statistics of Ireland for the last quarter of 1871, 459
Army Medical Service, 459
Bright's disease in children, 477
Decrease of pauperism, 477
Cæsarian section in America, 477
Quinine, 477
Croup tracheotomy, 478
Measles and scarlatina combined, 478
Cerebro-spinal disease in America, 478
Royal College of Physicians, 478
Nitrous oxide as an anæsthetic, 478
Poisoning by vanilla ices, 479
The preparations of aconite, 479
The complexion to which we have come at last, 479
Hospital for diseases of the throat, 479
The Lyons congress, 479
The sanitary authorities of Glasgow, 479
Contract doctoring in America, 479
The postman, 498
The Germans in France, 498
The Irish school on tracheotomy and laryngotomy, 498
Royal Medical and Chirurgical Society, 499
The effects of blood-letting, 499
Treatment of seborrhœa capitis (petyriasis capitis), 499
Adulteration of drugs, 499
London water, 500
Alcoholism, 500
Vaccination statistics, 500
Medicine in Spain, 501
Statistics of phthisis pulmonalis, 501
Drunkards made to sweep the streets, 501
The erbhurst, 501
Belgian pharmacopœia, 502
Bread, 502
Workers in cigar manufactories, 502
Estimation of fat in milk, 502
Royal College of Surgeons of England, 502
Lady doctors, 502
Union officers (Ireland) superannuation, 503
Qualification of surgeons for Irish county infirmaries, 503
The Anti-tobacco Society 503
The Army Medical Department, 503, 546
Election of the council of the Royal College of Surgeons in Ireland, 504, 526
Annual meeting of the Irish Medical Association, 504
Royal Medical and Chirurgical Society, 523
The imagination as a therapeutic agent, 523
Ammonia in the urine, 523
The Dublin Convalescent Home, 524
The action of antimony, 524
The Scotch joint examination, 524
Treatment of goître, 524
County officers (Ireland) bill, 525
The cultivation of fungi, 525
Excretion of the phosphates by the kidneys, 526
Quack hospital governors, 526
Royal College of Surgeons of England, 526
Lymphatic new-formation after diphtheria, 526
The Irish Medical baronetcy, 526
A new preparation of mercury, 526
Fees on Medical contract, 526
London Poor-law Association, 527
New French Medical works, 527
An ophthalmic and aural hospital for Dublin, 545
Wanted, a public prosecutor? 545
The sulphites and carbolic acid in intermittent fever, 546
Bright's disease, 546
Action of light in skin disease, 546
Gonorrhœa originated from other than a specific cause, 546
The history of dengue, 546
Cancer in males and females, 547
What is the nature of a diatom? 547
Phosphate of lime as a therapeutic agent, 547
Carbolic acid as an anæsthetic, 547
The action of large doses of quinine, 547
Solid food in typhoid fever, 547
Management of croup, 548
Cases of tracheotomy, 548
Blood relationship, 549
China clay and lung disease, 563
Surgical treatment of aneurism, 563
Alcohol, 563
Microscopical examination of tissues, 563
Nursing as a profession, 564
University of Oxford, 564
Treatment of syphilis in Vienna, 564
Ophthalmic medicine, 564
Hereditary drunkenness, 564
Changes in the Harvard University School, 565
Three cases of bronchocele, 565
Irish coroner's and county officers Bill, 565
Royal College of Physicians of London, 566
Syphilis corpuscles, 566
Courts Medical, 566

O

OBITUARY.

C. Sidey, 12
Dr. J. Miller, 21, 173
Dr. Heckford, 21
Dr. Blyth, 60
Dr. Christot, 103
Dr. G. E Day, 118, 173
Dr. Baird, 130, 173
Dr. A. B. Granville, 286
Dr. W. Henderson, 327
Dr. J. Lettermann, 331
Dr. T. E. Beatty, 418
Dr. J. H. Park, 418

ORIGINAL COMMUNICATIONS.

Abstract of lectures on myology at the Royal College of Surgeons of England, by Professor Humphry, F.R.S., 555
J. K. Barton, excision of the hip-joint, 248
Dr. W. Brett, inflammatory fever and typhus fevers, 250
Dr. Bristowe, Croonian lectures on diseases and its remedial treatment, 267
Dr. J. Chapman, uterine neuralgia and its chief complications, 8, 51, 94
Dr. A. H. Corley, use of the Bavarian apparatus in the treatment of fractures, 136
R. Crean, caruncle of the female urethra and its treatment by electrolysis, 268
G. Critchett, few practical remarks on the treatment of cataract, 23, 89, 177, 291
H. G. Croly, twelve cases of bent knee-joints treated in the City of Dublin hospital, 91
H. G. Croly, case of lateral lithotomy, 184
Dr. Dale, on dust and zymotic diseases, 472
J. Denham, use of ergot of rye, 293
Dr. C. R. Drysdale, dualism and the treatment of syphilis, 362
Dr. C. R. Drysdale, questions at the Lyons congress, 426
Dr. J. Edmunds, alcohol as a medicine, 137
C. Elliott, case of intestinal obstruction, 227
Epiphysary fracture, 97
E. Hamilton, foreign bodies in the urethra and bladder, 359
R. W. Harley, case of poisoning by carbolic acid, 137
Drs. Heckford and Bathurst, on some results of irritant fluids within the peritoneal cavity, 489
Dr. J. S. Hughes, laryngotomy in œdema of the glottis, 399
Influence of the nerves in producing mortification, and mortification from local effects of animal poisons, 511
Dr. A. H. Jacob, eye diseases and injuries, 157, 223, 313, 377
Dr. Jacobs, of New York, on the raising and education of abandoned children in Europe, 446
Dr. P. James, syphilitic diseases of the throat, 28, 181
Dr. R. L. Johnson, notes on phthisis pulmonalis, 33, 112, 427
Dr. G. Johnston, clinical report of the Rotundo Lying-in hospital, 95
C. H. Jones, clinical lecture on cases of cholera, 24
H. Kennedy, point in the treatment of enteric fever, connected with the use of emetics, 363
Dr. L. M. Klein, report of a case of hysteria with epileptic fits, treated by drugs and cured by the use of Dr. Chapman's spinal ice-bag, 379
Dr. Laffan, lateral lithotomy, 73
H. Lee, clinical notes and observations, 1, 69, 111, 245, 315, 425, 443, 467
Dr. Legouest, the French army Medical service during war, 428, 445, 467, 492
Lostorfer's corpuscles, by Dr. C. B. Bronson, 533
B. F. McDowell, observations on laryngitis and tracheotomy, 404
B. F. McDowell, F.R.C.S., peculiar case of strangulated hernia, 556
P. H. MacGillivray, case of congenital hypertrophy of the hand and arm, 379
Dr. A. Mackintosh, history of sixty cases of small-pox treated on the antiseptic system—further proofs against the germs of disease, 335
Dr. T. M. Madden, spurious, feigned, and concealed pregnancy, 225, 271
E. D. Mapother, flap operation for vesico-vaginal fistula, 316
Dr. H. D. Mapother, lectures on the treatment of chronic skin diseases, 3, 29, 72
Dr. J. W. Martin, clinical memoranda, 7
J. L. Milton, treatment of eczema, 203
Dr. J. Morgan, occurrence of syphilitic gonorrhœa or urethritis, followed by constitutional sores without the formation of a urethral sore, 47
J. P. Pennefather, sense of hearing, 76
F. T. Porter, correlation of varicella and variola, 969
Professor Humphry, lectures on myology, 555
Professor Tyndall, on dust and zymotic diseases, by W. Dale, M.D., 472
Prostitution in Paris and London, by Lecour, 493
R. H. Sers, simpler mode in division of the frænum linguæ, 113
M. L. Shepard, F.R.C.S., two new forms of enema apparatus, 557
Dr. W. Stephenson, treatment of sciatica by the voltaic current of electricity, 9
Surgery of the Franco-Prussian war, 317, 339, 453, 496, 522, 514
H. R. Swanzy, clinical lectures on diseases of the eye, 49
Dr. J. C. Thorowgood, few remarks on the treatment of asthma, 27
C. R. C. Tichborne, xylol, the new remedy for small-pox, 183
J. H. Wharton, valedictory address delivered before the Surgical Society of Ireland, 403
E. Wilson, lectures on dermatology, 133, 155, 179, 199, 221, 246, 289, 311, 333, 357, 421
Dr. B. Woodman, enuresis: its causes and treatment, 182, 202

P

Pascale, Dr. G. de, homœopathy, 34
Pass list of the army Medical school, 153
Peculiar case of strangulated hernia, 556
Pennefather, sense of hearing, 76
Pistol-shot penetrating the thorax—recovery, 534
Placental expression, 114
Point in the treatment of enteric fever connected with the use of emetics, 363
Poisoning by carbolic acid, by R. W. Harley, 137
Porter, F. T., correlation of varicella and variola, 269
Prevention of venereal and its political difficulties, 15, 43
Prostitution in Paris and London, by Lecour, 493

Q

Quack doctors and the American newspapers, 142
Quain's, Dr., Lumleian lectures on diseases of the muscular walls of the heart, 303
Questions at the Lyons congress, by Dr. C. R. Drysdale, 426

R

Relation of stimulants to health and mortality, 169
Results of the introduction of irritant fluids within the peritoneal cavity, 489
Royal College of Surgeons in Ireland, 109, 486

S

SCOTLAND.

Royal Medical Society and conjoint examining boards, 300
Memoir of Sir J. Y. Simpson, 348
Scotland, 460
Registrar-General's report, 480
Resignation of Professor Rainy, Glasgow, 552
Aberdeen dispensary, 12
Lady doctors, 38, 62, 80, 144, 217, 281, 300, 348, 439
Edinburgh Philosophical Institution, 124
Infirmary interdict, 124, 144
Royal infirmary and Dr. A. Wood, 124
Scholarships in sanskrit, 124
Installation of Sir W. S. Maxwell, 144
University of Edinburgh, 163
Royal hospital for sick children, 163
St. Andrew's university, 163, 217
Sir R. Christison, Bart., 189, 217
University dramatic club, 234
Glasgow University society, 234
Inaugural address, 253
Edinburgh Royal infirmary, 258

Sense of hearing, by J. P. Pennefather, 76
Sers, R. H., simpler mode in division of the frænum linguæ, 113
Sheffield literary and philosophic institution, 142
Small-pox in Dublin, 109
Small-pox in Dublin, 169
Small-pox in utero, 342
Special report of the discussion on the contagious diseases acts at the Medical Society of London, 238
Special reports on food, 205, 230, 337, 431, 511
Special reports on food, 559
Spurious, feigned, and concealed pregnancy, by Dr. T. M. Madden, 225, 271
Stephenson, Dr. W., treatment of sciatica by the voltaic current of electricity, 9
Student's column, 440, 460, 505, 550
Sulpho-carbolate of soda in scarlatina, 150
Swanzy, H. R., clinical lectures on diseases of the eye, 49
Syphilitic gonorrhœa or urethritis, followed by constitutional signs, without the formation of an urethral sore, by Dr. J. Morgan, 47
Syphilitic diseases of the throat, by Dr. P. James, 28, 181

T

Two new forms of enema apparatus by M. L. Shepard, M.R.C.S., 557
Twelve cases of bent knee-joints treated in the City of Dublin hospital, by H. G. Croly, 91
Triplets with dropsy of the amnion, 163
Treatment of sciatica by the voltaic current of electricity, by Dr. W. Stephenson, 9
Treatment of syphilis, by Dr. C. R. Drysdale, 362
Treatment of eczema, by J. L. Milton, 203
Treatment of chronic skin diseases, by Dr. E. D. Mapother, 3, 29, 72
Tichborne, C. R. C., xylol, the new remedy for small-pox, 183
Thorowgood, Dr. J. C., few remarks on the treatment of asthma, 27

TRANSACTIONS OF SOCIETIES.

Cambridge Philosophical Society—On some of the symptoms produced by uræmic poisoning in chronic disease of the kidney, 520
Clinical Society of London—Two cases of recto-vesical fistula successfully treated by colotomy, 253
Dublin Obstetrical Society—Rotundo Lying-in hospital, 161; premature quadruple birth, 162; spurious, feigned, and concealed pregnancy, 227; use of a hemp saw for the excision of polypi, 227; operation of transfusion, 56; sudden death seventeen days after delivery, 297
Edinburgh Medico-Chirurgical Society—Sanitary state of the sewage question, with remarks on a little-noticed cause of typhoid fever and other zymotics, 159
Epidemiological Society—Outbreak of spring cholera in Russia, 10; Kidinga pepo, 159; additional notes on the cholera epidemics of the East coast of Africa, 254; the influence of epidemics of fever in checking the advance of cholera, 419
Medical Society of the College of Physicians—On the application of gases as a means of destroying contagion, 518; operation for tumour of the tongue, 99; contagiousness of typhoid fever, 99; miscellaneous, 381
Medical Society of London—Drawings illustrative of the process of cell growth in the operation of skin-grafting, 55; temporary and extensive loss of hearing thought to depend on constitutional syphilis, 296; case of rudimentary scapula, 296; maternal impression, 296; case of excision of the knee-joint, 293; politeal aneurism, 295; mercurial tumours, 365; retention of urine, 365; mineral waters of Tarasp, 366; address of congratulation to the Queen, 99; pathology and treatment of neuralgia and its kindred disorders, 99; some cautions to be observed in the use of calomel vapour baths, 158; new president, 252; propositions on aneurism, 253; sudden death, 341; sound of bright soft pewter, 342; lithotomy after lithotrity, 342
Pathological Society of Ireland—Mitral constriction—death—autopsy—fracture of the spine 11
Pathological Society of London—Results of experiments on pyæmia, 450
Royal Medical and Chirurgical Society—Case of complete recovery after removal of a cervical vertebra, 80; case of tracheotomy in which the tube, having become detached from its shield, escaped into the trachea, and was removed by a second operation fourteen months afterwards, 80; excitability of different parts of the trunk of a spinal nerve, with a scheme of the circulation, 114; proposed forms of surgical returns and reports to be used in war, 114; annual meeting, 229; case of resection of the shoulder and elbow-joints in the same arm, for gunshot injuries, 272; surgical treatment of suppurating ovarian cysts, and on pelvic adhesions in ovariotomy, 272; muriate of ammonia in bronchitis, catarrhal pneumonia, 495; on the pathology of the morbid state commonly called chronic Bright's disease with contracted kidney (arterio capillary fibrosis), 539
Surgical Society of Ireland—Excision of knee-joint, 160; hernia, 272; correllation of varicella and variola, 275; injury of the foot, 319; flap operation for vesico-vaginal fistula, 319; tramway accident, 406; blood poisoning after self-mutilation and emasculation, 406; observations on laryngitis and tracheotomy, 407; dislocation of hip—Colombat's method of reduction, 408; removal of

foreign bodies from the bladder and urethra, 368; twelve cases of bent knee-joints, 100; case of ephiphysary fracture, 100; removal of the os calcis, 140; glove of cuticle, 140; poisoning by carbolic acid, 140; Bavarian plaster apparatus for fractures, 140; gun-shot wound of the bladder, from which there had been perfect recovery, 185; case of lithotomy, 186; origin of fever, 206; monstrosity, 366; recurrent mammary tumour, 366; self-mutilation and emasculation, 367; point in the treatment of enteric fever connected with the use of emetics, 367

U

Unwholesome lollypops, 332
Use of the Bavarian apparatus in the treatment of fractures, by Dr. A. H. Corley
Use of ergot of rye, by J. Denham, 293
Uterine neuralgia and its chief complications, by Dr. J. Chapman, 8, 51, 94

V

Vacancies, 22, 45, 67, 88, 110, 154, 175, 198, 219, 242, 265, 287, 309, 332, 355, 376, 398, 442, 465, 485, 510, 531, 554, 574
Valedictory address delivered before the Surgical Society of Ireland, by J. H. Wharton, 403
Vital statistics of Ireland, 126

W

Wharton, J. H., valedictory address delivered before the Surgical Society of Ireland, 403
Wilson, E., lectures on dermatology, 133, 155, 179, 199, 221, 246, 289, 311, 333, 357, 421
Woodman, Dr. B., Enuresis, its causes and treatment, 182, 202, 333

X

Xylol, the new remedy for small-pox, by C. R. C. Tichborne, 183

END OF THE THIRTEENTH VOLUME.

Printed for the Proprietor by M'Gowan & Co. (Limited), and published every Wednesday Morning, by Albert Alfred Tindall. London: 20 King William street, Strand. Dublin: Molesworth Hall, Molesworth street. Edinburgh: South Bridge